AASP Position Statement on ADHD and OHI Eligibility

On August 27, 2018 the Arizona State Board of Education approved an updated list of qualified professionals for verification of educational disabilities. This list, developed by the Arizona Department of Education, was endorsed by the Arizona Association of School Psychologists. For an educational label of Other Health Impairment, verification of the health impairment may be provided by a doctor of medicine, doctor of osteopathy, licensed nurse practitioner, licensed physician assistant, or in cases of ADHD, a *certified school psychologist* or licensed psychologist.

School based practitioners are perhaps the best qualified professionals to verify ADHD as an educational disability. School psychologists have access to parents, families, and students in the educational environment. We are skilled in the multi-method, multi-informant, multi-setting data collection necessary for a designation of ADHD. Like all skilled practitioners, school psychologists follow an ethical code which requires that they are competent in all areas in which they practice. Consequently, if a practitioner does not feel they have the knowledge or skills necessary for a particular practice, then they must seek additional training and supervision. To this end, AASP is committed to providing training opportunities to ensure all certified school psychologists in Arizona possess the necessary skills and training necessary to identify ADHD in the schools.

What follows is the NASP Position Statement on Students with Attention Deficit Hyperactivity Disorder, adopted by the AASP Board on **04/13/2018**

Students With Attention Deficit Hyperactivity Disorder

Many students with academic and adjustment problems exhibit a constellation of behaviors commonly associated with attention deficit hyperactivity disorder (ADHD), and NASP recognizes the critical importance of supporting the academic, behavioral, and social–emotional needs of students with ADHD in school settings. The core symptoms of ADHD, including both inattention and hyperactivity impulsivity, are neurobiological in nature, interact in unique ways with environmental features and demands, and have the potential to adversely affect a child's educational performance as well as social–emotional development (Barkley, 2015). NASP also recognizes that students may present with attention problems due to a variety of conditions or factors other than ADHD, such as academic difficulties, anxiety, depression, or environmental factors (e.g., teaching practices, ineffective discipline, or stress; DuPaul & Stoner, 2014). The behaviors associated with ADHD exist along a continuum from mild to severe and appropriateness of supports and interventions will depend on the nature, chronicity, and severity of the behaviors of concern (Pfiffner, 2011).

SCHOOL-BASED ASSESSMENT AND ADHD

School psychologists are trained in child psychopathology and behavioral assessment practices and have the expertise to evaluate whether students are presenting with ADHD. Further, school psychologists are qualified to conduct psychological and psychoeducational evaluations to help determine if a child has a disability under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Along with other members of the evaluation team (including parents), school psychologists conduct comprehensive evaluations to determine if a child has a disability and if so, is in need of special education services or other supports. NASP supports the recommendation of the American Academy of Pediatrics (AAP) that in the assessment of ADHD, "… information should be obtained primarily from reports from parents or guardians, teachers, and other school and mental health clinicians involved in the child's care" (AAP, 2011, p. 1012). Such information should be used to evaluate the core symptoms of ADHD in various settings: the age of onset, duration of symptoms, and degree of functional impairment (DuPaul & Stoner, 2014). Evaluation of students presenting with attention problems, and assessments conducted to rule in or rule out ADHD as a diagnosis, should be carried out with care and with the understanding that attention problems may reflect typical development, environmental conditions (e.g., instructional match, home stress, social factors), other psychological or medical conditions, or some combination of these factors (Wolraich & DuPaul, 2010).

As such, school psychologists should be aware of diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and use developmentally appropriate multi-informant, multi-setting behavioral assessment methods when evaluating students with regard to ADHD (DuPaul & Stoner, 2014; Tobin, Schneider, & Landau, 2014). The evaluation process generally includes direct observations, diagnostic and other interviews, and behavior rating scales, along with a review of student work samples, in order to gather comprehensive information on behavioral concerns, academic functioning, and social and organizational skills across settings. Screening and assessment for other presenting problems and disorders is also important, as the presence of co-occurring disorders may be linked to increased functional impairments in social and academic skills (Booster, DuPaul, Eiraldi, & Power, 2012).

School psychologists engaging in assessment activities related to attention problems should have knowledge of environmental variables and reinforcement contingencies in the school and other settings that may serve to ameliorate or exacerbate behaviors of concern. If the student is presenting with problem behaviors, functional assessment procedures can inform intervention planning. In addition, evaluators should be knowledgeable about cultural differences in assessment of ADHD related to behavioral expectations, level of tolerance, and thresholds of concern (DuPaul, Stoner, & O'Reilly, 2014). In considering ADHD as a primary concern, it is important to rule out other explanations for the presenting problems, as attention problems at any stage of childhood may be a result of factors such as typical development, other medical or psychological conditions, environmental variables in the classroom or at home, or academic deficits that impair behavioral functioning. Collaboration with physicians may facilitate assessment, diagnosis, and treatment activities related to this discussion (see DuPaul, Power, Evans, Mautone, & Owens, 2016; DuPaul & Stoner, 2014).

SPECIAL EDUCATION AND LEGAL MANDATES

Students with ADHD may be eligible for appropriate special education services under current disability categories of the IDEA. School psychologists are integral members of eligibility teams and have the expertise to identify students who have ADHD, and to design and implement

evidence-based interventions to support effective academic, behavioral, and social–emotional functioning. Additionally, some students with ADHD may function well solely with accommodations in general education, while others may not need specific supports and can be successful with typically occurring general education services and instruction (DuPaul & Stoner, 2014).

Students with ADHD may be eligible for protection against discrimination and/or receipt of school- based educational services and accommodations under Section 504 (of the Rehabilitation Act of 1973;see U.S. Department of Education, Office of Civil Rights document online at: http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf). In particular,symptomatic behaviors may impact major life activities (identified under Section 504) such as learning, concentrating, reading, thinking, and other areas of functioning. It follows that disability evaluation should not exclusively focus on learning and must consider the impact of symptomatic behaviors on other major life activities (e.g., social relationships). Further, implementation of intervention strategies must not deny or delay evaluation of disability under Section 504 for students suspected of having ADHD. Similarly, for disability determination, students suspected of ADHD must be assessed based on performance in an unmitigated state (i.e., in the absence of medication or other intervention). Alternatively, a student's performance as mitigated by treatment can be considered in making decisions regarding what services the student requires and where those services will be provided. Service plans and supports implemented under Section 504 must be tailored to address the unique challenges and needs of each student (i.e., one size does not fit all). See DuPaul, Power, Evans, Mautone, and Owens (2016) for further discussion of the implications of these guidelines for school psychologists.

SCHOOL-BASED SUPPORTS AND INTERVENTION STRATEGIES

Supports for students with ADHD will be more robust when they are integrated with effective school-wide and class-wide behavioral, educational, and social–emotional supports. To this end, school psychologists should stay current with research on evidence-based practices in classroom management, as well as peer and parent training strategies (Evans, Owens, & Bunford, 2014). In addition, the use of school-wide screening and progress monitoring measures, when used as part of a comprehensive approach to school-based service delivery for all students, will assist in the identification of students in need of services. Such data help school teams with early identification to prevent substantive difficulties, and with comparing an individual student's behaviors with those of peers. When an individual student's behaviors are very similar to other students in the same setting, it might be that a class or school-wide behavior intervention is needed rather than an individualized intervention.

Longitudinal data suggest that the behaviors associated with ADHD typically present at an early age, may change over time, and may persist into adulthood (Barkley, 2015). Therefore, supports and interventions must be designed within a developmental framework in an individualized manner, while recognizing that students with ADHD are at particular risk for developing social–emotional and learning difficulties. Problems should be addressed as early as possible to reduce the need for long-term special education or placement in more restrictive educational settings (DuPaul, Stoner, & O'Reilly, 2014; Zentall, 2006).

Effective school-based interventions and supports for students with ADHD should be individualized to address the unique strengths and needs of each student, and often will include the following components:

- instructional strategies to improve self-management as described in the NASP position statement titled “Integrated Model of Academic and Behavioral Supports” (NASP, 2016);

- instructional modifications to enhance work quality and productivity, engagement, and social adjustment;

- collaboration and consultation with families to ensure that parental support for each child is fully utilized, to facilitate parental behavior support at home, and to promote the use of consistent behavior and academic support approaches across home, school, and community settings;

- monitoring by a school-based intervention team to ensure effective implementation of interventions, including the provision of adequate resources, supports for personnel responsible for implementation, ongoing evaluation of effectiveness of programs in meeting behavioral and academic goals, and appropriate adjustments as indicated by ongoing evaluation;

- education of school staff in characteristics and management of ADHD and attention problems to enhance appropriate instructional accommodations, modifications, and behavior support;

- access to special education services as appropriate;

- collaboration with community agencies and professionals providing medical and related services to students and their families;

- appropriate individualized and group supports and intervention to help students with ADHD to appreciate their unique abilities and to develop their feelings of self-worth and confidence;

- class-wide and individualized behavior support systems to promote and support appropriate social and academic behavior, as well as achievement.

MEDICATION AS A TREATMENT COMPONENT

The decision to use medication rests with the parents and child, in consultation with medical professionals (AAP, 2011). Research indicates that certain medications, particularly stimulant medications, may be a part of a highly effective treatment plan for many students with ADHD and can enhance the efficacy of other interventions (Barkley, 2015). Importantly, other types of intervention have also been shown to be effective (e.g., behavioral interventions; see DuPaul & Stoner, 2014, and DuPaul, Stoner, & O’Reilly, 2014) and medication should not be the only intervention considered. Therefore, it is inappropriate and illegal to make school placements and services contingent on seeking or obtaining medication treatment.

When medication is considered, NASP recommends that:

- Consistent with AAP guidelines, and especially with preschool-age children, medication should be considered to constitute only one part of a comprehensive treatment program that may also include academic, social, behavioral, and/or parent and family focused intervention and supports.

- The school-based support team should collect behavioral and academic data before and during controlled medication trials to assess baseline conditions and the degree to which medication influences symptomatic behaviors and functional impairments.

- Communication among school, home, and medical personnel should emphasize mutual problem solving and collaborative teamwork.

- The student's health, behavior, and academic progress as well as possible adverse side-effects (e.g., trouble eating or sleeping) should be carefully monitored and communicated to appropriate medical providers throughout the course of medication treatment.

ROLE OF SCHOOL PSYCHOLOGISTS

In summary, school psychologists play vital roles in the evaluation, identification, and intervention planning and monitoring for students with ADHD. School psychologists help teams to comprehensively assess the needs of these students, collaborate with others to differentially diagnose ADHD from other potential causes of attention problems, and serve as liaisons with the family and outside professionals regarding assessment and intervention. These roles require skillful consultation with education and medical professionals, as well as with students and parents. These roles are crucial to improving services and outcomes for students with ADHD. Success in these endeavors will require informed and collaborative leadership and a commitment to staying current with research on best practices in assessment and intervention with ADHD and related problems.

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