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Youth Mental Health: Assessment to Intervention

12/01/2023

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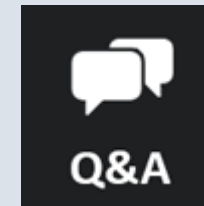
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Pat Moran



**Kathleen
Woodward**

PRESENTERS

Pat Moran

Patrick J. Moran, Ph.D. is the Director of Sales, Government and Public Safety at Pearson Clinical Assessment. Dr. Patrick Moran is a licensed Clinical Psychologist in Oregon and Washington with over 35 years of experience working in clinical practice treating mental health, addictions and co-occurring disorders, corrections, public education, and psychological and educational testing. Dr. Moran is a member of the American Psychological Association, the International Chiefs of Policy Association, and the Oregon Psychological Association.

Kathleen Woodward

Kathleen Woodward is a Nationally Certified School Psychologist and an active member of the National Association of School Psychologists. In her role as a Senior Assessment Consultant for Pearson, she consults with school districts throughout the U.S. and Canada on the topics of psychological and psycho-educational assessment practices. She has presented well over 100 workshops on assessment related topics for professional state and national organizations. Her current areas of research are focused on improving assessment practices to address adolescent mental health challenges.

Youth Mental Health: Assessment to Intervention

- Presented By:
- Kathleen M. Woodward, Ed.S., NCSP
Senior Assessment Consultant, Pearson
- Patrick J. Moran, Ph.D.
Director of Sales, Government and Public Safety, Pearson

Agenda

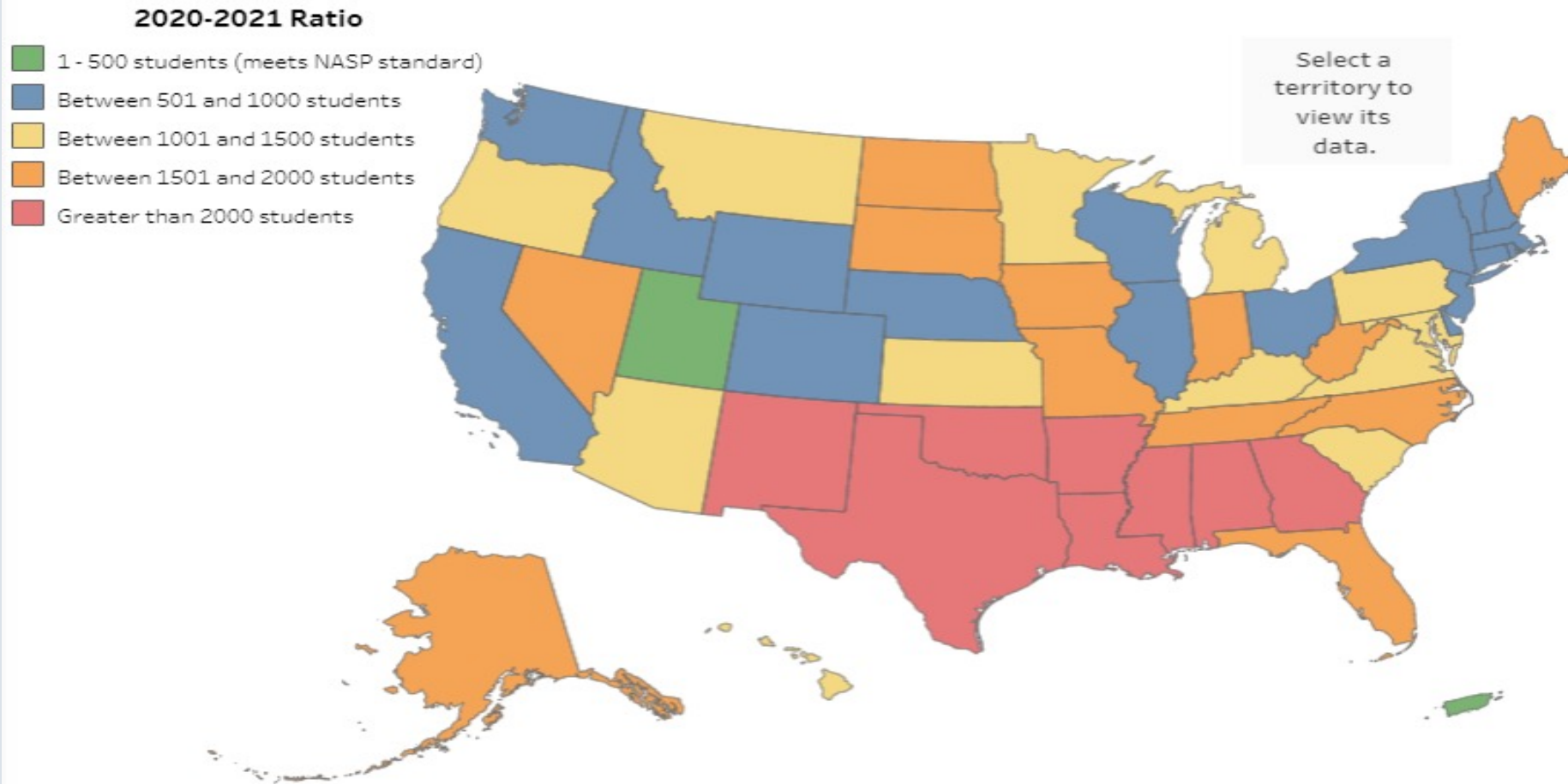
Current Status:
Youth Mental Health

Schools:
Comprehensive Assessment for Improved Identification, Classification,
Differentiation

Community and Healthcare:
Diagnostic Assessment and Treatment

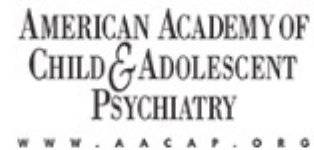
State Shortages Data Dashboard

Data as of January, 2023



<https://www.nasponline.org/about-school-psychology/state-shortages-data-dashboard>

Status Update: Youth Mental Health



Protecting Youth Mental Health

Key takeaways from the Surgeon General's Advisory:

Read more information and download the advisory at:
<https://hhs.gov/surgeongeneral/priorities/youth-mental-health/>

Mental health is an essential part of overall health

Mental health conditions are real, common, and treatable. People experiencing mental health challenges deserve support, compassion, and care — not stigma and shame.

Mental health is shaped by a combination of factors

Mental health conditions can be shaped by biological factors, including genes and brain chemistry and environmental factors, including life experiences.

COVID-19 added to pre-existing challenges that youth faced

Since the pandemic began, rates of psychological distress among young people have increased. The pandemic is most heavily affecting those who were already vulnerable. This includes youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, and other marginalized communities.

Focusing on youth mental health now is critical

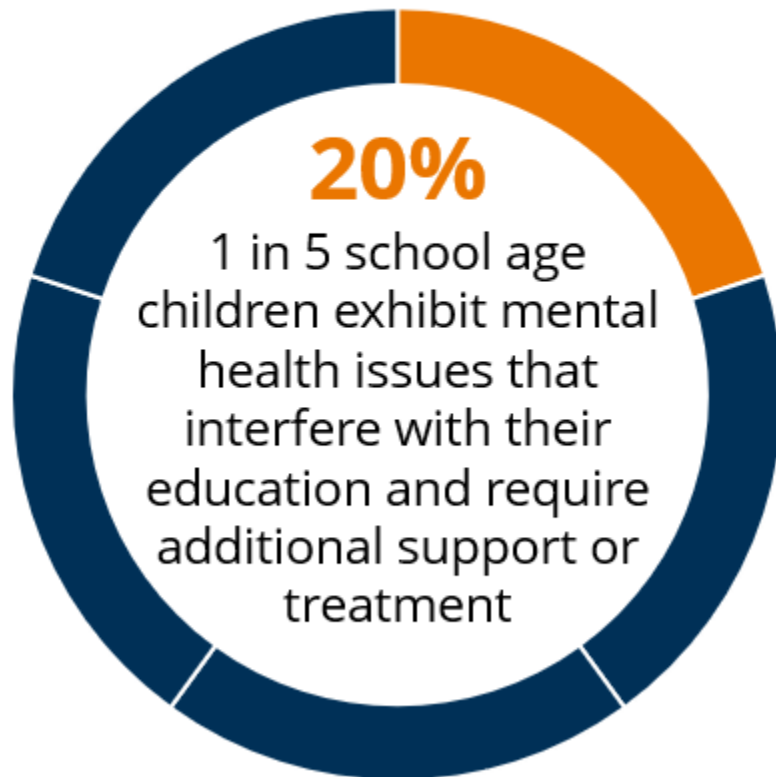
We all have a role to play in supporting the mental health of children and youth. Find actionable steps and resources on our priority webpage: <https://hhs.gov/surgeongeneral/priorities/youth-mental-health/>



Office of the
U.S. Surgeon General

Pre-Pandemic Mental Health in the Schools

According to Centers for Disease Control and Prevention:



JAMA Pediatrics | Original Investigation

Five-Year Trends in US Children's Health and Well-being, 2016-2020

Lydie A. Lebrun-Harris, PhD, MPH; Reem M. Ghandour, DrPH, MPA; Michael D. Kogan, PhD;
Michael D. Warren, MD, MPH

- Diagnoses of Anxiety grew 29%
- Diagnoses of Depression grew 27%
- Most significant growth occurring between 2019 and 2020
- 21% increase in the number of children exhibiting behavioral or conduct issues from 2019 to 2020.

New CDC data illuminate current and ongoing youth mental health **concerns**

- 44% of high school students reported they **persistently felt sad or hopeless** during the past year
- 55% reported **emotional abuse by a parent or other adult in the home**, including swearing at, insulting, or putting down the student.
- 37% Of high school students reported they experienced **poor mental health**
- 11% experienced **physical abuse by a parent or other adult in the home**, including hitting, beating, kicking, or physically hurting the student.

Mental Health America: 2023 Key Findings

Over 1 in 10 youth in the U.S. are experiencing depression that is severely impairing their ability to function at school or work, at home, with family, or in their social life.

6.34% of youth in the U.S. reported a substance use disorder in the past year.

Nationally, 1 in 10 youth who are covered under private insurance do not have coverage for mental or emotional difficulties

59.8% of youth with major depression do not receive any mental health treatment. In South Carolina, the lowest ranking state, nearly 8 in 10 youth with depression do not receive care.

Only .718 percent of students are identified with emotional disturbance for an individualized education program (IEP)



hopeful
futures
campaign

AMERICA'S SCHOOL MENTAL HEALTH REPORT CARD

..... February 2022



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futures
campaign



Suicide is the second leading cause of death
among high school-aged youth ages 14–18.



Nearly one in three parents (**31%**) shared that their children's emotional health is worse than before the pandemic.

Half
of all mental illness presents
by age 14, yet few get the services they need.



5-11 YEAR OLDS

5-11 YEAR OLDS (2020)

12-17 YEAR OLDS

12-17 YEAR OLDS (2020)

In 2020, the proportion of mental health-related emergency room visits for children 5-11 and 12-17 years increased by **24%** and **31%**, respectively.

In 2019, one third of high school students reported persistent feelings of sadness or hopelessness,
an overall increase of 40% from 2009.



Colorado

hopeful
futures 
campaign

BY THE NUMBERS

969,000

Number of
K-12 Students
(2022 Projection)ⁱ

65,000

Children with
major depressionⁱⁱ

20,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 1,578

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

1 : 2,258

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 324

Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)



School-Family- Community Partnerships



Meaningful progress achieved

Policies that support and enable schools to engage with families and community partners.

Current Policy:

- **Family/community engagement:** Colorado Revised Statute [22-11-302](#) (2019) requires parental involvement, and mandates that each district must have a school accountability committee to encourage parental engagement.

Policy Opportunity:

- Require partnerships between school districts and community mental health providers that ensure access to services for students with ongoing needs.



Teacher and Staff Training



Some progress achieved

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- **Suicide prevention:** [Colorado 21-1119](#) (2021) requires suicide prevention and postvention training for K-12 educators.

Policy Opportunity:

- Require regular training to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.

HOW COLORADO COMPARES State Rankings from Mental Health America ^{iv}	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	31	13	42	13
Youth with At Least One Major Depressive Episode in the Past Year	31,000 / 7.74%	59,000 / 13.89%	60,000 / 13.99%	65,000 / 15.02%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	30,000 / 55.6%	29,000 / 60.9%	20,000 / 39.30%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	35,000 / 8.3%	36,000 / 8.7%	38,000 / 9.00%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	8,000 / 21.5%	8,000 / 21.5%	16,000 / 43.10%
Students Identified with Emotional Disturbance for an Individualized Education Program	6,467 / 8.55%	5,578 / 6.90%	5,596 / 6.88%	5,687 / 6.98%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	Not Asked	17,000 / 8.3%	17,000 / 8.3%	22,000 / 9.60%
Youth with Substance Use Disorder in the Past Year	29,000 / 7.29%	24,000 / 5.6%	22,000 / 5.12%	24,000 / 5.44%

Child Mind Institute



Child Mind
Institute

Care Education Science

About Us Get Involved  en Español

Awareness Campaigns > Children's Mental Health Report > 2021 Children's Mental Health Report

AWARENESS CAMPAIGNS

2021 Children's Mental Health Report

The Impact of the COVID-19 Pandemic on Children's Mental Health: What We Know So Far

Download the Report

Mental Health Resource Center

Explore more >



2023 Industry Report on K-12 Mental Health

This report looks at mental health care in schools to help educators make sense of the challenges and how best to tackle them.

Read the report >

K-12 Education

- [K-12 Mental Health & Psychopathology Toolkit](#) 
- [Spotlight on Student Mental Health](#) 
- [2022 Mental Health By the Numbers](#) 
- [SUCCESS STORY: A District Fought Student Anxiety — and Won!](#) 
- [4 ways to ensure your school's mental health initiatives support transgender students](#) >
- [5 ways to help students with ADHD thrive in the classroom](#) >
- [Addressing the Rise in Youth Suicide](#) >
- [Is Universal Screening the Solution?](#) >
- [How School Mental Health Professionals can Banish Burnout](#) >

Assessment and Identification



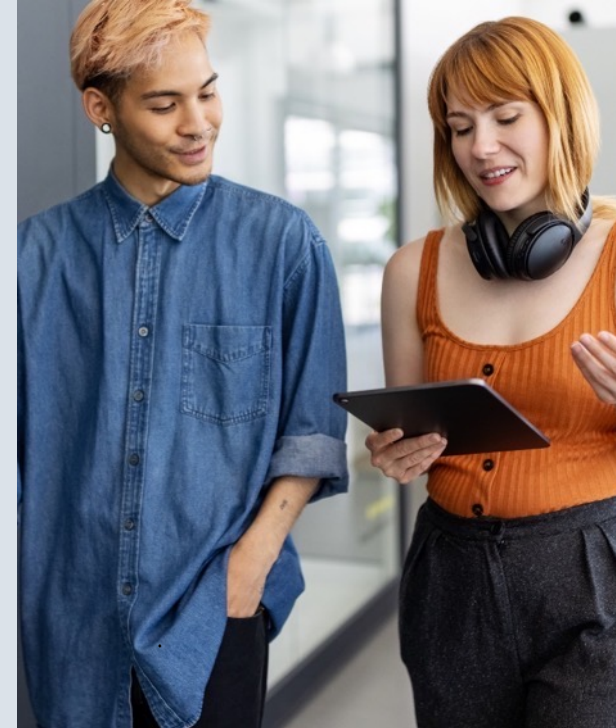
Comprehensive Assessment



Fluid Approach

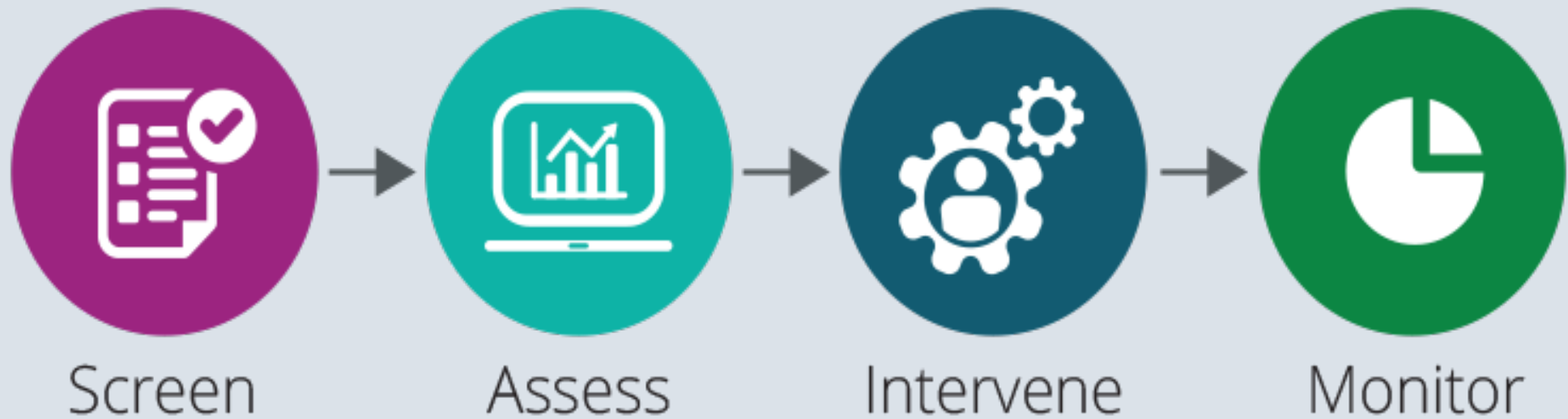


**Expanded Repertoire
of Tools and
Information**

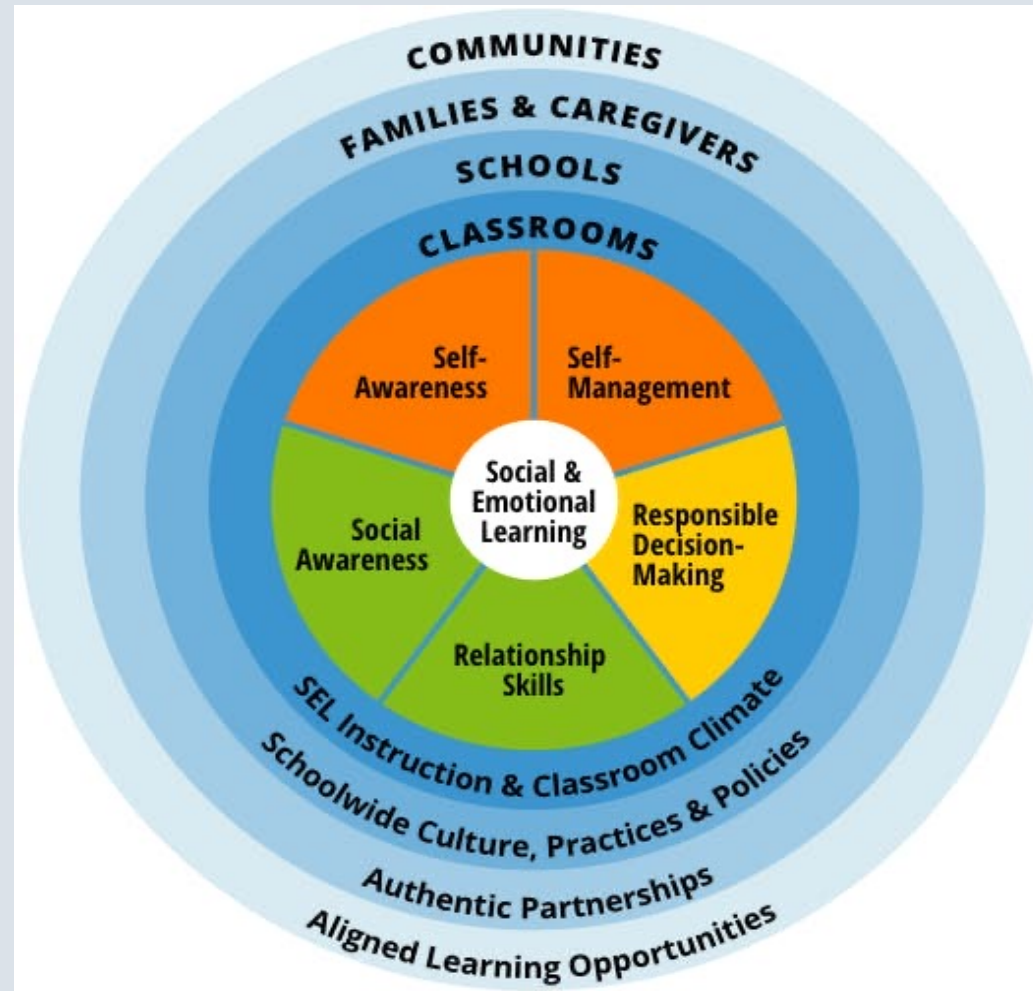


**Timely and Accurate
Identification and
Differentiation**

Comprehensive Model of Assessment

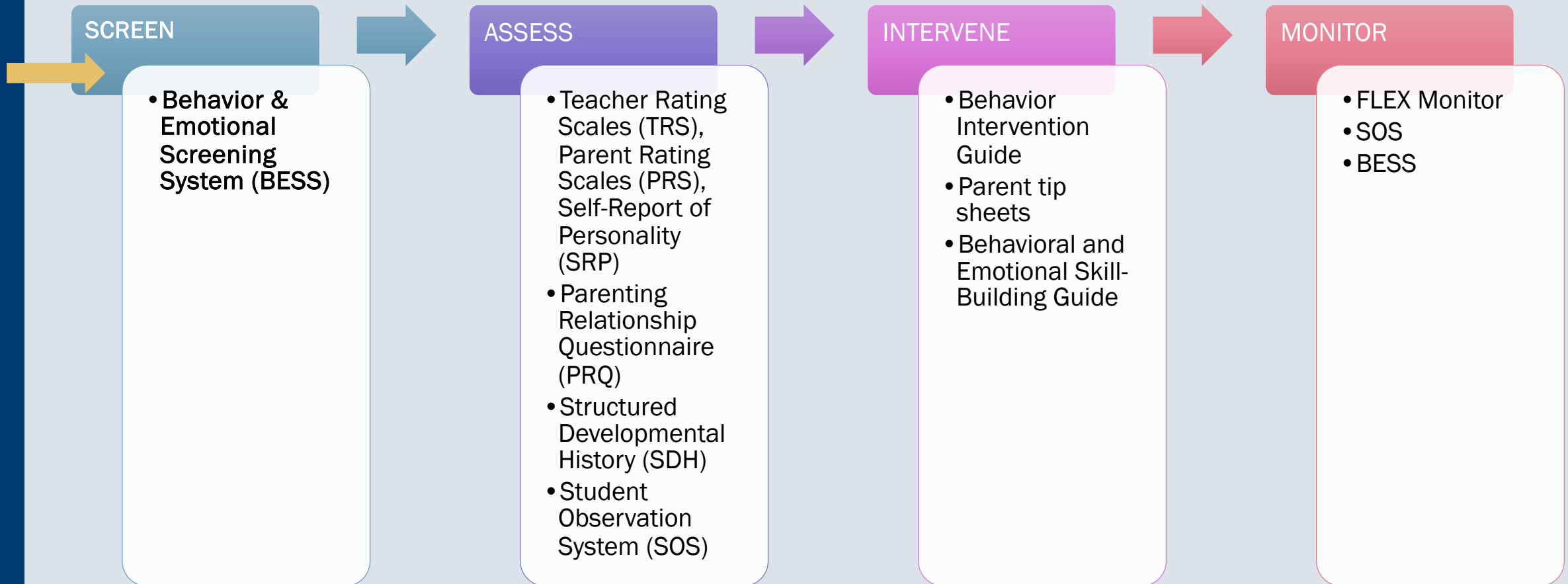


Social Emotional Learning & Mental Health

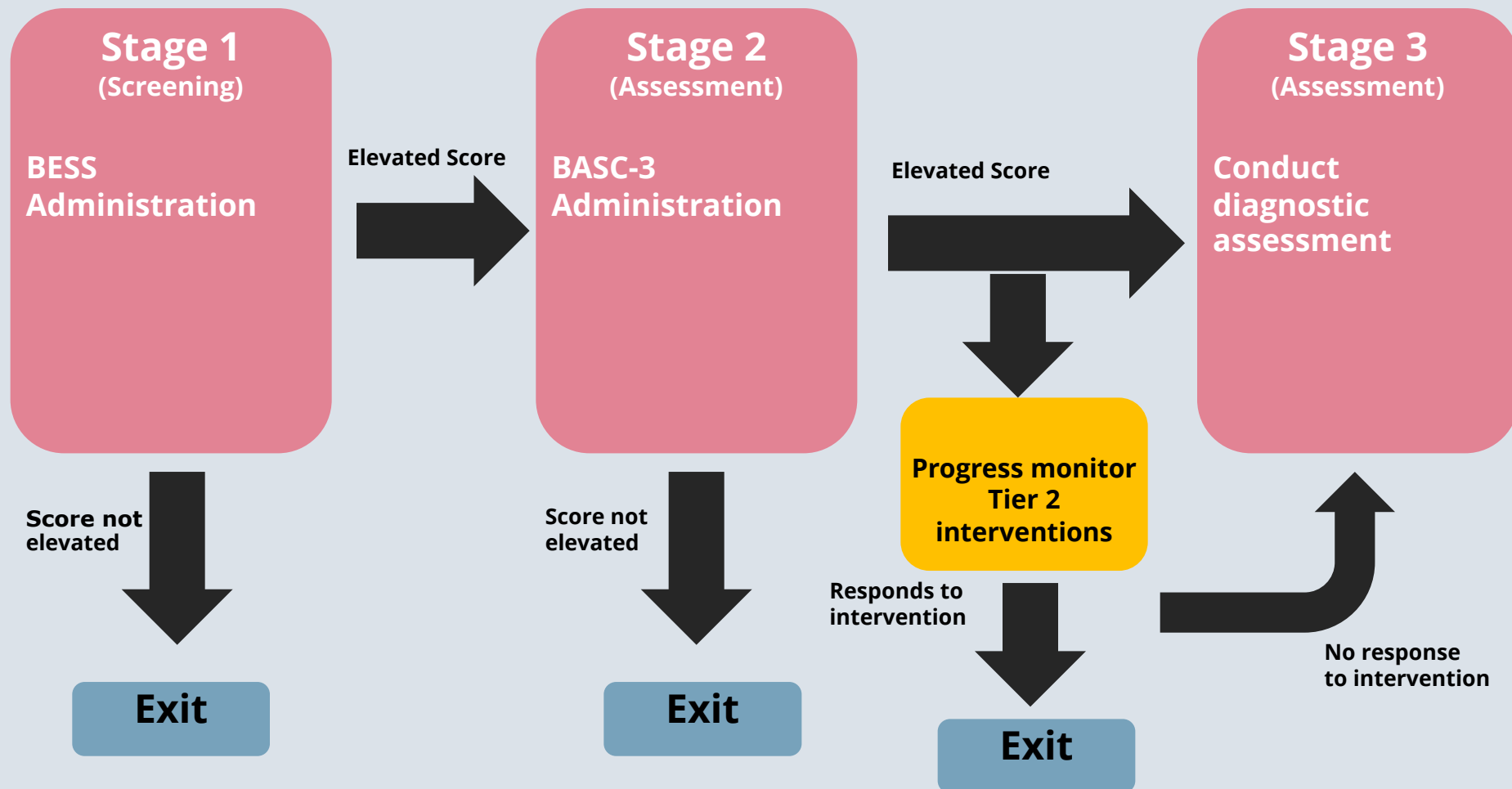


Information about Pearson published assessment tools, to include the BASC-3, BYI-2, Brown EF/A, and the Advanced D-KEFS, will be referenced. There are other assessment tools that may be relevant and applicable.

Comprehensive Assessment in Schools



Stage-Gate Model



Universal Screening for Mental Health

Universal Screener Summary March 2021 BASC-3 BESS Student and Teacher

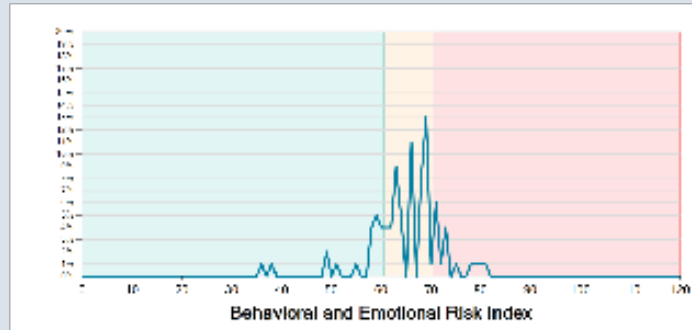
Union Parish Elementary School
3/5/2021 - 3/19/2021, Behavioral and Emotional Risk Index



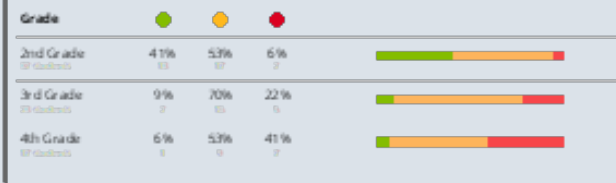
Behavioral and Emotional Risk Index BESS-3 (Teacher)



Score Distribution



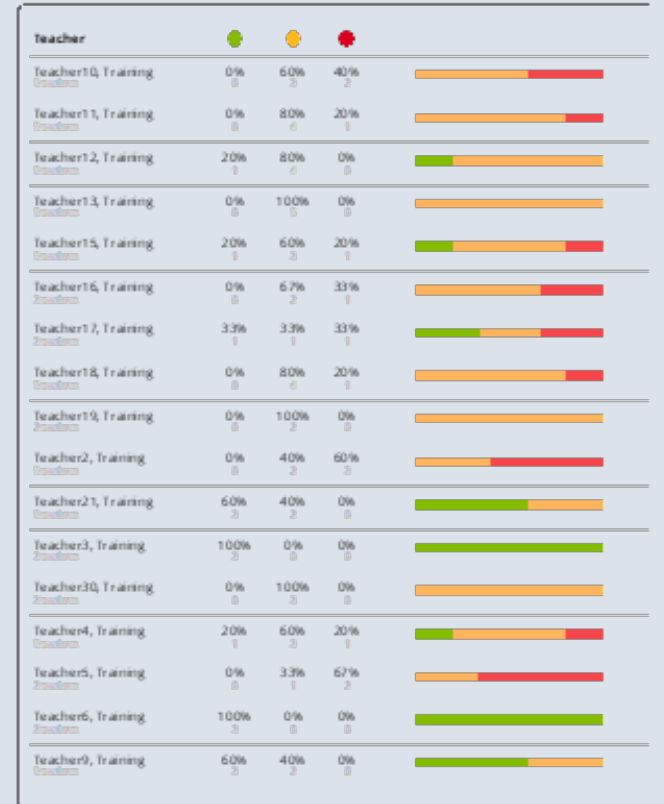
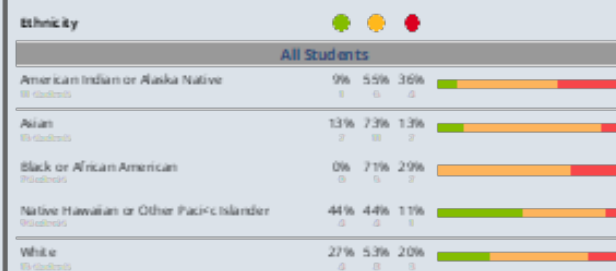
Risk Distribution by Grade



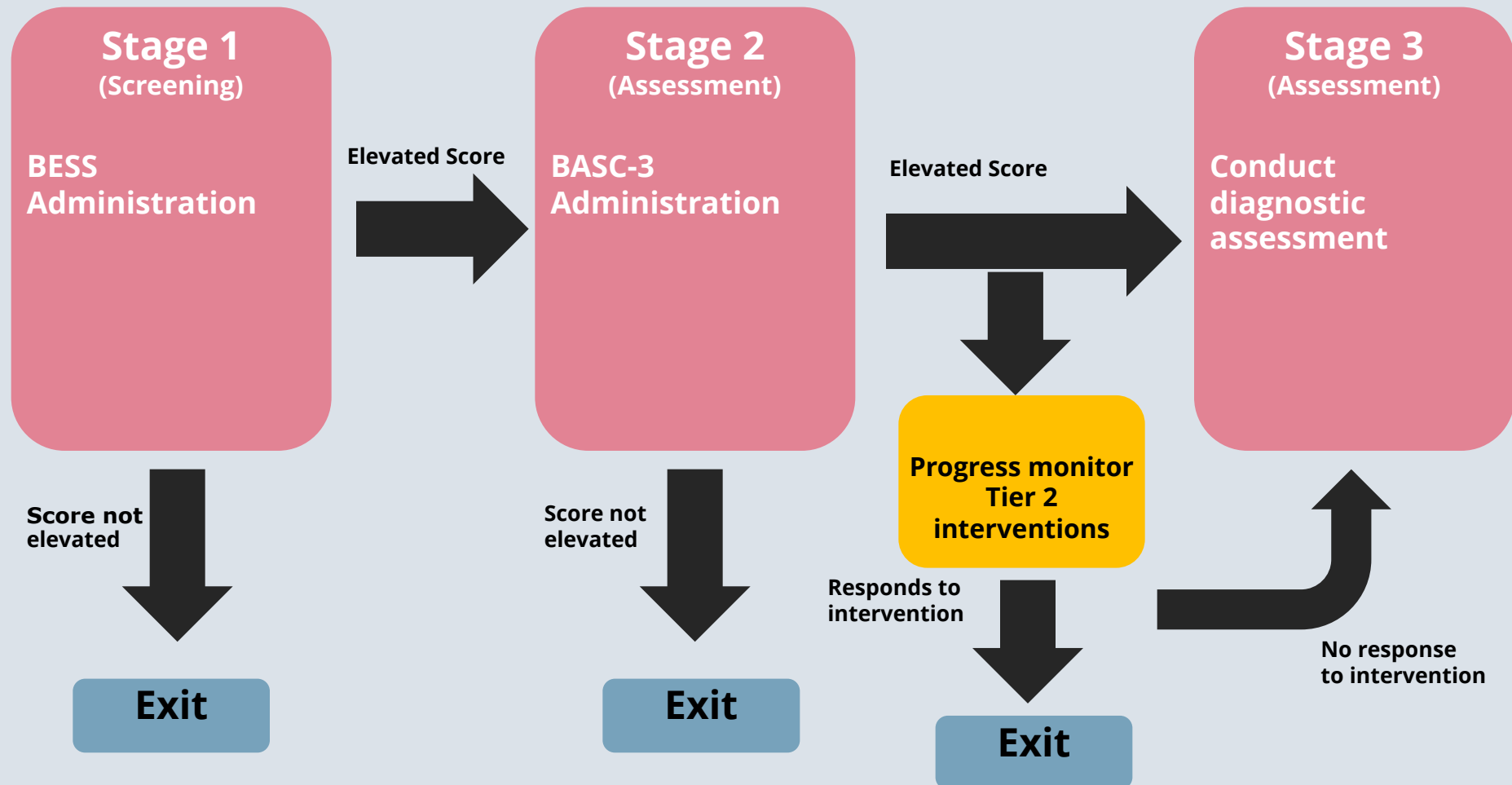
Risk Distribution by Gender



Risk Distribution by Ethnicity



BASC-3 Results Stage-Gate Model



Emotional Disturbance and Social Maladjustment

IDEIA Emotional Disturbance: Eligibility, not Dx

- The term *Emotional Disturbance* means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
 - *An inability to learn that cannot be explained by intellectual, sensory, or health factors;*
 - *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;*
 - *Inappropriate types of behavior or feelings under normal circumstances;*
 - *A general pervasive mood of unhappiness or depression;*
 - *A tendency to develop physical symptoms or fears associated with personal or school problems;*
- The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Scale	TRS			PRS		
	P	C	A	P	C	A
Clinical Index						
ADHD Probability Index		•	•		•	•
Autism Probability Index		•	•		•	•
Clinical Probability Index	•			•		
EBD Probability Index		•	•		•	•
Functional Impairment Index	•	•	•	•	•	•
Executive Functioning Index						
Attentional Control Index	•	•	•	•	•	•
Behavioral Control Index	•	•	•	•	•	•
Emotional Control Index	•	•	•	•	•	•
Overall Executive Functioning Index	•	•	•	•	•	•
Problem Solving Index		•	•		•	•

The BASC–3 EDQS Composites

EDQC and Corresponding IDEIA Criteria

<u>EDQC 1</u>	<u>EDQC 2</u>	<u>EDQC 3</u>	<u>EDQC 4</u>	<u>EDQC 5</u>
IDEIA ED Criteria (B)	IDEIA ED Criteria (C):	IDEIA ED Criteria (D):	IDEIA ED Criteria (E):	IDEIA ED Criteria (ii):
An inability to build or maintain satisfactory interpersonal relationships with peers and teachers	Inappropriate types of behavior or feelings under normal circumstances	A general pervasive mood of unhappiness or depression	A tendency to develop physical symptoms or fears associated with personal or school problems	The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance

BASC-3 EDQS Computer Score Reports: Example 1, TRS-C Age 8

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	461	83	99	81-85	Clinically Significant
EDQC 2: Inappropriate Behavior/Feelings	434	65	91	63-67	At-Risk
EDQC 3: Unhappiness or Depression	106	53	74	49-57	Acceptable
EDQC 4: Physical Symptoms or Fears	132	70	95	65-75	Clinically Significant
EDQC 5: Schizophrenia and Related Disorders of Thought	349	73	97	70-76	Clinically Significant
Social Maladjustment Indicator					Present

Behavioral Comparison of ED and SM

Behavior Area	Emotional Disturbance	Social Maladjustment
School Behavior	Unable to comply with teacher requests; needy or has difficulty asking for help	Unwilling to comply with teacher requests; truancy; rejects help
Attitude Toward School	School is a source of confusion or angst; does much better with structure	Dislikes school, except as a social outlet; rebels against rules and structure
School Attendance	Misses school due to emotional or psychosomatic issues	Misses school due to choice
Educational Performance	Uneven achievement; impaired by anxiety, depression, or emotions	Achievement influenced by truancy, negative attitude toward school, avoidance
Peer Relations and Friendships	Difficulty making friends; ignored or rejected	Accepted by a same delinquent or socio-cultural subgroup
Perceptions of Peers	Perceived as bizarre or odd; often ridiculed	Perceived as cool, tough, charismatic

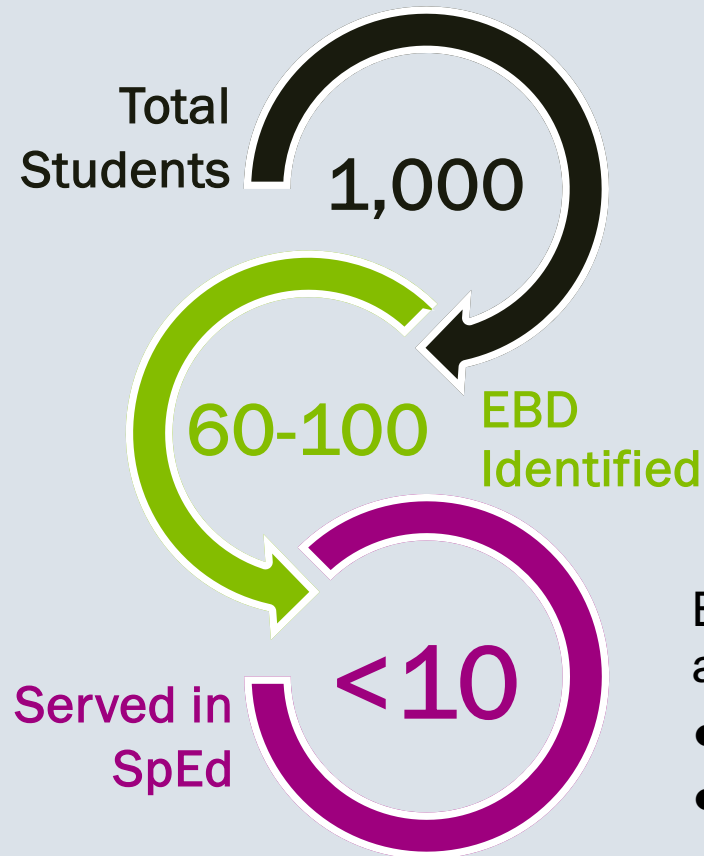
Behavioral Comparison of ED and SM

Behavior Area	Emotional Disturbance	Social Maladjustment
Social Skills	Poorly developed; immature; difficulty reading social cues; difficulty entering groups	Well developed; well attuned to social cues
Interpersonal Relations	Inability to establish or maintain relationships; withdrawn; social anxiety	Many relations within select peer group; manipulative; lack of honesty in relationships
Interpersonal Dynamics	Poor self-concept; overly dependent; anxious; fearful; mood swings; distorts reality	Inflated self concept; independent; underdeveloped conscience; blames others; excessive bravado
Locus of Disorder	Affective disorder; internalizing	Conduct disorder, externalizing
Aggression	Hurts self and others as an end	Hurts others as a means to an end
Anxiety	Tense; fearful	Appears relaxed; cool

Behavioral Comparison of ED and SM

Behavior Area	Emotional Disturbance	Social Maladjustment
Affective Reactions	Disproportionate reactions, but not under student's control	Intentional with features of anger and rage; explosive
Conscience	Remorseful; self critical; overly serious	Little remorse; blaming; non-empathetic
Sense of Reality	Fantasy; naïve; gullible; thought disorders	Street-wise; manipulates facts and rules for own benefit
Developmental Appropriateness	Immature; regressive	Age appropriate or above
Risk Taking	Avoids risks; resists making choices	Risk taker; daredevil
Substance Abuse	Less likely; may use individually	More likely; peer involvement

Students with Emotional and Behavioral Disorders



Prevalence of students with EBD

- 6% to 10% verified
- <1% served within special education

Problems associated with severe disruptive behaviors adversely affect

- Academic performance
- Lifelong success

Exhibit a range of behaviors that inhibit the child's ability to succeed in school and society

- Internalizing (*Withdrawal, Depression*)
- Externalizing (*Outbursts, Fighting, Disruption*)

Students with Emotional and Behavioral Disorders



- Perform 1 to 2 years below grade level academically
- Exhibit significantly lower graduation rates
- Poor employment opportunities



- Higher dropout rates
- Higher absenteeism
- Higher levels of suspensions and expulsions
- Higher number of criminal incidents

Source: Kauffman, J.M. & Landrum, T. (2012). *Characteristics of emotional and behavioral disorders of children and youth* (10th ed.). Upper Saddle River, NJ: Pearson

Current Challenges School Psychologists Face in Identifying and Supporting Students with EBD?

- Assessing Student behavioral regression due to interrupted supports
- Identification of additional mental health issues of Students with EBD and other students
- School Psychologist expanded role
- Overwhelming and Evolving responsibilities
- Increased need for Assessment and Identification

Clinical and Community Practice: Narrowband Assessment

History and Context are Crucial

Berg, Franzen, and Wedding (1987) suggest that:

- ***“A careful history is the most powerful weapon in the arsenal of every clinician, whether generalist or specialist. Brain-behavior relations are extremely complex and involve many different moderator variables, such as age, level of premorbid functioning, and amount of education. Without knowledge of values for these moderator variables, it is virtually impossible to interpret even specialized, sophisticated test results.” (p.47)***

Berg, R., Franzen, M., & Wedding, D. (1987). Screening for brain impairment: A manual for mental health practice. New York: Springer.



Integration of Mental Health Counselors

- Many communities are seeing the integration of licensed therapist into both school from community mental health service settings.
- Community based prevention services are also being supported in the school settings. These integrated services create opportunities to bridge the distance between school based services and community clinic based services.
- Often incorporate a prevention model:
 - *Universal Prevention*
 - *Tertiary Prevention*
 - *Indicated (targeted) Prevention*
 - This concept of prevention is the threshold to treatment.

Symptoms Common to 3 Disorders

Symptoms		
Affective	Physical	Cognitive
▪ Emotional lability ▪ Quick temper ▪ Hyperirritability ▪ Exaggerated startle responses ▪ Decreased self-esteem ▪ Social Fluency	▪ Accident proneness ▪ Restlessness ▪ Overactivity ▪ Sleep problems ▪ Enuresis ▪ Sensory Sensitivities	▪ Attention problems ▪ Memory deficit ▪ Learning problems ▪ Distorted Thinking

Attention Deficit Hyperactivity Disorder, Overanxious Disorder of Childhood, and Post-Traumatic Stress Disorder

Symptoms		
Affective	Physical	Cognitive
▪ Emotional lability ▪ Quick temper ▪ Hyperirritability ▪ Exaggerated startle responses ▪ Decreased self-esteem ▪ Social Fluency	▪ Accident proneness ▪ Restlessness ▪ Overactivity ▪ Sleep problems ▪ Enuresis	▪ Attention problems ▪ Memory deficit ▪ Learning problems ▪ Distorted Thinking

Clinical Practice and Mental Health Center Referrals

- COVID created a spike in mental health symptoms of anxiety, depression, and social problems.
- Many students experienced a delay in the development of critical social interaction skill of pre-adolescence, and adolescence.
- This contributed to the exacerbation of mental health problems that may not have manifested under other circumstances.
- Many MH Practitioners have been flooded with referrals for youth needing assistance, creating wait list not scene before COVID
- Suicide Ideation has also spiked in this demographic.
- Children on “The Spectrum” of ASD had particular disadvantages due to isolation, use of technology, absence of pro-social support and coaching, reintegration to social milieus, and long waiting lists for testing.

Need for expedited problem identification and support.

- Clinicians need targeted methods to identify needs quickly and identify treatment targets.
- Parents are needing support in how to assist, or help manage mental health problems in their children.
- Many families have trauma from COVID across a range of experiences.
- More practitioners to diagnose and treat ASD

Expedited Identification is Now More Important than Ever.

- Prompt entry into care
- Efficient and reliable methods to identify needs
- Treatment planning and monitoring based on identified child and family needs.
- More rapid need to assist children in integrating into natural environment of socialization and support.
- Use of Best Practice tools to facilitate treatment.
- Use of multiple data inputs to get a well-rounded view of a child's struggles.

Best Practice Tools

- Becks
- BASC-3
- D-REFS
- DKEFS
- BROWN EF/A

Five Self-Report Scales

1. Beck Depression Inventory for Youth (BDI–Y)
 - *Designed to identify symptoms of depression in children and adolescents. Includes items that reflect the respondent's negative thoughts about himself or herself, his or her life and future; feelings of sadness; and physiological indications of depression.*

2. Beck Anxiety Inventory for Youth (BAI–Y)
 - *Reflects children's fears (e.g., about school, getting hurt, their health), worrying, and physiological symptoms associated with anxiety.*

Five Self-Report Scales (cont.)

3. Beck Anger Inventory for Youth (BANI–Y)

- *Perceptions of mistreatment, negative thoughts about others, feelings of anger, and physiological arousal.*

4. Beck Disruptive Behavior Inventory for Youth (BDBI–Y)

- *Behaviors and attitudes associated with Conduct Disorder and oppositional-defiant behavior*

5. Beck Self-Concept Inventory for Youth (BSCI–Y)

- *Explores self-perceptions, such as competence, potency, and positive self-worth.*

Assessment: ADHD and Executive Functions

Facts about ADHD

Millions of US children have been diagnosed with ADHD

- The estimated number of children aged 3–17 years ever diagnosed with ADHD, according to a national survey of parents,¹ is 6 million (9.8%) using data from 2016-2019. This number includes
 - 3–5 years: 265,000 (2%)
 - 6–11 years 2.4 million (10%)
 - 12–17 years: 3.3 million (13%).
- Boys (13%) are more likely to be diagnosed with ADHD than girls (6%).¹
- Black, non-Hispanic children and White, non-Hispanic children are more often diagnosed with ADHD (12% and 10%, respectively), than Hispanic children (8%) or Asian, non-Hispanic children (3%).¹
- Estimates for ADHD vary by state: ²
 - ADHD diagnosis among children aged 3–17 years: State estimates vary from 6% to 16%.
 - Any ADHD treatment among children with current ADHD: State estimates vary from 58% to 92%
 - ADHD medication: State estimates vary from 38% to 81%
 - ADHD behavior treatment: State estimates vary from 39% to 62%



BASC 3: Teacher and Parent Forms



TRS and PRS Clinical Scale Descriptions

Aggression—The tendency to act in a hostile manner (either verbal or physical) that is threatening to others

Anxiety—The tendency to be nervous, fearful, or worried about real or imagined problems



Attention Problems—The tendency to be easily distracted and unable to concentrate more than momentarily

Atypicality—The tendency to behave in ways that are considered odd or commonly associated with psychosis

Conduct Problems—The tendency to engage in antisocial and rule-breaking behavior, including destroying property

Depression—Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide



Hyperactivity—The tendency to be overly active, rush through work or activities, and act without thinking

Learning Problems—The presence of academic difficulties, particularly understanding or completing homework

Somatization—The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts

Withdrawal—The tendency to evade others to avoid social contact

Clinical Probability Indexes

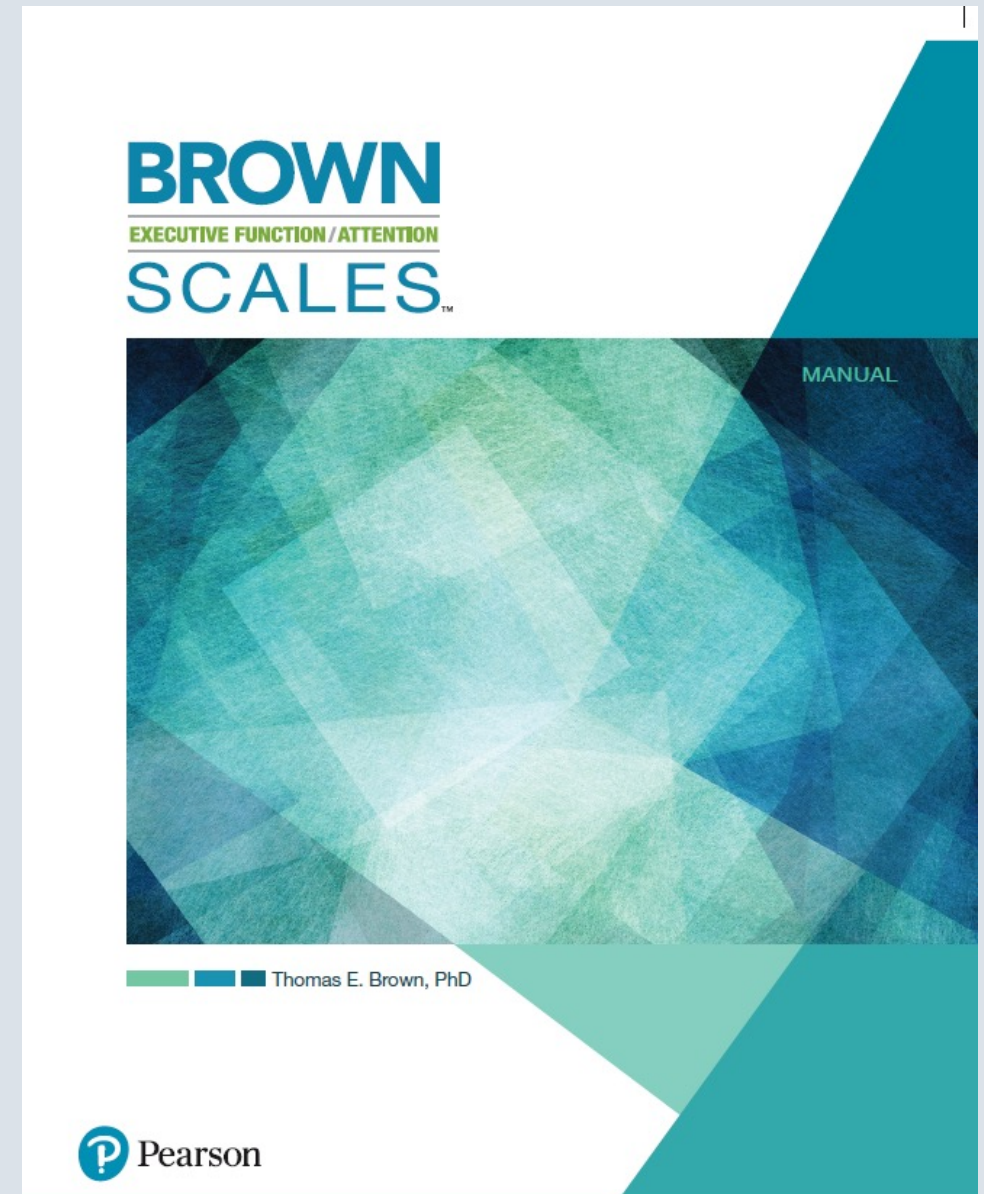
Index	Teacher Rating Scale			Parent Rating Scale		
	P	C	A	P	C	A
	2-5	6-11	12-21	2-5	6-11	12-21
ADHD Probability		*	*		*	*
Emotional Behavior Disorder Probability		*	*		*	*
Autism Probability		*	*		*	*
Functional Impairment	*	*	*	*	*	*
General Clinical Probability	*			*		

BASC-3 Content Scales

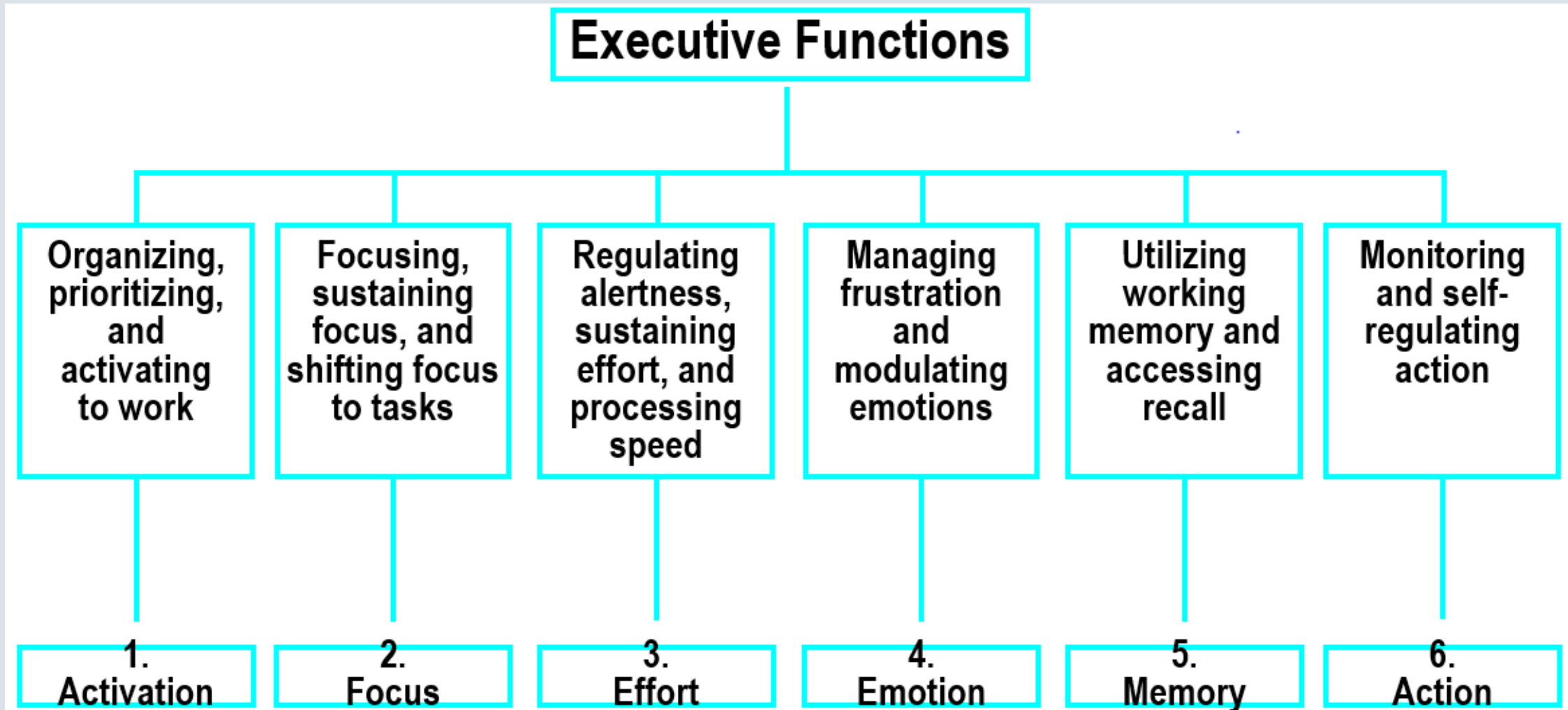
Content Scale	Description
Anger Control	Tendency to become irritated and/or angry quickly and impulsively, coupled with an inability to regulate affect and self-control
Bullying	Tendency to be intrusive, cruel, threatening, or forceful to get what is wanted through manipulation or coercion
Developmental Social Disorders	Tendency to display behaviors characterized by deficits in social skills, communication, interests, and activities; such behaviors may include self-stimulation, withdrawal, and inappropriate socialization
Emotional Self-Control	Ability to regulate one's affect and emotions in response to environmental changes
Executive Functioning	Ability to control behavior by planning, anticipating, inhibiting, or maintaining goal-directed activity, and by reacting appropriately to environmental feedback in a purposeful, meaningful way
Negative Emotionality	Tendency to react in an overly negative way and to any changes in everyday activities or routines
Resiliency	Ability to access both internal and external support systems to alleviate stress and overcome adversity

Distinguishing Features

- Clinical and Research-Based
- Items are more specific and contextual
- Multiple Perspective Assessment
- Focus on severity as opposed to frequency
- Includes DSM-5 symptoms of ADHD and more



Brown EF/A: Model of Executive Functions Impaired in ADHD



Brown's Model of Executive Functions Impaired in ADHD

Symptom Characteristics

Dimensional, not “*all-or-nothing*”

- Everyone sometimes has some impairments in these functions; in ADHD, it is a chronic, severe impairment

Situational variability: “*If I’m interested*”

- Most persons with ADHD have a few activities where ADHD impairments are absent

ADHD looks like a willpower problem, but it isn't!

- Individual Self, Parent, and Teacher response forms with 36 questions each
- Top “5” Stressors for prioritizing interventions
- On-screen administration, scoring, and reporting
 - *Remote administration*
 - *Audio option*
 - *Hardcopy option*
- Three core indices and a Total EF Index
 - *Behavioral Functioning*
 - *Emotional Functioning*
 - *Executive Functioning*
- Three Reporting Options
 - *Single Rater*
 - *Multiple Rater*
 - *Progress Monitoring*



Performance Based Measures

Delis-Kaplan Executive Function System
D-KEFS



NEPSY | Second Edition
NEPSY-II



CONCLUSIONS

AUDIENCE Q&A

FINAL THOUGHTS

- A recording will be emailed to you in 2 weeks. It will include the presentation slides.
- Take our survey immediately after the webinar has concluded.

THANK YOU!

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