



Our ref: BIH/1964/2018

Your ref:

Date: As email

Dear Colleague

**Re: Attention Deficit Hyperactivity Disorder Assessment and Report by Chartered Psychologist**

We are delighted to enclose an information pack about our comprehensive ADHD diagnostic assessments. We charge as standard fee for the assessment no matter how long it takes to complete the assessment. Most individuals complete the assessment within four to six hours, but some individuals take up to eight. We aim to provide a quality report and not rush you through the assessment process to ensure you find the diagnostic assessment enjoyable and engaging. Our diagnostic assessments are more comprehensive than other providers. In addition to the face to face assessment, we also include a preliminary assessment lasting 2 to 2 ½ hours.

We use gold standard tests in our diagnostic assessments and evaluate more areas of difficulty than most other providers of autism assessments. All our assessments are carried out by Chartered Psychologists to ensure that you have, the highest possible quality report available for the price. Because of the depth of analysis and skill, we bring to the evaluation of learning difficulty, we can identify autism which often is undetected by screening tests and by cheaper autism diagnostic assessments.

The majority of individuals choose a home based assessment; this is more comfortable for the individual. The cost of a home based assessment is just £550 if you need your report within four weeks. If your home is not suitable for a home based assessment, you can come to one of our ADHD assessment centres. The additional fee for our London Assessment Centre is £95. The address of our London Autism Assessment Centre is Dr Bernard Horsford, Psychologist, Highgate Consulting Rooms, West Hill House, 6 Swain's Lane, London N6 6QS. You can get directions to our London autism assessment centre by Googling Dr Bernard Horsford, Psychologist, London.

What will your ADHD diagnostic assessment report look like? What will the process involve?

I have attached an example ADHD diagnostic report, this should give you an idea of the tests that we use in the process and the depth of analysis and guidance we provide to ensure you get all the help you need to realise your full potential in education. Please note that we have since updated our style of reporting from the one in the attached example.

Please note that if you need a ADHD assessment for use in legal or immigration proceedings, you will need to book an expert witness assessment of ADHD, these are charged at a higher fee due to the nature of the components required.

How to book your full ADHD assessment or free initial call back

To book an assessment call my office on 020 8000078 or email my customer care team at [weare@advancedassessments.co.uk](mailto:weare@advancedassessments.co.uk) with the following information in the header of the email:

- Your name – telephone number – preferred booking date.
- Your name – telephone number preferred initial callback date and time

Your initial callback or preliminary assessment will take place after 18:00 hours on the evening of your choice. A psychologist will call you back to answer any detailed questions you might have after reading the information pack. Please let us know by return of email any dates and times when you are unavailable if your chosen date is not available. We only assess private clients for ADHD over the weekend.





We cannot hold your preferred full ADHD assessment date without payment. If your chosen date is lost, we will transfer your booking to the next possible date or refund your booking fee if the next possible date is not suitable for you. It is therefore advisable to contact us by email or phone to confirm that you are making payment for your preferred date before you make payment.

Please make payment at least five working days before the face to face assessment. Five days notice is recommended because the psychologist assessing you will need to review your documents and carry out a telephone or video linked preliminary assessment with you to better understand your needs before the face to face assessment takes place. We will take a detailed developmental history in the preparatory assessment.

The preliminary assessment takes place by phone, Skype, Face time or Google Hangouts. The preliminary assessment will take place at least two days before the face to face assessment. The preliminary assessment is not mandatory, but we strongly recommend it as it will allow the psychologist to better plan for the face to face assessment and reduce the amount of time needed in the face to face assessment. The face to face assessment will involve observation using Conners' Autism Rating Scale and IQ testing. At the end of the face to face assessment, the assessing psychologist will have enough evidence to make an accurate diagnosis of ADHD. The psychologist will explain the findings of the diagnostic tests to you and allow you to ask any questions.

How to pay your ADHD diagnostic assessment fee.

You can pay the fee for the assessment by bank transfer to our bank account:

Advanced Assessments Ltd

Account Number: 14120135

Sort Code: 52-10-33

Bank: NatWest

Please include your name as a reference for the payment.

If you would like to pay by credit card, please advise us of this in your email we will send you an electronic PayPal credit card invoice from Sankofa Financial Services, who handle our credit card payments.

What you need to send before the evaluation takes place

When you have booked your assessment, please provide the following:

- If the individual being assessed is a child, copies of the last three years of your child's educational reports, exam results and any assessments carried out by the school.
- Any documentary evidence of difficulties you think might be attributable to autism.
- A written summary of the aspects of developmental history of the individual being assessed.
- Any other medical evidence to the diagnosis of autism.
- An indication of whether any other family members have autism (even in the extended family), this will be helpful to know.
- A signed copy of our Client Care Agreement.

If the individual being assessed has autism the report will allow they will be able to gain a range of reasonable adjustments in education including extra time.

Thank you again for your enquiry, we look forward to working with you.



**ADVANCED ASSESSMENTS LTD**  
*Expert Witnesses & Psychologists*

**Dr Bernard Horsford**  
PhD, D Occ Psych, MBA, MSc, LLB, BA, Dip Ad Ed, Dip M,  
MAPM, MAE, FCIPD, C Psychol, MIOD, FIBC, AFBPSs  
**Chief Executive**

Kind regards

**Yours faithfully**

**Dr Bernard Horsford**  
**Chief Executive & Consultant Chartered Psychologist**  
**Advanced Assessments Limited**

Enclosures:

1. Sample Autism Assessment Report
2. Client Engagement Agreement
3. Privacy Policy



**ADVANCED ASSESSMENTS LTD**  
*Expert Witnesses & Psychologists*

# Client Engagement Agreement

# 2018

Terms and conditions for private client assessments for educational, occupational and therapeutic assessments that have not been commissioned for the use in court proceedings and will not be used in court proceedings.

Private Client  
Terms &  
Conditions

**ADVANCED ASSESSMENTS LTD**  
**TERMS AND CONDITIONS FOR**  
**DYSLEXIA, DYSPRAXIA, AUTISM, ADHD & MENTAL HEALTH**  
**ASSESSMENTS**

Advanced Assessments Ltd believes that its services should be positive experiences, providing, wherever possible, answers to questions and suggestions on how to move forward. As explained in Advanced Assessments Ltd leaflets, assessment, screening and consultation exercises are key elements of understanding an individual's strengths and difficulties and planning appropriate action. The focus of the overall process is always the individual and it is this person's interests that will be put first. In order to obtain a balanced picture it is helpful to have background information from home, schools, employers, etc. However, no contact will be made with any outside agencies without prior approval and, as explained in our data protection statement, no information will be released without prior approval.

The following Terms and Conditions are designed to describe fully the operation of Advanced Assessments Ltd's services and to minimise the potential for misunderstanding.

**Advanced Assessments Ltd will:**

- 1)
  - a. arrange a suitable assessment, screening or consultation for the client<sup>1</sup> with a Chartered Psychologist<sup>2</sup>
  - b. arrange an assessment, screening or consultation for the client that is relevant to the reason for referral and within the area of Advanced Assessments Ltd's expertise as described within its website.
  - c. when suitable to do so, request completion of suitable questionnaires covering background information and, when appropriate, request additional information from relevant agencies relating to the reason for referral.
  - d. ensure that when a client is individually assessed, he/she will receive provisional, verbal feedback from the assessor immediately after the assessment session.
  - e. provide reports in approximately four weeks unless an expedited fee has been agreed in which case the assessment will be returned within seven days. Individual assessments will highlight the client's cognitive strengths and weaknesses, offer advice on appropriate learning and coping strategies, and give information on sources of appropriate teaching and advice/support etc, where relevant. When appropriate, reports will be circulated to both purchasers and clients
  - f. arrange for assessments and screenings to be performed in a suitable assessment room (when taking place in Advanced Assessments Ltd's premises)
  - g. will complete a Form 8 if instructed to, the fee for completion of Form 8 is £300 and does not form part of the fee for the assessment.

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*1 A 'client' being assessed can be an adult, young person or a child. Where the client being assessed is a child, i.e. under the age of 16 years, the client's parent(s) will usually be considered as the client for the purpose of confirming to these Terms and Conditions. Young persons aged 16-17 are entitled to the same duty of confidence as adults. Therefore, their parents should explain and discussed with them in advance the reason for the assessment, and obtain their agreement to proceed within the conditions of the above Terms and Conditions. However, it should be noted that children of any age who have the capacity and understanding to make decisions about their own treatment are also entitled to a duty of confidence and to decide whether their personal information*

*should be disclosed to a third party. Where children do not have the requisite capacity and understanding, decisions to pass information may be taken by a person with parental responsibility in consultation with the professional assessor involved. A client can also be the purchaser of Advanced Assessments Ltd's services. See Section 6.*

*2 In exceptional circumstances, psychologists under supervision with conditional chartered status may be allocated*

- g. provide waiting area facilities at its main centres<sup>3</sup>. However, clients should note that Advanced Assessments Ltd office staff cannot be held responsible for the supervision of children on Advanced Assessments Ltd premises while their parents are receiving post-assessment feedback
- h. try to conform as much as possible to clients' own terms and conditions and related instructions. In particular cases, individual agreements or contracts will be made

2)

- a. provide the client being assessed or screened with suitable literature on Advanced Assessments Ltd's where appropriate
- b. attend to any queries about reports as quickly as possible that arise after the assessment. However any such queries will be chargeable at our normal professional rate of £200 per hour plus VAT.

3)

- a. in all of its dealings, conform to UK law concerning the processing and storage of information, employment and civil rights of the client being assessed<sup>4</sup>

4)

- a. enable and support its teachers and consulting psychologists to apply their professional codes of conduct/ethics at all times when engaging with their clients
- b. monitor and maintain acceptable standards of quality from its personnel and consulting psychologists
- c. arrange for educational and psychological assessments, screening and consultations to be performed only by appropriately qualified personnel or Chartered<sup>5</sup>, independent psychologists, respectively.

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<sup>3</sup> Waiting facilities cannot be guaranteed at all outposts

<sup>4</sup> In particular, the Data Protection Act 1998, Equality Act 2010 and Article 8, (right to private life) Human Rights Act 1998

<sup>5</sup> Psychologists under supervision of a chartered status may be allocated

5)

**Advanced Assessments Ltd reserves the right to accept a referral, terminate it, or not or not circulate a report, if:**

- a. the referral appears to be outside its area of expertise
- b. there is an apparent conflict of interest between relevant parties
- c. if any relevant parties are in or intend to be in, dispute
- d. Advanced Assessments Ltd's reputation is or could be, compromised
- e. Where the report commissioned is going to be used in proceedings or contemplated proceedings, and the party commissioning the report has failed to commission instruct Advanced Assessments Ltd as an expert witness at its normal professional rate.
- f. there are current legal or tribunal proceedings that may be affected by Advanced Assessments Ltd's involvement
- g. it cannot provide the report in the time required
- h. the fee has not been paid at the required time
- i. the staff member or psychologist decides to terminate his/her involvement for any just reason
- j. the client being assessed fails to comply with any of the conditions in (7) below and where such failure could compromise the validity of the assessment
- k. the relevant Questionnaire/Authorisation Form(s) (and Letter of Instruction where appropriate) have not been signed by the appropriate person(s) and returned to Advanced Assessments Ltd.
- l. in the case of termination or non-acceptance of a referral or non-circulation of a report, under sub-clauses a, b, c, d, e, f, h, i, and k above, and if a fee has already been received, the administrative and assessment fees shall not be returned.
- m. if the client cancels, postpone or rearranges the assessment less in less than seven working days' notice the full fee will be not be refunded.

6)

**The commissioner/purchaser (if not the client being assessed) will:**

- a. complete and return relevant Advanced Assessments Ltd questionnaires, or other pertinent information, when requested to do so
- b. use reports for the sole purpose of attending to the needs of the client being assessed
- c. Pay the full fee for the report if it decides at any stage not to wait for the final report.
- d. not use or circulate any report for any other purpose than for what it is intended
- e. pay fees, when requested to do so by Advanced Assessments Ltd and agree to pay the full fee for appointments cancelled in less than five working days without or notification of prior warning or good cause, will result in loss of the agreed fee<sup>6</sup>
- f. respect the confidential status of reports and conform to the regulations of the Data Protection Act 1998, the General Data Protection Regulations and our Privacy Policy.

- g. agree with the client being assessed, in advance of the assessment, the reason for referral to Advanced Assessments Ltd and obtain the client's agreement to proceed with the assessment
- h. agree with the client being assessed, in advance of Advanced Assessments Ltd's involvement, the arrangements for distribution of reports.
- i. disclose all material facts that might lead to the assessment being more complicated than that usual in good time, such as advising if it is suspected that the individual being assessed has multiple learning difficulties.
- j. agree to the client being assessed being provided with a confidential report that will not be circulated to other people without his/her agreement

7)

**The client being assessed will:**

- a. be punctual for the assessment
- b. co-operate fully with all requirements of the assessment process
- c. confirm with the assessor assessing if any confidential information is given verbally or on Advanced Assessments Ltd's questionnaires should not be divulged within reports
- d. inform the assessor if he/she has received an assessment in the past that may have a bearing on the assessment to be performed
- e. inform Advanced Assessments Ltd prior to the assessment of any personal health or other factors that may influence the assessment to be performed
- f. bring with them any prescription spectacles needed to see fine details when working with materials at a table
- g. complete and return relevant Advanced Assessments Ltd questionnaires or other pertinent information when requested to do so
- h. arrange for assessments and screenings to be performed in a suitable room this needs to be free from noise and have a table or desk where two people can sit and two chairs.
- i. not use or circulate the report for any other purpose than for what it is intended
- j. unless funded by a third party, pay the fee when requested to do so by Advanced Assessments Ltd and agree to pay the full fee for appointments cancelled or postponed without notification of prior warning or good cause
- k. respect the confidential status of the report and conform to the regulations of the Data Protection Act 1998, the General Data Protection Regulations and our Privacy Policy.
- l. where applicable, agree with the commissioner/purchaser of the assessment, in advance of the assessment, the reason for referral to Advanced Assessments Ltd and give their written agreement to proceed with the assessment
- m. make full and frank disclosure of all material facts before instructing Advanced Assessments Ltd.
- n. where applicable, agree with the commissioner/purchaser of the assessment, in advance of the assessment, the arrangements for distribution of the assessment report



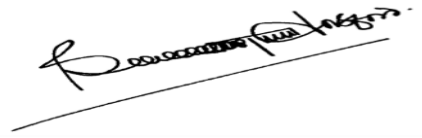
o. agree to all of the above terms and conditions

I agree to all of the above terms and conditions

Signed

Signed

Name:

A handwritten signature in black ink, appearing to read 'Dr Bernard Horsford', written over a horizontal line.

Dr Bernard Horsford  
For and on Behalf of Advanced Assessments  
Ltd

Date:

*6 Advanced Assessments Ltd prefers that payment be made via one paying agent only.*

## Advanced Assessments Ltd - Privacy Notice

This Privacy Notice sets out how we protect your 'data' (personal details and records) we do this to comply with the General Data Protection Regulation or GDPR (Europe) and The Data Protection Act 2018 (UK). A summary of how GDPR is being implemented, why confidential information is held and how this is protected can be found by visiting: <https://ico.org.uk>

***It is assumed that by engaging in this assessment or service, you are consenting to records being kept. For the avoidance of doubt, we (or those who instruct us) might ask you to sign a consent form. If we believe you lack capacity or if you are a child we might seek consent from an appropriate adult.***

- Keeping records is an essential component of healthcare, which helps in understanding how best to help and forms the basis of any reports needed. We usually keep your records for any of the following reasons:
  - Preventative or Occupational Medicine.
  - Legal defence necessary for the establishment, exercise or defence of legal claims whenever courts are acting in their judicial capacity.
  - Where the data subject has given explicit consent.
  - Research.
  - Where it is necessary to protect the vital interest of the data subject or some other person where the data subject is physically or legally incapable of giving consent.
  - Employment relationship.
  - Where a data subject has already put information in the public domain.
- Confidentiality is maintained at all times (i.e. your information is not shared) unless there are *exceptional* circumstances such as risk to yourself or others. If believe you or a child is at risk other services such as your GP or police may be contacted without your consent, as this is a professional obligation. Please see The British Psychological Society, Generic Professional Practice Guidelines [www.bps.org.uk](http://www.bps.org.uk)
- We operate a system of peer review and supervisor review, where we believe that it would be helpful for a peer or supervisor to review the content of a report or therapeutic session we will obtain your consent.
- Consultation notes and questionnaires will be held for varying lengths of time depending on the content (and then carefully disposed of). For example:
  - Some records might be held indefinitely if there were any issues of concern that could lead to a police investigation in the future.
  - Where there is a legal obligation to hold those records to report our transactions to HMRC, we will hold those records for seven years.
  - Mental health records are subject to special legislation, e.g. children's records are kept until age 26 and adult records for eight years after the last contact with the service [www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care](http://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care)
- All information recorded on paper will be securely stored in a locked filing cabinet, and if this has to be transported outside of the office, great care will be taken in other premises and likewise locked in a filing cabinet
- Confidential digital information will be stored in a secure cloud service offering high levels of security.
- Confidential information sent via the internet will be encrypted and password protected, the password may be sent separately by text message.
- Letters sent by surface mail, e.g. to GP's will be marked Confidential.
- All electronic devices (e.g. computers, laptops and phones) and used to access stored information will themselves be password protected. Disc's drives will be encrypted.
- The right of access called a 'subject access request' or SAR can be made for

## Advanced Assessments Ltd - Privacy Notice

the data we hold, but there may be an administration charge if all records are requested, as these may be 'excessive'. These will be provided within one calendar month of the request being made.

- Where we carry out psychological tests and assessments, we work within the British Psychological Society's Statement on the Conduct of the Psychologists providing Psychometric Expert Evidence to Courts and Lawyers. Under these guidelines, it is not possible to disclose some of our records to you. We cannot disclose certain test information under these guidelines, or where disclosure would amount to a breach of a trade secret.
- Where a request is made by a *bona fide* data subject (the data subject might be an organisation or individual), we will require proof of identity in the form of:
  - a current passport,
  - a driving licence; or
  - a birth certificate.

And also one of these:

- a recent bank statement dated within the last three months (with full address); or
  - a recent utility statement dated within the last three months (with full address).
- We might ask records to be collected in person from our office and for the data subject to bring the original identification documents with them. Please also provide a certificate of true likeness of the documents from the Post Office identity checking service. If records are sent by post, they can only be sent to the registered address which is proved by the identity documents.
- In the event of death or incapacity of any medical professional in Advanced Assessments, arrangements have been made for records to be held by a named professional colleague who will continue with the above obligations.
- We do not process your information outside of the EEA.
- Where you are under a statutory or contractual obligation to provide your data, this will be set out in the letter of instruction from the lawyers involved in your case, the court or by your employer.
- We do not use automated decision making in processing your data.
- You have the right to withdraw consent and ask us to delete the data that we hold on you. If you have not provided consent, we will not retain your data unless we were lawfully obliged to.
- This Privacy Notice will be subject to review, as needed or annually by 25 May each year.
- Advanced Assessments Ltd is registered with the Information Commissioner's Office (ICO), and you have the right to complain how we process your data to the ICO.

**Enquiries can be made by contacting the Data Controller in writing:**

Tamsin Beeby

Data Protection Officer  
Advanced Assessments Ltd  
180 Piccadilly  
Mayfair  
London W1J 9HF

Email: [tamsin.beeby@strategic-enterprise.com](mailto:tamsin.beeby@strategic-enterprise.com)  
Secure email: [tamsin.beeby@experts.cjism.net](mailto:tamsin.beeby@experts.cjism.net)



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MAPM, MAE, FCIPD, C Psychol, MloD, FIBC, AFBPSs  
**Chief Executive**

## Example ADHD Assessment Report



180 Piccadilly London W1J 9HF **T:** 0208 200 0078 **F:** 0208 200 0334  
**W:** [www.advancedassessments.co.uk](http://www.advancedassessments.co.uk)  
**Registered Office:** Africa House 21 Shorwell Road Nottingham NG3 7HG  
Registered in England Number **3743892**

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# Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



Prepared by Advanced Assessments Ltd

## 2. CLIENT AND ASSESSING PSYCHOLOGIST'S DETAILS

<b>Examinee's name:</b>	Example Sample
<b>Date of assessment:</b>	XX XX 20XX
<b>Date of birth:</b>	XX XX XXXX
<b>Age at assessment:</b>	XX Years X months
<b>Recommended reassessment date:</b>	XX XX 20XX
<b>Date of report:</b>	XX XX 20XX
<b>Examinee's address:</b>	1 Sample Road Sample City Sample County P05T C0D3
<b>Last education institution attended:</b>	Sample School Sample Road Sample City P05T C0D3
<b>Current educational institution:</b>	Sample University Sample Road Sample City, P05T C0D3
<b>Course and Year of Study:</b>	Degree of Degree – Year X
<b>Project ID</b>	1963-XXX

Name of the author of their report & contact details

The author of the report:

Is a Registered Psychologist

Is a neuropsychologist and is full member of the British Psychological Society's

Division of Neuropsychology

Certifies that this assessment has been conducted and the report written in accordance with the SpLD Working Group 2005/DfES Guidelines for Assessment of SpLDs in Higher Education.

**Dr Bernard Horsford**

PhD, D Occ Psych. MBA, MSc LLB, BA, DipAdEd, DipM, FCIPD, MAPM, MloD, FIC, MAE, MEWI, C Psychol, AFBPsS

**Chief Executive & Consultant Chartered Psychologist**

**Advanced Assessments Ltd, 180 Piccadilly, London W1J 9HF**

**T: +44 208 200008 F: +44 208 2000334**

# Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



Prepared by Advanced Assessments Ltd

## 3. EXECUTIVE SUMMARY

- 3.1 Example exhibited pronounced symptoms of Attention Deficit/Hyperactivity Disorder. They find it difficult to concentrate for extended periods of time. They finds it difficult to follow instructions in examinations. They becomes very stressed in examination conditions and this impacts on their performance. They will require additional time to calm down and focus.
- 3.2 On examination, their inattention led to frequent errors during the assessment. I have taken the view that they will require the maximum amount of additional time to complete the LSAC for several reasons firstly, they will require frequent breaks because of the elevated level of anxiety that they exhibit. Secondly, because of the errors which occur because of their high level of inattention, they will require breaks to stop and reread their work. Thirdly, example struggles to stay focused for any significant period and therefore they will require breaks so that they can maintain their concentration.
- 3.3 Example exhibited significant memory deficiencies, particularly as they relate to recalling written information. Example's specific learning disability affects their memory, so Example will need to reread the written information which is presented to them and perhaps make additional notes. They are likely to become confused with the multiple-choice test because of their poor memory abilities for written information.
- 3.4 Furthermore, they exhibit slow processing speed and therefore works at a rate which is below that of their peers. They will require additional time so that they can complete the exam.
- 3.5 It would also assist if they had a separate room in which they could take their exam. Example needs an extra room to undertake their exam because of their high level of inattention. They become distracted with the slightest interruptions including rustling of papers.

## Main Recommendations

- 3.6 Example has the disability of attention-deficit/hyperactivity disorder (ADHD) combined presentation 314.01 (F90.2), they exhibit significant problems with executive function. Example also has a specific learning disorder with impairment in mathematics 315.1 (F81.2) dyscalculia. Their conditions are disabilities within the meaning of the Equality Act 2010. They will require additional support and reasonable adjustments in education and employment.
- 3.7 Example is entitled to some reasonable adjustments (accommodations) in examinations and work. Example should have access to financial support to fund the necessary additional support that they need to undertake further study

## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



Prepared by Advanced Assessments Ltd

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and work. Example should provide a copy of this report to any educational establishment they attend.

### 3.8 Minimum reasonable adjustments for exams:

- (a). A minimum of fifty per cent extra time should be allowed in examinations. *Rationale:* (i) Example's slow processing speed as evidenced on the WAIS-IV; (ii) their high level of inattention as measured by CAARS and the BREIF A (iii) their poor auditory memory means that they will have difficulty in completing exams accurately within the allotted time.
- (b). Additional breaks stop the clock for at least 15 minutes between examination sections. *Rationale:* their high level of anxiety linked their ADHD as measured by the CAARS and BREIF A.
- (c). Examinations should be completed in small room with as few students as possible. *Rationale:* High level of inattention associated with ADHD as measured by the CAARS and BREIF A.





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## **4. BACKGROUND TO THE ASSESSMENT**

### **Developmental History**

- 4.1 Example's mother had a normal delivery although they had to be induced. Most of example's developmental milestones were achieved on time. They displayed no difficulty in walking on time and there was no delay with speech or language. However, example was a little delayed in potty training.
- 4.2 Although, there is no one in the family with a history of autism Example's mother reports several traits which are consistent with autism, however there were insufficient characteristics noted to be to achieve a full diagnosis of autistic Spectrum disorder. I must interpose to say, that autistic spectrum disorder frequently co-occurs with ADHD.
- 4.3 The following traits were recorded which are consistent with an autistic profile:
- It was very hard for them to adjusting to changing;
  - Leaving home to go to camp they were very upset;
  - They did not feel like they fitted in;
  - Had difficulty making friends they had a on best friend – it was always a struggle to maintain friendships; and
  - It was always a struggle with them having those social interaction
- 4.4 There is no family history of any psychiatric disorders, therefore, these were excluded as a possible explanation for example's difficulties.
- 4.5 Psychological and cognitive concerns were first documented in the Psycho educational assessment that example undertook at the age of nine years and 11 months. The report reads that they were referred to difficulties with mathematics, writing mechanics, spelling, reading and comprehension. Some attentional issues were also identified. Also identified in the assessment undertaken by JVS were some interpersonal problems such as respecting other people's rights which are typically consistent with an autistic profile.
- 4.6 Nevertheless, an assessment of cognitive functioning was undertaken using the Wechsler intelligence Scale for children (Fourth Edition). Notably the perceptual reasoning index was not interpretable. However, their verbal comprehension score was in the 45<sup>th</sup> percentile (average) their working memory score was in the 50<sup>th</sup> percentile (average), and their processing speed score within the 79<sup>th</sup> percentile (high average). The subscale scores were not reported.
- 4.7 An assessment of memory words carried out using the wide range assessment of memory and learning (second edition). The assessment revealed significant difficulties in example's ability to remember verbal information (words) after a short delay.

## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



Prepared by Advanced Assessments Ltd

- 
- 4.8 An assessment of visual motor processing using the Beery-Buktenica Developmental Test of visual motor coordination identified significant difficulties in fine motor coordination their scores fell below the 7<sup>th</sup> percentile. However, the assessor did not go on to explore a diagnosis of developmental coordination disorder (dyspraxia). In the face of the developmental history I believe that such a decision was correct.
- 4.9 An assessment of academic skills using the Wechsler individual achievement test (second edition) revealed that their mathematical skills were significantly below expectations. Their score for numerical operations within the 9<sup>th</sup> percentile. Their score for mathematical reasoning within the 2<sup>nd</sup> percentile.
- 4.10 Finally, it is worth considering the assessment of attention behaviour which was carried out using the behaviour rating inventory of executive functioning. Example was rated by their teachers on the scale and significant concerns were identified in the assessment.
- 4.11 The report concluded that Example's profile is indicative of a learning disability in executive functioning. However, the assessment did not go on to explore a formal diagnosis of ADHD, although there was sufficient evidence within the report to raise this diagnosis as an additional hypothesis.

# Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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## Test conditions and score descriptions

- 4.12 The assessment took place at Advanced Assessments Ltd, 180 Piccadilly, Mayfair, London, W1J 9HF. Example appeared to be comfortable throughout the assessment; there were no obvious health problems displayed during the evaluation. They seemed to be focused throughout the assessment and showed a high level of motivation to complete the tests correctly.
- 4.13 The qualitative descriptions used in this report are mapped against the respective standard scores are set out in Table 1 below.

**Table 1: Qualitative descriptions for each standard score range**

Qualitative Description	Standard Score	Percentile	Scaled Score	T Score
Severely below average (- 3 Standard Deviations)	50	<1		
	55	<1	1	20
	60	<1	2	23
	65	1	3	27
Moderately below average (- 2 Standard Deviations)	70	2	4	30
	75	5	5	33
Mildly below average (- 1 Standard Deviation)	80	9	6	37
	85	16	7	40
Average (Mean)	90	25	8	43
	95	37	9	47
	100	50	10	50
	105	63	11	53
	110	75	12	57
Mildly Above average (+ 1 Standard Deviation)	115	84	13	60
	120	91	14	63
Moderately Above Average (+2 Standard Deviations)	125	95	15	67
	130	98	16	70
Significantly Above Average (+ 3 Standard Deviations)	135	99	17	73
	140	>99	18	77
	145	>99	19	80
	150	>99		



## **5. ASSESSMENT**

### **Underlying Ability**

#### **Cognitive abilities: Intellectual ability— WAIS-IV**

- 5.1 I assessed example using the Wechsler Adult Intelligence Scale 4<sup>th</sup> UK Edition (WAIS-IV). The following results were found:

**Table 2: Example's Wechsler Adult Intelligence Scale WAIS results**

<b>Indices</b>	<b>Standard Score (95% Confidence)</b>	<b>Qualitative Description</b>
Verbal Comprehension (Verbal abilities)	108 (102 - 113)	Average
Perceptual Reasoning (Non-verbal abilities)	88 (82 - 95)	Mildly Below Average
Working Memory	108 (98 – 111)	Average
Processing Speed (Visual processing speed)	79 (73 - 89)	Moderately Below Average
Full Scale IQ	95 (91 - 99)	Average
General Ability	99 (94 - 104)	Average

- 5.2 The WAIS-IV provides index scales related to specific areas of cognitive functioning: Verbal Comprehension, Perceptual Reasoning, Working Memory and Processing Speed. The full-scale IQ score provides an overall summary score that estimates an individual's general level of intellectual functioning. Because of the overall variation of scores, it was not possible to accurately calculate a full-scale IQ score for Example.
- 5.3 Example received a composite score for the Verbal Comprehension Index (VCI) that placed their verbal abilities in the average range. This score represents their ability to define words in their vocabulary, conceptual development, verbal reasoning skills and their general knowledge. The Verbal Comprehension Index is the most accurate measure of example's IQ. However, as can be seen from Figure 2, the whole VCI did not accurately represent their ability because example exhibited significant difficulties on the Information subtest, suggesting that remembering written information is a very challenging for Example. Their Information score contrasts with their Similarities subtest scores where they obtained a scaled score of 15 which is significantly above average.
- 5.4 The Perceptual Reasoning Index assesses capacity to apply logic and reasoning when solving non-verbal problems, capacity to use visual and spatial awareness when working with patterns and designs and nonverbal reasoning ability. Example's performance was mildly below average.

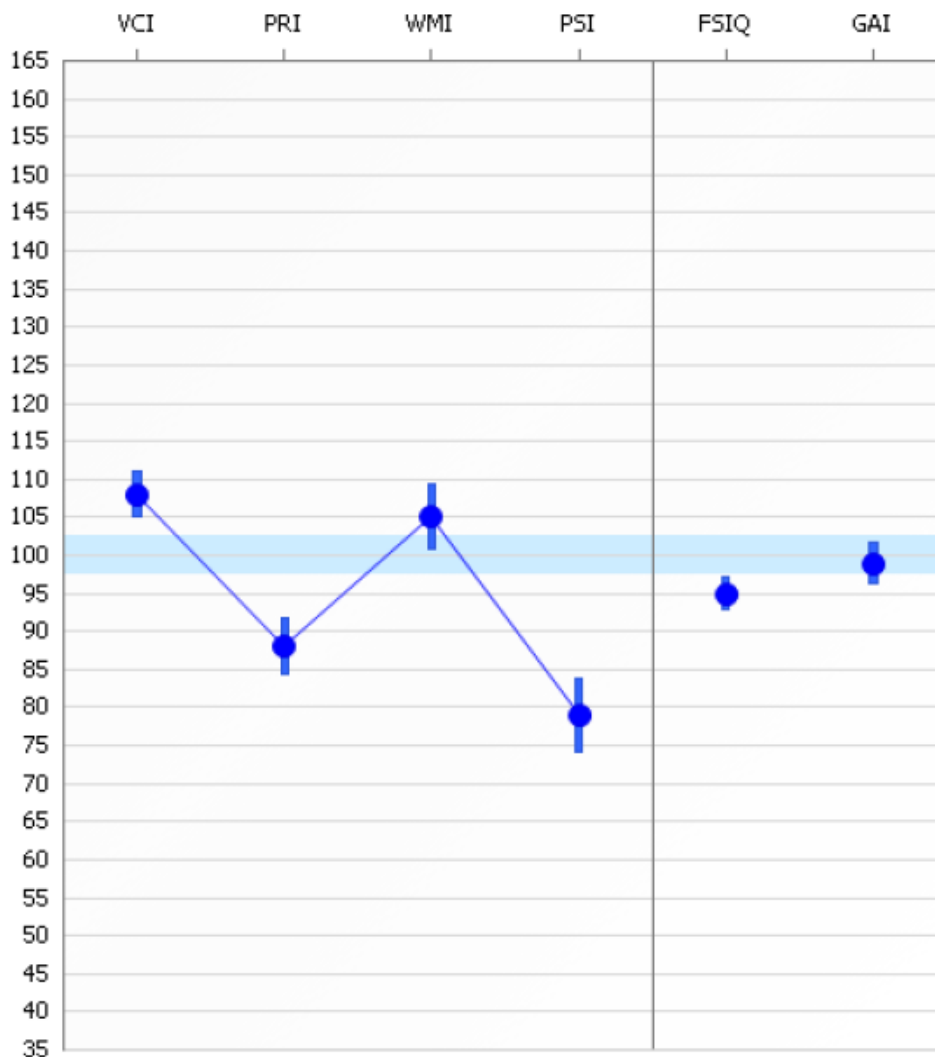
## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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- 5.5 The Working Memory Index represents a person's ability to retain information temporarily and process auditory information simultaneously. Within these tests, the information increases in length and complexity. Example obtained a score, which was average on this cluster of tests. Figure 2, below shows the disparity in cognitive abilities graphically.

**Figure 1: Example's WAIS-IV Profile**



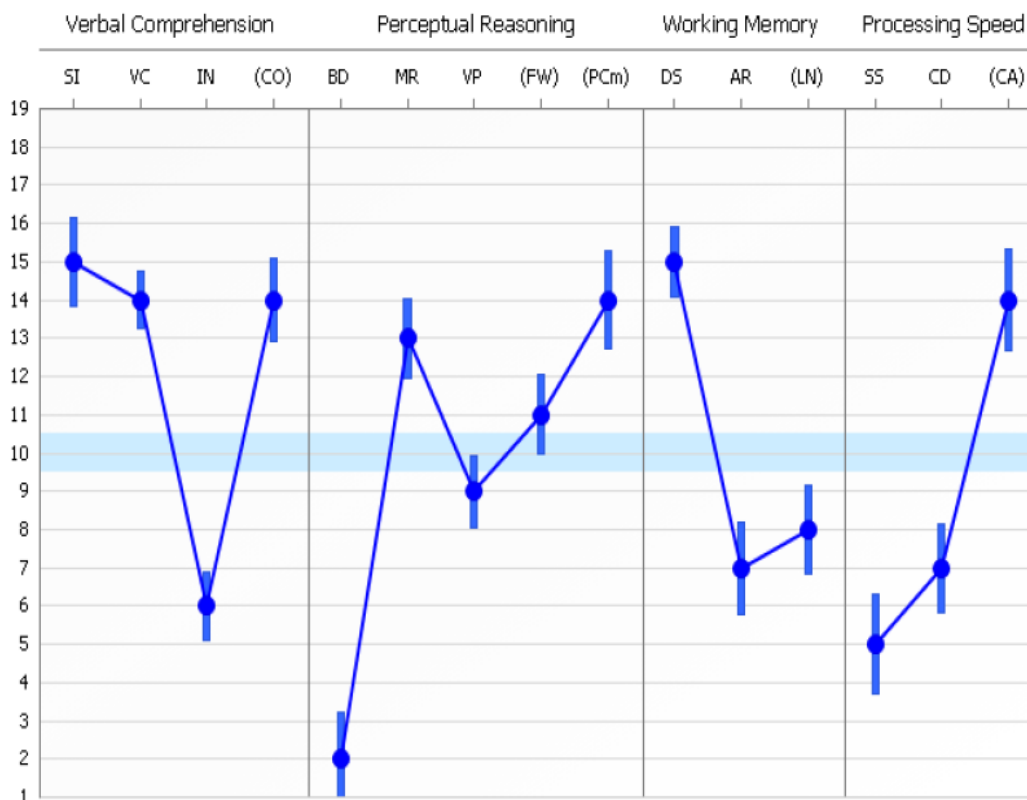
- 5.6 Three subtests are considered when calculating the Processing Speed Index. These subtests assess skills that require hand-eye coordination, fine motor processing, dexterity and visual information processing. Example's scores were moderately below average.
- 5.7 Recommended support in respect of the areas measured by the WAIS-IV is set out in detail in the full WAIS-IV report, which is reproduced in the appendix to this report.

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**Figure 2: Example's WAIS-IV Subtest Scaled Score Profile**



5.8 The subscale scores so significant variation in the performance on the tests relating to the key indexes making up the WAIS-IV. For example, Example's score on the Block design subtest of two was severely below average confirming difficulties in perceptual reasoning. As far as working memory is concerned, their superior ability in the Digit Span subtest produced a rather tended to overestimate their working memory ability. As can be seen from figure 2 above, they had significant difficulties in the Arithmetic subtest and the Letter Number Sequencing subtest. Additionally, example exhibited significant difficulties in processing speed as can be seen from their scores on the symbol search and coding subtest. Example score on the cancellations subtest tended to elevate their overall processing speed above what might typically be expected.

### Example's reactions to the WAIS-IV (UK)

5.9 Example found the Block Design subtest on the Wechsler Adult Intelligence Scale — fourth edition. (WAIS-IV) challenging. They struggled after the first three main sets. They said that they had no difficulty with coordination. However, the way that they formed the blocks were quite unusual. Their pen grip also was quite unusual. Example's WAIS-IV scores contrast with their responses to the Berry VMI which looked at visual-motor coordination. Their overall performance on that test was quite good.

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- 5.10 Example says that they found the shapes in the sequencing tasks easy at first—the sequencing tasks became more difficult. Example, however, did quite well on the shapes and number sequencing subtests tests. However, they struggled with the mathematics tasks which also tests working memory.
- 5.11 As far as the some of the Verbal Comprehension tasks are concerned they said that they did not understand why some of the more basic questions were asked. It seemed that example had the concept right for some of the questions but could not identify what word should be used to answer the questions.
- 5.12 The sequencing tests they said that they found difficult because they had a method of getting the first part of the sequencing right but the as the sequences became longer they struggled to remember the whole letter-number sequencing. The sequencing tests are not the most effective measure of working memory, and my overall impression is that the global Working Memory Index perhaps overestimates their working memory abilities.
- 5.13 On most of the timed tasks, example appeared to struggle with the timing. example also was notably distracted through various parts of the assessment.

### Cognitive abilities: Memory— WMS-IV

#### Wechsler Memory Scale (WMS-IV)

- 5.14 The Wechsler Memory Scale is an individually administered battery designed to assess various memory and working memory abilities, in addition to the assessment of memory functioning, the WMS contains a Cognitive Status Exam designed to screen for significant cognitive dysfunction by providing an indication of current cognitive status. These standard scores provide a more accurate picture of Example's memory.

**Table 3: Example's Wechsler Memory Scale WMS Results**

Indices	Standard Score (95% Confidence)	Qualitative Description
Auditory Memory	80 (75 - 87)	Mildly Below Average
Visual Memory	90 (85 - 96)	Average
Visual Working Memory	85 (79 - 93)	Mildly Below Average
Immediate Memory	86 (80 - 93)	Mildly Below Average
Delayed Memory	80 (80 - 93)	Mildly Below Average

- 5.15 In the Auditory Memory subtest example achieved a standard score of 80, their performance can, therefore, be described as Mildly below average.
- 5.16 Example completed a Visual Memory test in which they achieved a standard score of 90, average.

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- 5.17 In the Visual Working Memory subset Example achieved a standard score of 94, their performance can, therefore, be described as average.
- 5.18 The Immediate Memory subset revealed that example's ability is mildly below average, as they achieved a standard score of 89.
- 5.19 On the Delayed Memory subtest, example achieved a standard score of 70, making their performance Moderately below average.

**Figure 3: Example's WMS-IV Profile**



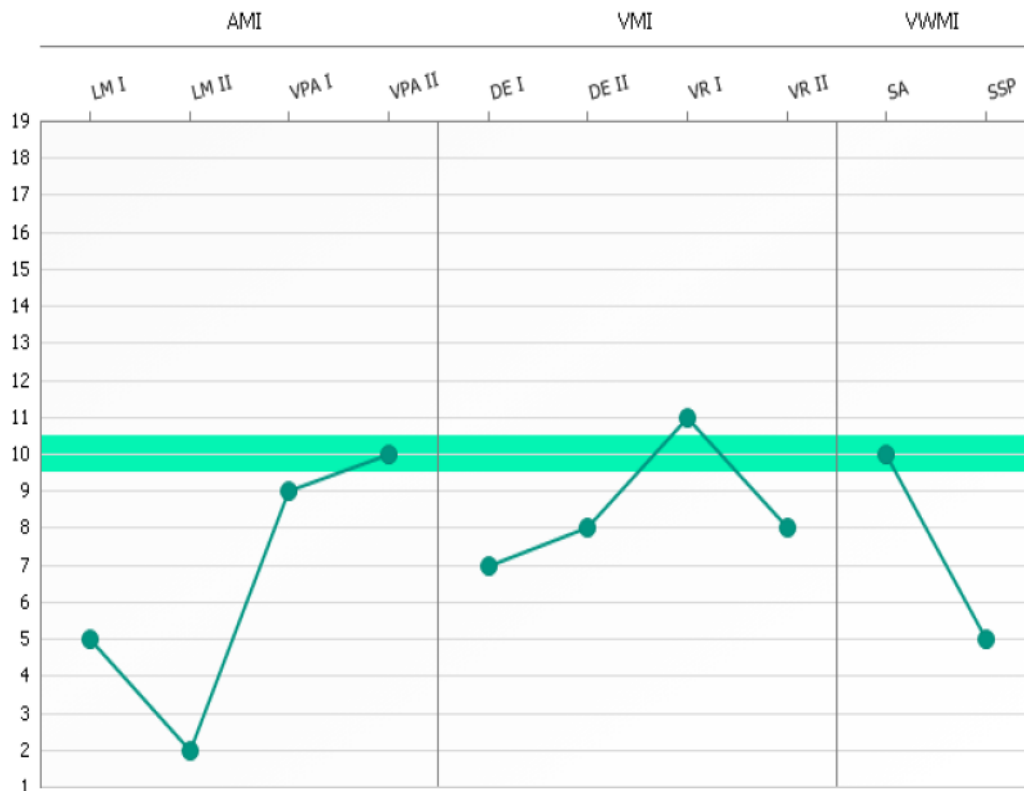


## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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Figure 4: Example's WMS-IV Subscale Profile



5.20 Examination of example subscale scores on the Wechsler memory Scale shows graphically the severe memory difficulties that they exhibit with remembering written information this can be seen by reviewing the Auditory Memory Index (AMI) subtest scores.

### Example's reaction to the WMS-IV

5.21 The WMS-IV was described as "really hard" by example. They said that they found it difficult to focus. Example commented that they particularly found the verbal subtests to be demanding. They said that they hated history when they were younger because they could not remember significant amounts of verbal information.

## Attention-Deficit/Hyperactivity Disorder

### Conners 'Adult ADHD Rating Scale

5.22 The Conners' Adult ADHD Rating Scales–Self Report: Long Version (CAARS–S:L) is an assessment that prompts an adult to provide valuable information

## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report

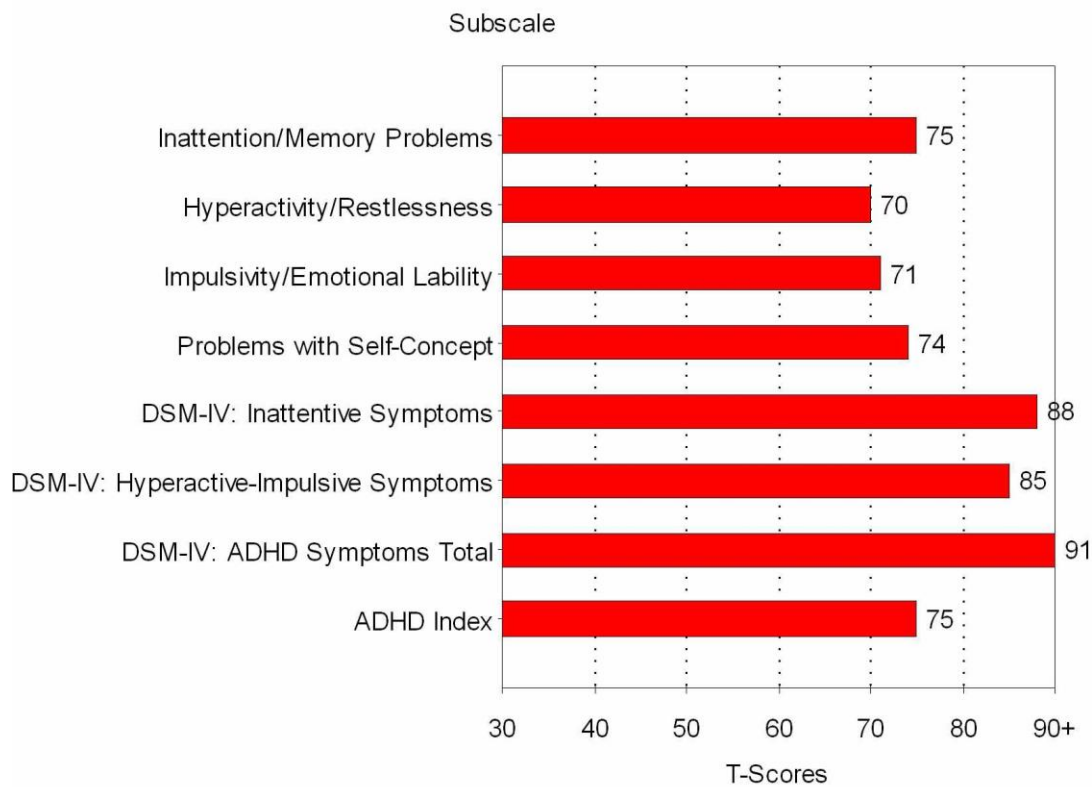


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about themselves. This instrument is helpful when considering a diagnosis of ADHD or related problems. The normative sample includes 1026 adults. As can be seen from figure 5 below example's scores on the CAARS show significant elevations on the attention and memory subscales and also significant elevations on the hyper activity/restlessness subscales.

- 5.23 example's DSM-IV the ADHD symptoms total score shows that their overall symptoms for ADHD are clinically significant enough to meet the diagnostic criteria for ADHD as defined by the American Psychiatric Association. Information about the adult's score, how he or she compares to other adults, and what subscales are elevated.

**Figure 5: Example's ADHD Self-Report Profile**



# Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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**Table 4: Example's CAARS ADHD Subscale Summary**

Measure	Raw Score	T-Score	Guideline	Common Characteristics of High Scorers
Inattention/Memory Problems	26	75	Markedly atypical (indicates significant problem).	Difficulties may include trouble concentrating, difficulty planning or completing tasks, forgetfulness, absent-mindedness, being disorganized.
Hyperactivity/Restlessness	28	70	Moderately atypical (indicates significant problem).	Difficulties may include problems with working at the same task for long periods of time, feeling more restless than others seems to be, fidgeting.
Impulsivity/Emotional Lability	24	71	Markedly atypical (indicates significant problem).	Difficulties may include engaging in more impulsive acts than others do, low frustration tolerance, quick and frequent mood changes, feeling easily angered and irritated by people.
Problems with Self-Concept	17	74	Markedly atypical (indicates significant problem).	Difficulties may include poor social relationships, low self-esteem and self-confidence.
DSM-IV: Inattentive Symptoms	24	88	Markedly atypical (indicates significant problem).	Behave in a manner consistent with the Inattentive Subtype of ADHD, described in the DSM-IV.
DSM-IV: Hyperactive-Impulsive Symptoms	24	85	Markedly atypical (indicates significant problem).	Behave in a manner consistent with the Hyperactive-Impulsive Subtype of ADHD, described in the DSM-IV.
DSM-IV: ADHD Symptoms Total	48	91	Markedly atypical (indicates significant problem).	Behave in a manner consistent with the DSM-IV diagnostic criteria for Combined type ADHD.
ADHD Index	26	75	Markedly atypical (indicates significant problem).	Identifies individuals 'at risk' for ADHD
Inconsistency Index	5	N/A	Probably valid.	High scores indicate that the participant may have been responding haphazardly, may have been unmotivated, and/or may have been trying to distort his or her results.

## Examination of Subscale Scores

### ADHD Index: T-Score = 75

5.24 Markedly elevated. This index consists of the best set of items on CAARS for identifying adults "at risk" for ADHD. Example's score on this index is notably elevated, indicating possible ADHD. This finding should be combined with other information to corroborate whether a diagnosis of ADHD is appropriate.

## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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### **Inattention/Memory Problems: T-Score = 75**

- 5.25 Marked elevated. Example could experience serious difficulties with organizing or planning their work, completing tasks or projects, and concentrating on tasks that require sustained mental effort. A number of items on this subscale indicate some difficulties related to memory and inattentiveness.

### **Hyperactivity/Restlessness: T-Score = 70**

- 5.26 Moderately elevated. The score obtained on this subscale indicates that Example has difficulty sitting still or remaining stationary for very long. They are likely to be more restless than most individuals, with a need to be always "on the go." Example's score is moderately elevated, indicating potentially serious problems with restlessness and tolerating sedentary activities.

### **Impulsivity/Emotional Lability: T-Score = 71**

- 5.27 Markedly elevated: Example's score on the Impulsivity/Emotional Lability subscale is quite high, indicating an individual who is very prone to emotional responses/behaviors like getting upset or having temper outbursts. Example is likely to be more impulsive, both verbally and behaviourally, than is typical of others. They are also likely to have a low frustration tolerance and hence prone to moodiness and to be easily angered or irritated.

### **Problems with Self Concept: T-Score = 74**

- 5.28 Markedly elevated. The score on this subscale indicates that Example perceives themselves as having low self-confidence and low self-esteem. Assessment efforts might focus on identifying the factor or factors that contribute to this individual's poor self-concept. They may lack confidence in their own abilities and avoid taking on new challenges as a result.

## **Analysis DSM-IV Subscales**

### **Inattentive Symptoms: T-Score = 88**

- 5.29 Example's responses indicate that six or more symptoms of the Inattentive Subtype of ADHD could be present. 6 of 9 items are rated "Very much, Very frequently", and 3 of 9 items are rated "Pretty much, Often".

### **Hyperactive-Impulsive Symptoms: T-Score = 85**

Example's responses indicate that six or more symptoms of Hyperactive-Impulsive Subtype of ADHD could be present. 6 of 9 items are rated "Very much, Very frequently", and 3 of 9 items are rated "Pretty much, Often".

### **Combined Type ADHD: T-Score = 91**

- 5.30 Six or more criteria are reported as present for both the Hyperactive-Impulsive and Inattentive Subtypes of ADHD. It is therefore possible that Example may qualify for the Combined Type ADHD.

## **General Examination of the Profile**

- 5.31 There are several substantial subscale elevations. Two of these elevations are on general index scales indicative of hyperactivity and/or attentional deficits

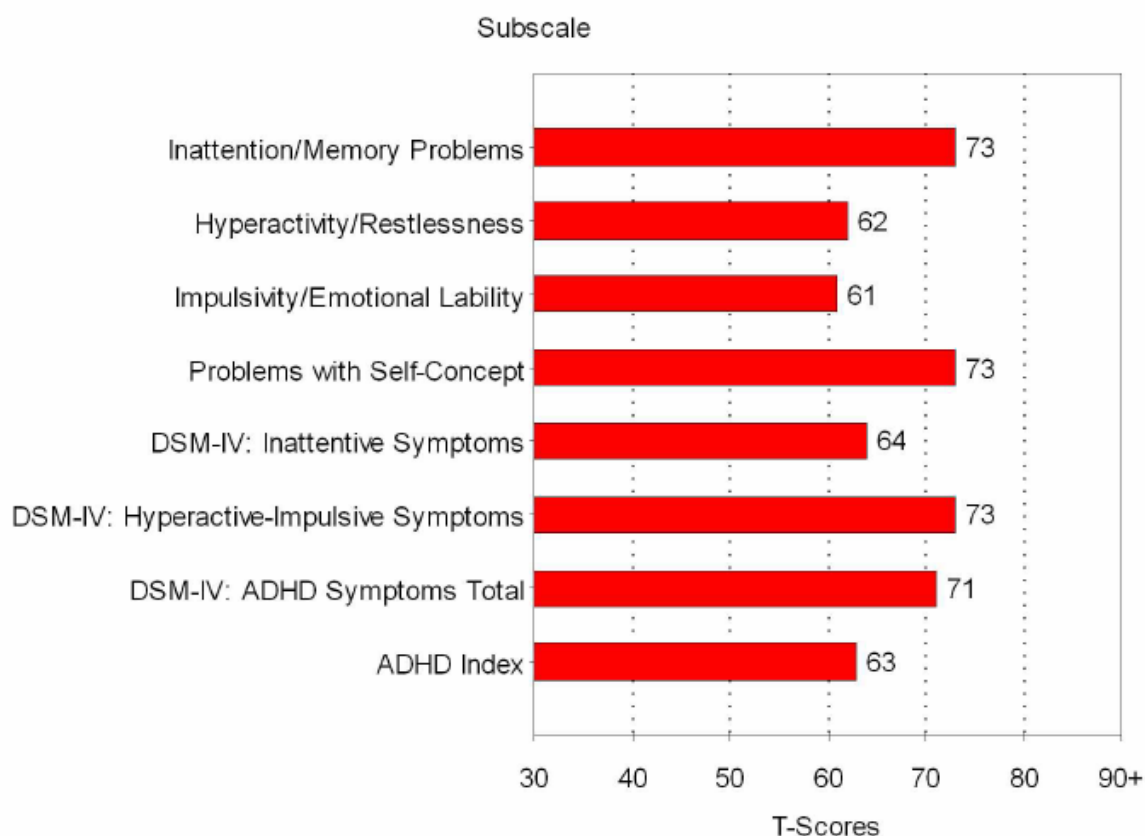
## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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(i.e., ADHD). The other elevations could also indicate hyperactivity and/or problems in one or more of the following areas: Impulsivity, Restlessness, and Emotional Lability. More specific information about the areas that are elevated can be obtained from examining the subscale descriptions

**Figure 6: Observer's Report of example's ADHD Symptoms**



- 5.32 As can be seen from Figure 6 above and Table 5 below there is significant agreement between example and Example's observer's ratings of their symptoms. This the agreement between both example's and the Observer of their symptoms suggests that a diagnosis of ADHD is accurate.
- 5.33 In addition to the agreement by example and the observer of their symptoms example displayed behaviour consistent with ADHD on assessment. For example, Example struggled to complete several tasks on the Wechsler adult intelligence Scale, such as block design as they were unable to follow the instructions. At several points in time they needed the instructions repeated to them. Despite this, they continued to complete several subtests on the Wechsler Adult Intelligence Scale and the Wechsler Memory Scale incorrectly.

# Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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**Table 5: Example's CAARS ADHD Subscale Summary**

Measure	Raw Score	T-Score	Guideline	Common Characteristics of High Scorers
Inattention/Memory Problems	27	73	Markedly atypical (indicates significant problem).	Difficulties may include trouble concentrating, difficulty planning or completing tasks, forgetfulness, absent-mindedness, being disorganized.
Hyperactivity/Restlessness	20	62	Mildly atypical (possible significant problem).	Difficulties may include problems with working at the same task for long periods of time, feeling more restless than others seems to be, fidgeting.
Impulsivity/Emotional Lability	19	61	Mildly atypical (possible significant problem).	Difficulties may include engaging in more impulsive acts than others do, low frustration tolerance, quick and frequent mood changes, feeling easily angered and irritated by people.
Problems with Self-Concept	15	73	Markedly atypical (indicates significant problem).	Difficulties may include poor social relationships, low self-esteem and self-confidence.
DSM-IV: Inattentive Symptoms	15	64	Mildly atypical (possible significant problem).	Behave in a manner consistent with the Inattentive subtype of ADHD, described in the DSM-IV.
DSM-IV: Hyperactive-Impulsive Symptoms	18	73	Markedly atypical (indicates significant problem).	Behave in a manner consistent with the Hyperactive-Impulsive subtype of ADHD, described in the DSM-IV.
DSM-IV: ADHD Symptoms Total	33	71	Markedly atypical (indicates significant problem).	Behave in a manner consistent with the DSM-IV diagnostic criteria for Combined type ADHD.
ADHD Index	17	63	Mildly atypical (possible significant problem).	Identifies individuals 'at risk' for ADHD.
Inconsistency Index	3	N/A	Probably valid.	High scores indicate that the participant may have been responding haphazardly, may have been unmotivated, and/or may have been trying to distort his or her results.

## Examination of Subscale Scores

**ADHD Index: T-Score = 63**

5.34 Mildly elevated. This index consists of the best set of items on CAARS for identifying adults "at risk" for ADHD. example's score on this index is a little bit elevated, indicating possible ADHD. This possible presence of ADHD should be

## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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investigated by combining this information from the observer-report with other independent sources of information (e.g., a self-report) and by undertaking a full assessment.

### **Inattention/Memory Problems: T-Score = 73**

- 5.35 Markedly elevated. High scorers tend to learn more slowly than do most individuals. The observer's report indicates that example could experience difficulty organizing or planning their work, completing tasks or projects, and concentrating on tasks that require sustained mental effort. A number of items on this subscale indicate some difficulties related to memory and inattentiveness.

### **Hyperactivity/Restless: T-Score = 62**

- 5.36 Mildly elevated. The elevated score obtained on this subscale indicates that example is perceived to have difficulty sitting still or remaining stationary for very long. Also, example is probably more restless than most individuals. The score is mildly elevated, indicating some problems with restlessness and tolerating sedentary activities.

### **Impulsivity/Emotional Lability: T-Score = 61**

- 5.37 Mildly elevated. The Impulsivity/Emotional Lability subscale score indicating that example is perceived to be an individual who is somewhat prone to emotional responses/behaviors like getting upset or having temper outbursts. example is likely to engage in more impulsive acts, both verbally and behaviourally, than is typical of others. They are likely to have a relatively lower tolerance for frustration, a tendency for moodiness, and is easily angered or irritated.

### **Problems with Self Concept: T-Score = 73**

- 5.38 Markedly elevated. A high score on this subscale indicates that example is perceived as having low self-confidence and low self-esteem. Assessment efforts might focus on identifying the factor or factors that contribute to this individual's poor self-concept. They may lack confidence in their own abilities and avoid taking on new challenges as a result.

## **Analysis of the DSM-IV Subscales**

### **Inattentive Symptoms: T-Score = 64**

- 5.39 The observer's report indicates that six or more symptoms of the Inattentive Subtype of ADHD could be present. The stringent requirement is that at least 6 items be rated "Very much, Very frequently" before suggesting a possible DSM-IV diagnosis. However, if you combine the fact that 1 of 9 items is rated "Very much, Very frequently," with the observation that 5 of 9 items is rated "Pretty much, Often" there does seem to be sufficient reason to explore the possibility that this individual meets the DSM-IV criteria for the Inattentive Subtype of ADHD.



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## **Hyperactive-Impulsive Symptoms: T-Score = 73**

- 5.40 The observer's report indicates that six or more symptoms of the Hyperactive-Impulsive Subtype of ADHD could be present. The stringent requirement is that at least 6 items be rated "Very Much, Very frequently" before suggesting a possible DSM-IV diagnosis. However, if you combine the fact that 2 of 9 items are rated "Very much, Very frequently" with the observation that 5 of 9 items are rated "Pretty Much, Often," there does seem to be sufficient reason to explore the possibility that this individual meets the DSM-IV criterion for the Hyperactive-Impulsive Subtype of ADHD.

## **Combined Type ADHD: T-Score = 71**

- 5.41 Based on the observer's report, there is moderate although not substantial evidence for a diagnosis of either the Inattentive Subtype or the Hyperactive-Impulsive Subtype of ADHD. In addition, the possibility of the Combined Type of ADHD should be considered.

## **General Examination of the Profile**

- 5.42 There are several substantial subscale elevations. Two of these elevations are on general index scales indicative of hyperactivity and/or attentional deficits (i.e., ADHD). The other elevations could also indicate hyperactivity and/or problems in one or more of the following areas: Impulsivity, Restlessness, and Emotional Lability. More specific information about the areas that are elevated can be obtained from examining the subscale descriptions.



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## Executive Function

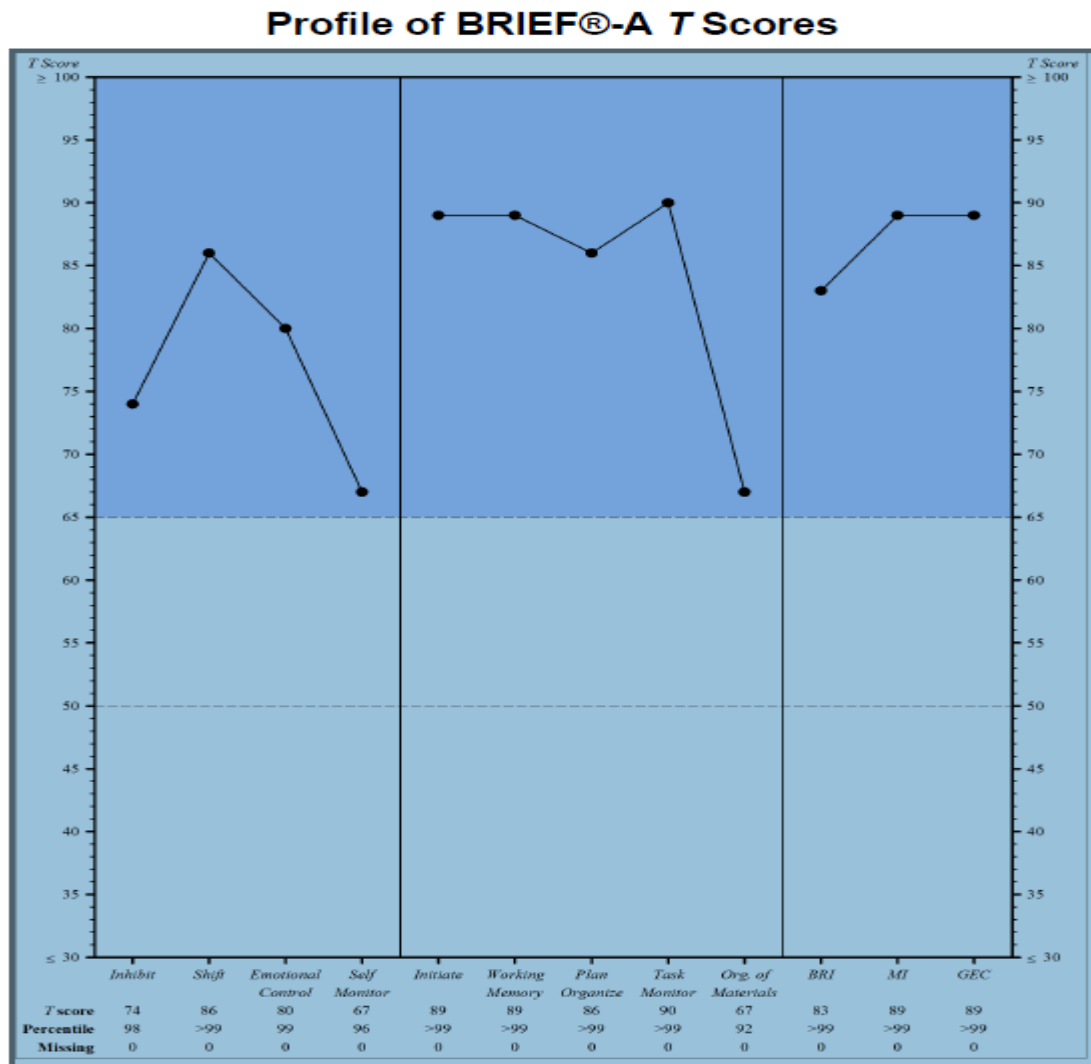
- 5.43 The Behavior Rating Inventory of Executive Function® – Adult Version (BRIEF®-A) is a questionnaire completed by adults ages 18 to 90 years and/or informants who know them well, such as spouses, children, or parents. It is designed to capture the individual's views of his or her own strengths and weaknesses in executive functioning in the past month, as well as the views of informants familiar with the individual's functioning. An understanding of the individual's perspective can complement informant ratings of his or her executive functioning and can foster a collaborative working relationship within which areas of difficulty may be addressed.
- 5.44 The BRIEF-A assesses nine aspects of executive functioning subsumed under two broad domains reflecting the ability to maintain appropriate control over one's thoughts, behaviours, and emotions (i.e., Behavioural Regulation) and the ability to manage one's attention and problem solving (i.e., Metacognition). The individual aspects evaluated include (a) selecting appropriate goals for a particular task; (b) planning and organizing an approach to problem solving; (c) inhibiting (i.e., blocking out) distractions and keeping oneself from acting impulsively or acting inappropriately in one's environment; (d) holding information such as goals and plans in mind over time; (e) flexibly altering one's behaviour and/or problem-solving strategy when necessary; and (f) monitoring one's own behaviour for mistakes as well as for its effect on others. The executive functions also are responsible for regulating emotional responses, thereby allowing for more effective problem solving and more successful interpersonal relationships.
- 5.45 Example ratings of their own executive function, as described in everyday behavioural terms, reveal one or more areas of concern. Example describes herself as having some difficulty managing their behaviour and emotions. They also report difficulty with planning and organizing their approach to problem-solving tasks and completing tasks in a timely fashion. Specifically, Example describes some concerns with their ability to inhibit impulsive responses, adjust to changes in routine or task demands, modulate emotions, monitor social behaviour, initiate problem solving or activity, sustain working memory, plan and organize problem-solving approaches, attend to task-oriented output, and organize environment and materials.
- 5.45.1 Example ratings of their own behaviour across the eight domains reflecting executive functioning generated the following results:

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Figure 7: BREIF A Profile of Executive Function



Note: Age-specific norms have been used to generate this profile.

For additional normative information, refer to the Appendixes in the BRIEF®-A Professional Manual.

## Inhibit

- 5.46 Inhibit is the ability to resist impulses and to stop one's behaviour at the appropriate time. Example describes their ability to inhibit their behaviour as an area of some concern. Individuals with similarly reported concerns often have trouble resisting impulses and considering the potential consequences of their actions before they act. They may experience feelings of restlessness or have difficulty sitting still, may respond inappropriately toward others, may interrupt and disrupt group activities or make inappropriate comments, and may generally fail to "look before leaping."

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## Shifting

- 5.47 Shifting is the ability to make transitions, tolerate change, problem-solve flexibly, and switch or alternate one's attention from one focus or topic to another. Example describes themselves as having some difficulties with shifting. This might include disliking change in routine, schedule, and/or environment, and difficulty moving from one activity to another. Shifting attention or focus from one thing to another also can be problematic. Problems with shifting can compromise problem-solving efficiency.

## Emotional

- 5.48 Emotional control reflects the influence of the executive functions on the expression and regulation of one's emotions. Example perceives themselves as having difficulty expressing and regulating their emotions appropriately. They may perceive themselves as overreacting to events and may demonstrate sudden emotional outbursts or emotional explosiveness. They also may experience sudden or frequent mood changes and excessive periods of feeling upset. Individuals with emotional control difficulties may have overblown emotional reactions to seemingly minor events

## Self-Monitoring

- 5.49 Self-Monitoring reflects an individual's awareness of the effect that his or her behaviour has on others. Example reports difficulty with monitoring overall. They describe themselves as less aware of their own behaviour and the impact this behaviour has on social interactions with others.

## Initiation

- 5.50 Initiation reflects an individual's ability to "get going" or "get started" on physical or mental activity, such as generating problem solving ideas or getting up and starting a task. Example reports difficulties with initiation.

## Working memory

- 5.51 Working memory is described as the capacity to hold information in mind in order to complete a task, encode and store information, or generate goals. Working memory is essential for carrying out multi-step activities, completing mental manipulations such as mental arithmetic, and/or following complex instructions. Example describes themselves as having some difficulty holding an appropriate amount of information in "active memory" for further processing, encoding, and/or mental manipulation. They may have difficulty sustaining working memory, which may make it difficult for them to remain attentive and focused for appropriate lengths of time.

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## Planning

5.52 Planning and organization are important components of problem solving. Planning involves setting a goal and determining the best way to reach that goal, often through a series of steps. Organization involves the ability to bring order to information and to appreciate main ideas or key concepts when learning or communicating information, either orally or in writing. Example reports having some planning and organizational difficulties. They may underestimate the time required to complete a task and/or the level of difficulty inherent in a task. Example also may have trouble determining and carrying out the multiple steps needed to reach a goal. They may view themselves as having good ideas but as unable to express them adequately on tests and written assignments.

## Task Monitoring

5.53 Task Monitoring captures the ability to attend to one's success or failure on tasks and to adjust strategies or correct work appropriately. Example reports experiencing some difficulty monitoring their task-oriented efforts. They may make frequent minor mistakes or be inattentive to errors or details.

## Another aspect of organization

5.54 Another aspect of organization is the ability to order and organize things (Organization of Materials) in one's environment, including the maintenance of orderly work, living and storage spaces (e.g., desks, rooms). This type of organization involves organizing, keeping track of, and cleaning up one's belongings, as well as making sure beforehand that the materials needed for a task are available. Example describes having difficulty organizing things and maintaining the orderliness of their environment. They report having trouble organizing the materials needed for projects or tasks. Pragmatically, teaching example to organize their belongings can be a useful, concrete tool for teaching greater task organization.

## Executive System Intervention

### Overview

5.55 Executive dysfunction can significantly impact an individual's ability to function at home, at school, at work, or in the community. Several different approaches to executive function intervention have been developed by neuropsychologists, rehabilitation specialists, and others that are aimed at helping individuals cope with executive dysfunction. One type of intervention involves the application of cognitive remediation techniques that typically emphasize repeated practice with tasks, such as memory and attention tasks, that are intended to improve the deficient skill (Bell, Bryson, & Wexler, 2003; Cicerone, 2002; Sohlberg & Mateer, 2001; Stevenson, Whitmont, Bornholt, Livesey, & Stevenson, 2002). This form of intervention has demonstrated some success in treating people with executive dysfunction, such as individuals who have traumatic brain injury (Cicerone et al., 2000; Cicerone et al., 2005). Another type of intervention involves teaching compensatory strategies. These strategies are designed to

## Example Sample: ADHD, Executive Function & Specific Learning Disability Assessment Report



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circumvent rather than directly improve deficits and also have demonstrated effectiveness in a number of patient populations (Dirette, 2002; Velligan et al., 2000; Wexler & Bell, 2005). Still others emphasize the interaction of the individual within the environment and how antecedent environmental modifications or accommodations can facilitate executive functions (Ylvisaker, Hanks, & Johnson-Greene, 2002; Ylvisaker, Jacobs, & Feeney, 2003). It should be noted, however, that these approaches to dealing with executive dysfunction need not be mutually exclusive and many intervention programs are characterized by a hybrid approach.

- 5.56 Compensatory strategies themselves can take several forms including using external aides (e.g., use of a notebook), learning cognitive strategies (e.g., verbalization), and making environmental modifications (e.g., keeping workspace clutter-free). Research has demonstrated that both healthy adults as well as individuals who have executive deficits commonly rely on external aids for executive and other cognitive processes (Evans, Wilson, Needham, & Brentnall, 2003; Sohlberg & Mateer, 2001). The probability of success with compensatory strategies can be enhanced by building on an individual's existing strategies, systematically training the new strategies, and tailoring the compensatory strategies to the individual's unique needs and environmental contexts (Sohlberg & Mateer, 2001). More frequent use of aides or strategies and the use of a greater variety of aides is helpful when it comes to memory (Evans et al., 2003), and this also may hold true for executive dysfunction.
- 5.57 For individuals with more severe executive dysfunction and/or those with additional deficits in other domains of functioning, such as memory and learning, assimilating and applying compensatory strategies and aides may be difficult. Providing such individuals with a high degree of external support can help them successfully complete tasks with less error and improve self-esteem. Prolonged reliance on external support without any systematic plan for developing some degree of independent skill, however, may interfere with the individual's ability to learn from new experiences. In many cases, across the range of severity, behavioral change may best be achieved through supportive practice of routines within pertinent "natural" contexts such as the home, where fostering the development of behaviors and thoughts that are elicited by regular cues in the environment is facilitated (Sohlberg, Mateer, Penkman, Glang, & Todis, 1998; Ylvisaker et al., 2003). This form of compensatory strategy relies on habit formation, also referred to as implicit memory or procedural learning, aspects of which are relatively intact in many conditions where executive dysfunction is common (e.g., Danion, Meulemans, Kauffmann-Muller, & Vermaat, 2001; Eldridge, Masterman, & Knowlton, 2002). For individuals who have very severe cognitive dysfunction, instructing someone other than the individual in question (e.g., caregiver, spouse, teacher, supervisor) on appropriate environmental modifications may be the most helpful approach.

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5.58 In the context of a systematic approach, some suggested compensatory strategies for dealing with executive dysfunction follow. These recommendations are generic in nature and can be tailored to individual needs based on severity of deficit, preserved strengths, and environmental demands. It is important to note that the decision to use any given strategy to address executive dysfunction should be based on an appropriate assessment of the individual and tailored accordingly. Typically, such an assessment includes:

- Determining the profile of neuropsychological strengths and weaknesses including intellect and cognitive, motor and sensory functioning.
- Analysis of the everyday person, task, and situational demands that may be impacting positively or negatively on executive functioning.
- Evaluation of psychological (e.g., mood, personality), physical (e.g., fatigue, pain), and environmental (e.g., availability of caregivers/supervisors/teachers, other resources) factors that may affect the ability to learn and/or apply compensatory strategies.

## 6. RECOMMENDATIONS

### Inhibit

- 6.1 Individuals with inhibitory control difficulties often require additional structure in their environment in order to maintain more appropriately controlled behaviour. Example Sample might need a more explicit, extensive, and/or clear set of rules and expectations, and might need these reviewed with them regularly.
- 6.2 Often, it is important to limit distractions that are problematic for an individual who has inhibitory control difficulties. This might include visual and auditory distractions as well as other activities that can pull Example Sample's attention away from a task.
- 6.3 Environmental structure can be an important consideration for individuals like Example Sample. Less organized settings may have too many distractions and too many opportunities for impulsive behaviours.
- 6.4 Often, individuals with impulse control difficulties find tasks or workloads daunting. Example Sample may need their task requirements reduced to within their capabilities at the outset, with stepwise increases in expectations as they demonstrate success.
- 6.5 Disinhibited individuals often require more frequent redirection and limit-setting from caregivers/supervisors/teachers. Placement in close proximity to the



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- caregivers (e.g., nursing staff), supervisors, or teachers may facilitate greater interaction without disturbing others.
- 6.6 A lower client-to-staff, employee-to-supervisor, or student-to-teacher ratio may be necessary to allow for more frequent interaction between Example Sample and their caregivers/supervisors/teachers. The inclusion of aides or other paraprofessionals can help provide the additional external structure they need to remain more appropriately controlled.
- 6.7 Individuals with severe problems with inhibitory control may frequently be disruptive in social settings. It may be helpful to have one or two assigned people (e.g., staff) that they may approach with questions, and be reinforced for doing so. These people could wear some form of obvious cue to remind them to whom they should speak. Over time, and with increasingly appropriate behaviour, use of the cue could be gradually faded.
- 6.8 Example Sample might benefit from sitting with or working with more well-controlled and more focused people who can serve as models and can resist their distracting tendencies.
- 6.9 Several “stop and think” methods are available that teach impulsive individuals to inhibit their initial response, to consider the potential consequences of their behaviours, and to further develop a plan of approach to a situation. For example, Example Sample might be taught strategies such as counting to 5 or 10 before responding verbally or physically.
- 6.10 If Example Sample demonstrates an impulsive approach to tasks, they might learn to verbalize a plan of approach before starting work. This places a short time period between the impulse and the action and can allow for better planning and a more strategic approach. Example Sample might learn to first explain how they will approach a task, including their goals for accuracy and time.
- 6.11 It may be helpful for individuals like Example Sample to practice developing more than one plan of approach to a task before starting. This can help focus attention on possible consequences and alternative strategies.
- 6.12 If Example Sample tends to rush through their work, making frequent errors, it will likely prove helpful to establish goals for accuracy and encourage them to take regular breaks to review their work for errors.
- 6.13 Behaviour programs are often a necessary component for addressing impulse control difficulties, particularly when there are behavioural problems (e.g., acting in a physically or socially impulsive fashion). It is important to appreciate that adults who have poor impulse control may have considerable difficulty

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considering potential consequences of their actions in the moment, even though they may demonstrate appropriate knowledge of consequences. Therefore, behavioural programs geared toward controlling stimuli that precede or lead to impulsivity are likely to be more successful than those that focus on the consequences following an impulsive action.

- 6.14 Controlling antecedents, or what occurs prior to an impulsive behaviour, is often an important method of reducing such behaviours. Determination of situations, behaviours, and/or thoughts previously associated with impulsive behaviours would help caregivers/supervisors/teachers anticipate when Example Sample is likely to act in a disinhibited manner in the future. Using such information to intervene prior to problem behaviours may be more effective than attempting to apply consequences during or after a problem. For example, limiting stimuli or situations where Example Sample might be impulsive, or discussing the common antecedents of impulsive behaviours with their and developing preventative strategies may be effective. Nonetheless, reinforcement for appropriate behaviours and response costs for inappropriate behaviours may be helpful and necessary in some instances.
- 6.15 Ongoing behavioural consultation is often important. Behavioural interventions typically require ongoing adjustments to address new situations or challenges, to modify reinforcers and consequences as needed, and to ensure consistency. Often counsellors, a behavioural specialist, or a therapist can serve as the behaviour program manager.
- 6.16 Example sample's caregivers and other involved individuals should be consistent in their use of behavioural techniques, and behavioural programs should be implemented across settings for consistency.
- 6.17 Social difficulties often become apparent for individuals with inhibitory control difficulties. A person who behaves impulsively may say or do inappropriate things, resulting in others learning to keep their distance. It is important to consider interventions in the social context to help avert social difficulties and the potential negative effects on Example sample's self-esteem.

### Planning

- 6.18 A high degree of external structure will be important initially to learn what supports are necessary for success. The amount of structure needed for successful planning can then be decreased or faded gradually as Example samples ability to manage their own planning needs increases and as they assume greater independence and responsibility in this domain.



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- 6.19 It is often helpful to provide examples of how others might plan differently to complete the same task. In this way, Example sample can see options for alternative methods.
- 6.20 Involve Example sample maximally in setting goals for activities and tasks. Encourage them to generate a prediction regarding how well they expect to do in completing the task/activity. Then, structure planning and organization efforts around the stated goal.
- 6.21 Example Sample's active, maximal involvement in the development of plans is important. The use of a planning guide may be necessary to reduce the organizational and working memory demands of a multistep process.
- 6.22 Have Example Sample's verbalize a plan of approach at the outset for any given task. Then provide feedback and assistance to develop the plan in sufficient detail and to increase the likelihood of success. In particular, help them break the plan down into a series of critical steps, arranged in sequential order, and written down as a bullet list.
- 6.23 Example Sample might be asked to develop more than one plan for a task or activity in order to increase their awareness of alternative approaches. For example, they might plan to approach a writing assignment by starting with a summary or the introductory paragraph, but also might plan to start with a detailed outline.
- 6.24 Strategic planning can be practiced with familiar, everyday tasks. Example Sample might develop a plan for completing familiar routines in a more efficient manner and then carry out the plan. Their level of motivation may be enhanced by initially focusing on the development and completion of familiar plans.
- 6.25 Teach Example Sample to develop time lines for completing tasks, particularly for long-term tasks such as projects or term papers. Example Sample may need assistance in budgeting their time to complete each step or phase in larger projects or tasks. Break long-term tasks into sequential steps, with timelines for completion of each step and check-ins with caregivers/supervisors/teachers to ensure that they are keeping pace with expectations.
- 6.26 Example Sample may benefit from the use of a written planning system such as a notebook, calendar, or electronic day planner. This can be used to plan and track daily activities as well as keep track of completed, ongoing, and upcoming tasks being carried out toward both short-term and long-term goal

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### Task Monitoring

- 6.27 Example Sample may have difficulty monitoring their behaviour and recognizing when they make errors. It may be helpful to build in editing or reviewing as an integral part of every task in order to increase the likelihood of error recognition and correction.
- 6.28 Ask Example Sample to predict how well they will do on a particular task and then compare their prediction with the actual outcome in order to increase their awareness of their strengths and weaknesses. Encourage Example Sample to chart their performance and/or behaviour in order to provide a tangible record of activity for ongoing monitoring.
- 6.29 Example Sample might benefit from talking aloud through a task, as this can increase attention to the task and, secondarily, increase error recognition. Model, cue, and encourage the use of the phrases “What am I doing?” and “The next step is...” as self-monitoring tools. Have them gradually fade the talking aloud to whispering then to purely inner speech.
- 6.30 Encourage Example Sample to identify their strengths and weaknesses for specific tasks or activities. Allow the comparison of pre-activity prediction of performance with post-activity evaluation. Provide guided constructive feedback to increase self-awareness of strengths and needs for similar future activities.
- 6.31 Example Sample's ability to recognize errors during task completion may be improved through the use of “errorless learning” (Page, Wilson, Shiel, Carter, & Norris, 2006). For example, have them practice tasks in which they tend to make frequent errors, but prompt correct responses as soon as incorrect responses are initiated or when their response is delayed, and then provide encouragement when the correct responses are given.
- 6.32 Setting goals for accuracy, rather than speed, can help increase attention to errors. Once they are able to maintain a high level of accuracy, gradually increase requirements for time efficiency and continue to emphasize accuracy. It should be noted, however, that there may be a maximal level of speed at which they can work and still maintain a given level of accuracy.

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- 6.34 Ask Example Sample to predict how well they will do on a particular task and then compare their prediction with the actual outcome in order to increase their awareness of their strengths and weaknesses. Encourage Example Sample to chart their performance and/or behaviour in order to provide a tangible record of activity for ongoing monitoring.
- 6.35 Example Sample might benefit from talking aloud through a task, as this can increase attention to the task and, secondarily, increase error recognition. Model, cue, and encourage the use of the phrases “What am I doing?” and “The next step is...” as self-monitoring tools. Have them gradually fade the talking aloud to whispering then to purely inner speech.
- 6.36 Encourage Example Sample to identify their strengths and weaknesses for specific tasks or activities. Allow the comparison of pre-activity prediction of performance with post-activity evaluation. Provide guided constructive feedback to increase self-awareness of strengths and needs for similar future activities.
- 6.37 Example Sample's ability to recognize errors during task completion may be improved through the use of “errorless learning” (Page, Wilson, Shiel, Carter, & Norris, 2006). For example, have them practice tasks in which they tend to make frequent errors, but prompt correct responses as soon as incorrect responses are initiated or when their response is delayed, and then provide encouragement when the correct responses are given.
- 6.38 Setting goals for accuracy, rather than speed, can help increase attention to errors. Once they are able to maintain a high level of accuracy, gradually increase requirements for time efficiency and continue to emphasize accuracy. It should be noted, however, that there may be a maximal level of speed at which they can work and still maintain a given level of accuracy.

### Organization of Materials

- 6.39 Individuals with difficulty maintaining reasonable organization of their environment and materials may benefit from increased external structure for organization and from the development of good organizational routines in general.
- 6.40 Some adults can benefit from having a checklist of needed materials to review on a daily basis in the morning and at the end of the day.
- 6.41 Often, people with difficulties organizing their materials have problems knowing where to begin or how to structure the process. It can be helpful to approach an organizational task with Example Sample and to ask them about their goal and their plan of approach, and to provide appropriate guided support as needed.

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- 6.42 Disorganization of materials may be due, in part, to messiness. Keeping their workspace clutter-free by initiating the use of an organizational system (e.g., clearly labelled file folders and cabinets, in- and out- boxes) can be helpful.



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## **7. APPENDIX: WAIS-IV AND WMS-IV FULL REPORT**

# **Appendix: WAIS-IV-WMS-IV Full Reports**