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PSYCHOLOGICAL ASSESSMENT REPORT

CONFIDENTIAL

Name: Adar Shire

Birth Date: February 18th, 1985 (age 36)

Address:

219 Saint Andrew Street
Ottawa, ON K1N 5G5

Assessment Dates:

June 1, 8, 15 & 29, 2021
July 13, 2021

REASON FOR REFERRAL:

Adar participated in a psychoeducational assessment to evaluate her learning style and behavioural patterns. She reports a history of difficulties in formal education environments, and queries learning style and attention differences. As Adar endeavors to continue her post-secondary education, the current assessment is designed to obtain the information required to formulate appropriate recommendations and a support plan to promote Adar's academic success and emotional well-being.

The limits to confidentiality were reviewed with Adar and she provided verbal and written consent to the purposes and nature of this assessment.

BACKGROUND INFORMATION:

The following information was gathered through a (video/teleconferenced) clinical interview with Ms. Shire.

At the time of assessment, Adar was 36 years old and employed as a Support Worker in Ottawa, Ontario. She is a single mother, residing in a home with her two-year-old daughter, Sadia. She has immediate family, including her mother and brothers, who live

locally. Adar indicated a history of mental health issues in her family including depression, mania and schizophrenia.

Adar was born in Somalia in a 'well-off' family, following an 'average' birth. She was her mother's third child out of nine children. She remembers 'taking care of her siblings' and having a 'chaotic' home life with marked instability. Adar recalled some vision issues prior to the age of 5 but does not wear glasses presently. As a child, Adar also experienced severe ear infections and nose bleeds. She reported that she had 'little social life' in her youth, as her mother 'sheltered' her children.

Adar immigrated to the United States to live with her father at age 5, where she began her formal education. As English is her second language, she recalled challenges learning in a new language and was held back a year in school at age 5-6. At age 7, Adar and her family moved to Ontario, Canada (first to Ottawa, then to Windsor, then back to Ottawa) where she continued her schooling. Academically, Adar reported that learning was challenging for her since grade school. She recalled difficulty with information processing, comprehension, and understanding the meaning of words; not learning how to read an analog clock until grade 6. Adar indicated that she was shy, insecure, and withdrawn as a young student, and often handed in empty work. She preferred 'escape and fantasy' as means to cope. Outside of school settings, Adar enjoyed abstract art, movies, dancing, and spending time with friends.

Socially and emotionally, Adar believes she has lived with depression and anxiety from a young age. She recounted periods of low mood throughout her life. Adar indicated some suicidal ideation at various times, particularly during her pregnancy, after which she was promptly prescribed anti-depressant medication. She reported frequently experiencing racing thoughts, obsessions, and rumination. Adar revealed her tendency for stimulus-seeking behaviour, noting addictions beginning in early adolescence (age 14/15) to age 29; and that this provided her with an 'escape.' Adar has a complex history including significant trauma and homelessness. Due to accessibility issues, Adar indicated she has never received a course of psychotherapeutic treatment.

Adar is hoping the current psychological assessment will provide support in her mental health as well as accommodations for her to succeed in higher education.

PSYCHOLOGICAL ASSESSMENT:

Assessment Intake: 1 hour (Audio/Visual format)

Testing Session 1: 1 ½ hours

Testing Session 2: 1 ½ hours

Testing Session 3: 1 ½ hours

Testing Session 4: ½ hour

Testing Session 5: 1 hour

During these sessions the following testing instruments were administered:

- Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
- Wechsler Memory Scale, Fourth Edition (WMS-IV)
- Wechsler Individual Achievement Test, Third Edition (WIAT-III)
- Test of Variables of Attention – Visual (T.O.V.A.)
- Conners' Adult ADHD Rating Scale-Long Version (CAARS)
- Personality Assessment Inventory (PAI)
- Clinical Interview

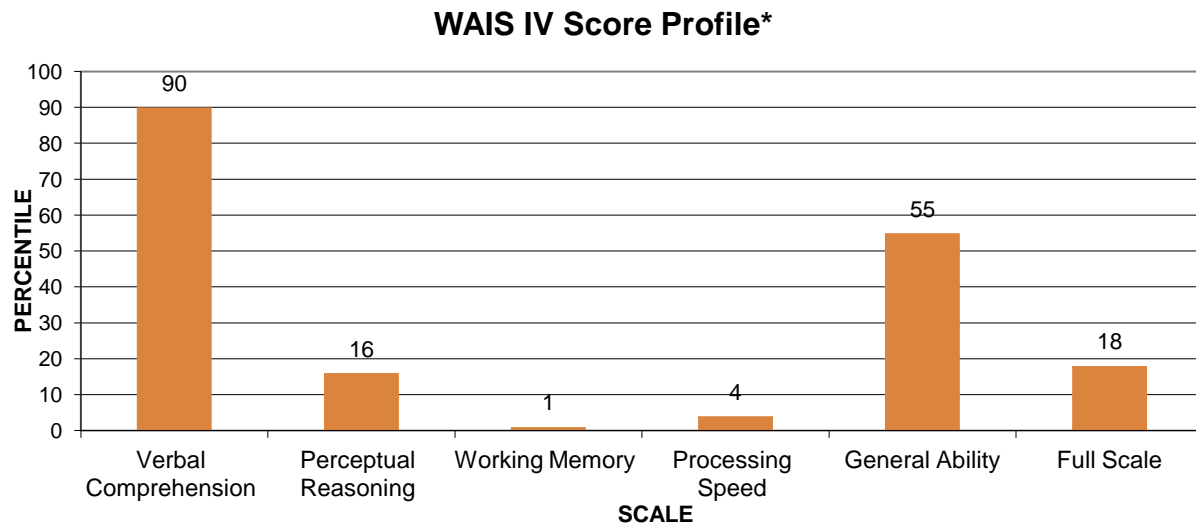
BEHAVIOUR DURING TESTING:

During the intake interview, Adar was forthcoming about her life experiences. She arrived a half-hour late to her first testing session but was punctual thereafter. Adar presented in casual attire and on a few instances, commented on her fatigue and lack of sleep. Adar appeared quite comfortable in a one-to-one testing environment and conversed easily with the examiner; frequently making candid remarks and exhibited uninhibited self-disclosure. She appeared well-aware of her emotional lability and poor attention skills.

Adar presented to each session as an animated and lively, at times with a frenzied or 'buoyant' affect, and increased hyperactivity. She generally spoke in a loud, confident tone, and was pleasant in her interpersonal interaction. Adar's restlessness and distractibility were intensely apparent; she was somewhat impulsive in her response style to questions, tended to require clarification of instructions, and expressed difficulty with more challenging or lengthier tasks. During testing, when she went through items more hastily or with less attentiveness, Adar was prone to make careless errors which she sometimes noticed and self-corrected, and sometimes missed. Adar tended to provide long verbal responses and requested to know whether her answers were correct. On more than one occasion, Adar asked if she would be permitted to play instrumental 'background music' from her device to help her focus and follow through with the work.

COGNITIVE ABILITIES

Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)



*Canadian normative data

On the WAIS-IV, a comprehensive measure of verbal and nonverbal cognitive abilities, Adar's overall Intelligence Quotient or **Full-Scale IQ (FSIQ) score was within the (Low) Average range (18th percentile/composite score=86)** of functioning. Among the scores that comprise this overall measure, Adar's high-level verbal abilities were significantly better developed than her underlying information processing skills. Adar's **General Ability Index (GAI) score**, *a measure that relies less on information processing abilities and more on higher level reasoning and crystallized knowledge*, was well within the **Average range of functioning (55th percentile/composite score=102)**.

Adar's **Verbal Comprehension (90th percentile/composite score=119)** ability was within the High Average range of functioning. Her **Perceptual Reasoning (16th percentile/composite score=85)** ability was within the Low Average range of functioning. Adar's **Working Memory (1st percentile/composite score=67)** capacity was within the Extremely Low range of functioning. Adar's **Processing Speed (4th percentile/composite score=74)** skill was within the Borderline range of functioning.

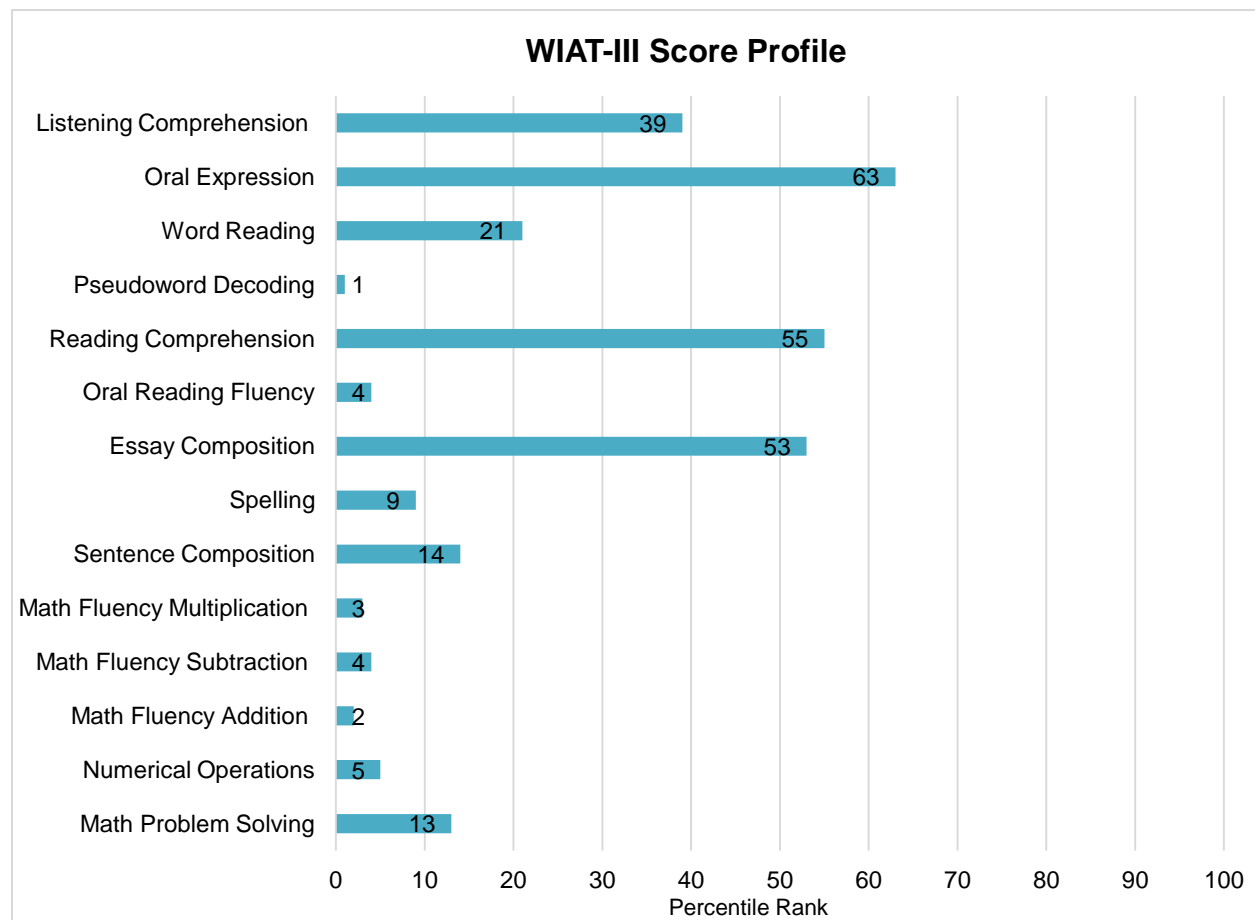
Adar's performance on the **Verbal Comprehension Index**, a measure of an individual's ability to access and apply acquired word knowledge was within the **High Average range of ability (90th percentile/composite score=119)**. *This represents an area of relative strength for Adar.* Within this index, Adar's ability to use higher level verbal abstract reasoning skills to categorize word pairs was Extremely High (99th percentile)/scaled score=17). Her ability to define vocabulary words was High Average (75th percentile/scaled score=12). Adar's ability to retrieve factual information from long-term memory to answer

questions about topics of general knowledge (63rd percentile/scaled score=11) was within the Average range of functioning.

Within the **Perceptual Reasoning Index**, a measure of nonverbal abilities, Adar's *performance varied widely*. Her ability to use visual analysis and synthesis skills to reproduce geometric designs with blocks (9th percentile/scaled score=6) was within the Low Average range. Her ability to use pattern reasoning and deductive reasoning skills to identify missing pictures in visual matrices (37th percentile/scaled score=9) was in the Average range. Her ability to determine part-whole relationships to complete visual puzzles (25th percentile/scaled score=8) was in the Average range. On an auxiliary measure (Figure Weights) within this index, Adar's ability to work with quantitative and analogical reasoning using visual cues, was within the High Average range of functioning (75th percentile/scaled score=12).

Within the **Working Memory Index**, a measure of the ability to retain and use auditory information, Adar's performance on a measure of auditory rote memory and auditory working memory skills for individual numbers (5th percentile/scaled score=5) was within the Borderline range. Her ability to apply working memory skills to complete contextual tasks such as solving mental mathematics problems (2nd percentile/scaled score=4) was within the Extremely Low range of performance.

Within the **Processing Speed Index**, a measure of visual processing and visual-motor processing speed, Adar's ability to code and copy symbols quickly (2nd percentile/scaled score=4) was within the Borderline range. Her ability to quickly scan and discriminate between black and white symbols in a structured array (16th percentile/scaled score=7) was within the Low Average range of functioning.

BASIC ACADEMIC SKILLS (English):**Wechsler Individual Achievement Test, Third Edition (WIAT-III)****Oral Language:**

SKILL	STANDARD SCORE	PERCENTILE	LEVEL
Listening Comprehension	96	39 th	Average
<i>Receptive Vocabulary</i>	104	61 st	Average
<i>Oral Discourse Comprehension</i>	90	25 th	Average
Oral Expression	105	63 rd	Average
<i>Expressive Vocabulary</i>	99	47 th	Average
<i>Oral Word Fluency</i>	110	75 th	Average
<i>Sentence Repetition</i>	104	61 st	Average

Adar exhibited various well developed oral language skills.

Overall, Adar's score on a WIAT-III measure of **Listening Comprehension** that tested her receptive vocabulary and ability to recall/comprehend fact based oral discourse was **Average at the 39th percentile**. Within this measure, her **Receptive Vocabulary** skills (ability to identify pictures to match orally presented words) were **Average at the 61st percentile** and her **Oral Discourse Comprehension** skills (ability to understand the meaning of orally presented sentences and paragraphs) were also **Average at the 25th percentile**. *A relatively lower score in the latter measure may be due to challenges with staying focused long enough and/or holding information in mind long enough to listen to longer forms of oral discourse and to respond to questions about it.*

Adar's score on a measure of **Oral Expression** that tested her expressive vocabulary, word-finding skills, and ability to repeat the content of orally presented sentences was **Average at the 63rd percentile**. Within this measure, Adar's **Expressive Vocabulary** skills (ability to retrieve information from long term memory in order to verbalize vocabulary words corresponding to pictures) were **Average at the 47th percentile**, her **Sentence Repetition** skills (ability to recall and repeat back orally presented sentences accurately) were **Average at the 61st percentile**, and her **Oral Word Fluency** skills (ability to verbalize words in semantic categories quickly) were **Average at the 75th percentile**.

Reading:

SKILL	STANDARD SCORE	PERCENTILE	LEVEL
Word Reading	88	21 st	(low) Average
Pseudoword Decoding	58	< 1 st	(well) Below Average
Oral Reading Fluency	74	4 th	Below Average
Reading Comprehension	102	55 th	Average

Adar's basic reading proficiency appeared to be under-developed for her age, interfering with efficiency. However, with ample time and small passages to read, she was able to exhibit comprehension skills that were on par with peers and in line with her good oral language and verbal comprehension abilities.

On the WIAT-III, Adar's performance on a measure of **Word Reading** or ability to read a list of vocabulary words, was (low) **Average at the 21st percentile**. Adar's ability to

use phonics skills to sound out a list of nonsense syllables on a measure of **Pseudoword Decoding** was within the **(well) Below Average** range, **at less than the 1st percentile**. As a result of challenges with word reading accuracy and decoding efficiency, the accuracy and speed with which Adar was able to read passages on a measure of **Oral Reading Fluency** was within the **Below Average** range, **at the 4th percentile**.

In contrast, on a verbally prompted measure of **Reading Comprehension** with unlimited time and pictorial cues (she was asked oral questions about passages that were accompanied by pictures) Adar's performance was **Average at the 55th percentile**.

Written Language (English):

SKILL	STANDARD SCORE	PERCENTILE	LEVEL
Spelling	80	9 th	Below Average
Sentence Composition	84	14 th	Below Average
Essay Composition	101	53 rd	Average
<i>Word Count</i>	103	58 th	Average
<i>Theme Development & Text Organization</i>	98	45 th	Average

Adar's mechanical spelling and sentence writing skills appeared to be under-developed for her age. The content of her longer written work appears to be in line with her strong verbal abilities, yet Adar would benefit from learning how to organize her written ideas with greater formal structure.

On a WIAT-III measure of **Spelling**, Adar's ability to spell a list of orally presented words in isolation (dictated spelling words) was **Below Average at the 9th percentile**. On an untimed and highly structured measure of **Sentence Composition**, Adar's overall performance was **Below Average at the 14th percentile**. Within this measure, her **Sentence Combining** skills (ability to use conjunctions and grammar knowledge to combine provided simple sentences into a single sentence) were slightly Below Average, and **Sentence Building** skills (ability to compose original sentences using provided target words) were well-developed within the Average range.

Overall, on a WIAT-III measure of **Essay Composition**, Adar's ability to respond to an essay prompt within a ten-minute time frame (marked only for content and NOT for spelling, punctuation, and grammar) was **Average at the 53rd percentile**. Within the measure of Essay Composition, her score for essay **Word Count** (the number of words written) was **Average range at the 58th percentile** and her score for **Theme Development and Text Organization** was also within the **Average range at the 45th percentile**.

For her essay, Adar wrote one lengthy paragraph about her preferred game. She followed the instruction of including at least three reasons why she liked it, using several elaborations to show relationships between her ideas. Although she addressed the essay question and performed within the Average range, *Adar's written expression would have benefitted from additional organizational structure, such as multiple body paragraphs, with a defined introduction and conclusion (including re-statement of ideas).*

Mathematics:

SKILL	STANDARD SCORE	PERCENTILE	LEVEL
Numerical Operations	76	5 th	Below Average
Math Problem Solving	83	13 th	Below Average
Math Fluency Addition	69	2 nd	Below Average
Math Fluency Subtraction	74	4 th	Below Average
Math Fluency Multiplication	72	3 rd	Below Average

Mathematics skills represent an area of weakness in Adar's academic profile.

Adar's performance on a measure of paper and pencil calculations or **Numerical Operations** was **Below Average at the 5th percentile**. Adar's performance on a measure of **Math Problem Solving** (orally presented word problems with accompanying pictures) was **Below Average at the 13th percentile**. Within this measure, Adar was sometimes able to apply her calculation and mathematical reasoning skills to answer practical questions (with pictorial cues) related to concepts such as money, patterns, time, and measurement.

On **Math Fluency**, the speed with which Adar was able to complete a series of single digit **Addition** problems was **Below Average at the 2nd percentile**. The speed with

which Adar was able to complete a series of single digit **Subtraction** problems was also within the **Below Average range at the 4th percentile**. The speed with which Adar was able to complete a series of single-digit **Multiplication** problems was within the **Below Average range at the 3rd percentile**.

INFORMATION PROCESSING:

To further explore the information processing skills that can impact learning and behaviour, the WMS-IV and T.O.V.A were administered to Adar.

Wechsler Memory Scale-Fourth Edition (WMS-IV)

INDEX	MEASURE	INDEX SCORE	PERCENTILE RANK	QUALITATIVE DESCRIPTION
Auditory Memory	WMS-IV	91	27 th	Average
Immediate Memory	WMS-IV	93	32 nd	Average
Visual Working Memory	WMS-IV	106	66 th	Average

Overall, Adar's results on the WMS-IV indicated memory skills that fall within **Average** range of ability compared to her age group. Adar's memory skills rank higher than her academic skills.

Adar's **Auditory Memory** skill for contextual language-based information like word associations and stories, was within the **average range of performance at the 27th percentile/index score=91**. Adar was a significantly better at her ability to recall contextual information (like an orally presented narrative) versus her ability to recall isolated pieces of information (like word associations).

Adar's **Visual Working Memory** skill, which assesses visual-spatial working memory (including a rule-based visual addition task, as well as recognition for novel, abstract symbols) fell within the **Average range of performance at the 66th percentile**. This represented Adar's highest score on the administered memory scales.

Adar's score on the combined visual and auditory memory index of **Immediate Memory** (measured directly after the stimulus was removed) fell within the **average range of performance at the 32nd percentile/index score=93**.

Test of Variables of Attention (T.O.V.A.)

The T.O.V.A. (The Test of Variables of Attention) is a culture- and language-free, computerized test that measures an individual's response time to identifying a target in an exceptionally "boring" task in order to determine real-time ability to sustain attention and inhibit impulsive responses. Responses to visual stimuli are recorded with a unique, highly accurate (± 1 ms) microswitch. **The T.O.V.A. calculates response time variability (consistency), response time (speed), commissions (impulsivity), and omissions (focus and vigilance).** These calculations are then compared to a large age- and gender-matched normative sample, as well as to a sample population of individuals independently diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

While taking the T.O.V.A., Adar exhibited overt discomfort and distractibility, and was observed to experience more difficulty with tolerating the discomfort of the 'boring' task as compared to the average examinee. Adar was vocal about being bored and also displayed some level of agitation; requesting a 'harder' chair to sit on during the administration.

Overall, the results obtained for Adar on the **Visual** administration of the T.O.V.A were NOT within normal limits and *may be suggestive of an attention problem*. In particular, Adar tended to exhibit many **omission errors** (not responding to targets and indicative of weak sustained attention), especially as time went on.

Among the indices that comprise these overall measures, Adar's **Variability** (consistency of response times) scores were Borderline in the first quarter portion of the test, and Not Within Normal Limits for the remainder of the test. Her **Response Time** (information processing speed) was Not Within Normal Limits overall. Adar's **Commission Errors** (inhibitory control) were Not Within Normal Limits. Lastly, her **Omission Errors** (sustained attention) were Not Within Normal Limits for the Visual T.O.V.A. administration.

Despite the one-to-one testing environment with minimal external distraction, Adar's Attention Comparison Score (ACS) was -9.96; *placing Adar well within the range of the population sample of individuals diagnosed with ADHD.*

PSYCHOSOCIAL:

Behavioural information about Adar was gathered through a combination of semi-structured clinical interviewing, clinical observation, and formal questionnaire data.

Conners Adult ADHD Scales-Long Version (CAARS)

Adar and her work supervisor completed the CAARS regarding their impressions of her functioning the areas of Attention/Memory Problems, Hyperactivity/Restlessness, Impulsivity/Emotional Lability and Problems with Self-Concept. On the forms, both raters indicated clinically significant levels of concern for Adar regarding Inattention/Memory Problems, as well as a slightly high to high level of concern for Adar regarding Hyperactivity/Restlessness. Adar reported a high level of concern for her Impulsivity/Emotionally Lability, Problems with Self-Concept, DSM-IV Inattentive Symptoms, DSM-IV Hyperactive-Impulsive Symptoms, DSM-IV ADHD Symptoms Total, as well as the ADHD Index. The results of both questionnaires placed Adar in the clinically significant range for symptoms of ADHD.

On the CAARS Self-Report questionnaire, Adar's responses indicated that she perceives herself to **'Very Much, Very Frequently'**: talk too much, say things without thinking, always be on the go as if driven by a motor, change her plans/jobs midstream, feel unsure of herself, be bored easily, have trouble getting started or finishing job tasks or schoolwork, intrude on others' activities, be absent-minded in daily activities, seek out fast paced or exciting activities, feel restless inside even when sitting still, be restless or overactive, have trouble keeping her mind on something unless it is really interesting, lose things that she needs, be distracted when things are going on around her, be disorganized/have problems organizing tasks or activities, misjudge how long it takes to do something or go somewhere, interrupt others when talking, put forth great effort to sit still, be forgetful in her daily activities, dislike quiet, introspective activities, have trouble waiting in line or taking turns, have difficulty keeping her attention focused while working, things she hears or sees distract her from what she is doing, to not plan ahead, and give answers before the question is completed.

Responses on the CAARS Observer questionnaire indicated that Adar is perceived to **'Very Much, Very Frequently'** be always on the go as if driven by a motor, likes to be up and on the go rather than being in one place, has a hard time keeping track of several things at once, and **'Often'** interrupts others when talking, tends to squirm/fidget, overfocuses on details while at other times appears distracted by everything going on around her, misjudges how long it takes to go somewhere, acts okay on the outside but appears unsure of self, likes to be doing active things, loses things necessary for tasks or activities, blurt out things, is a risk-taker, is disorganized, has a hard time staying in one place very long, is always moving even when attempting

to be still, forgets to remember things, seeks out fast-paced/exciting activities, is distracted by sights or sounds when trying to concentrate, and has trouble listening to what other people are saying.

Personality Assessment Inventory (PAI)

The PAI is a 344-item self-reported test of personality and psychopathology. It consists of four sets of scales; validity, clinical, interpersonal, and treatment. Adar's responses on the validity scales indicate that she attended consistently and appropriately to item content, and that she answered in a reasonably forthright manner. Thus, the following results are considered valid and can be interpreted as such.

Adar's profile of scores on the Clinical scales presents significant elevations which are indicative of a broad range of clinical features and the possibility of multiple psychopathologies. Her pattern of responses suggest that substance use has likely had numerous ill effects on her functioning across several life areas. She describes several personality traits which involve volatility within her interpersonal relationships and fears surrounding abandonment or rejection by others. She is likely to experience elevated and variable moods, inflated self-esteem, and elements of grandiosity. Adar reports some difficulties consistent with relatively mild or transient depressive symptomology, as well as maladaptive behaviour patterns aimed at controlling anxiety. Responses revealed that she has also likely experienced traumatic events which continue to produce distress for Adar. As such, Adar's level of worry about current issues are impacting the degree to which she can concentrate and attend. Taken together, *these items suggest significant impairment in her daily functioning.*

On the Self-Concept scales, Adar's responses attest to a generally positive but fluctuating self-evaluation, which may be a defence against feelings of uncertainty and self-doubt. Her self-esteem may be fragile and sensitive to criticism by others. *Adar's sense of self could be maintained by attributing responsibility for setbacks to some external cause, rather than to personal shortcomings.*

On the Interpersonal & Social Environment scales, Adar's responses indicate that her interpersonal style is best characterized as involving strong needs for attention and affiliation. These needs may be perceived by others as controlling, which may in turn interfere with others' social interactions to meet her needs. Adar may seek out any opportunities to interact with others. Adar's responses suggest that *her perceived level of support and recent level of stress are about average in comparison to normal adults, a favourable prognostic sign for her future adjustment.*

With regards to Treatment Considerations for Adar, her responses indicate that anger and aggressive behaviours, though relatively infrequent, may play a prominent role in the clinical picture and could present potential treatment complication. Furthermore, though not present at the time of testing, follow-up regarding her episodic suicidal ideation would be prudent. Adar's interest in and motivation for treatment is comparable to that of adults who are not being seen in therapeutic settings; however, it is lower than is typical for individuals being seen in treatment settings. Despite her recognition that some areas of her life are not going well at this time, her responses suggest possible resistance to the idea that personal changes are needed. Particular areas of attention or concern in the early stages of treatment could include: her initial difficulty placing trust in a treating clinician, her current level of disorganization or overwhelming feelings which may interfere with her meaningful participation, as well as interpersonal difficulty to an authority figure.

Clinical Impressions:

Adar impresses as an energetic and free-spirited individual who thrives in settings where she can express her creativity and passions. During assessment, the one-to-one aspect of the testing setting as well as a 'tailored' administration style helped to ameliorate for some aspects of Adar's attention difficulties. However, even with this type of specialized environment designed to minimize the impact of distraction, Adar exhibited a tendency towards inattention and impulsivity her response style. While she was not visibly moving, Adar's intellectual energy and mental restlessness during interviews and testing was continuously apparent. These clinical observations combined with Adar's developmental history and symptoms reported on the CAARS in the areas of Inattention, Hyperactivity and Impulsivity support a formal diagnosis of **Attention Deficit Hyperactivity Disorder; Combined Presentation** (both Inattentive and Hyperactive/Impulsive subtypes), **severe (DSM-5:314.01)**. Though she does strive to manage the impact of this disorder (and has for many years), these challenges significantly interfere with the quality of her daily functioning and perhaps have limited her potential. Other mental health challenges like mood difficulties likely intensify the impact of Adar's attention challenges.

Additionally, Adar presents as an emotionally-driven individual with a high need for stimulation and social interaction. As is common in individuals with attention style differences, Adar may not always be self-aware regarding how her high activity level and behaviour impacts those around her. As well, individuals with ADHD routinely struggle with self-esteem challenges and symptoms of anxiety because they can fall short of personal or external expectations. Adar reported that she generally enjoys relative self-confidence, however, in clinical conversation with her she described bouts of low self-esteem and inner criticism. Additionally, she reported a complex

psychosocial history including depressive symptoms, post-traumatic stress, substance use, and conduct disorder. Thus, she may benefit from developing greater self-awareness regarding how her thoughts, feelings and behaviours interact with situations in her environment.

SUMMARY:

The results of the current assessment indicate the following formal diagnoses:

- **(DSM-5:315.00,315.2, 315.1) Specific Learning Disorder** with impairment in Reading (Reading Fluency), Written Language (Spelling Accuracy, and grammar and punctuation accuracy), and Mathematics (Accurate and Fluent Calculation, and Math Reasoning)
- **(DSM-5:314.01) Attention Deficit Hyperactivity Disorder; Combined Presentation, Severe**

The results of the current assessment indicate overall that Adar is an outgoing, self-aware, and acutely sensitive individual. She can perform well occupationally and academically, especially if she feels motivated and has the right conditions in place. Adar's cognitive and academic performance is heightened by her strength in verbal expression, comprehension, and oral language skills, and constrained by challenges with visual processing and memory. Despite her good effort, Adar occasionally struggles with distractibility, impulsivity and restlessness which can lead to inattention and underperformance.

Cognitively, Adar's performance on the WAIS-IV is varied between the Borderline/Low Average range, to the Average/High Average range. Her verbal comprehension (crystallized intelligence and verbal abstract reasoning skills) are areas of particular strength. In general, Adar performs better on tasks which rely more on reasoning skills than on memory skills. Adar's visual information processing, processing speed, and working memory scores are significantly lower than her strong verbal abilities. Thus, Adar performs less well when the activity relies on holding information in mind (working memory) to solve problems. Additionally, it may take her extended time to complete tasks to the best of her ability. Her consistency of effort, pace, and attentiveness fluctuated over the course of the assessment sessions, perhaps indicating that these scores are an underestimate of her true abilities.

Academically, Adar underperformed on most of the testing that was administered, with the majority of scores falling within the below average range. Consistent with the Cognitive testing, Adar performed best on oral expression subtests, perhaps a skill she developed to compensate for her weaknesses in other areas of learning. She was also able to use her good verbal abilities to achieve average results for measures of reading

comprehension and essay composition. Adar consistently achieved lower-level scores on measures of basic reading (including word reading and decoding), writing mechanics (including spelling and grammar), and mathematics (including fluency, calculation, and problem-solving). As Adar continues her studies, it will be important for her to take advantage of available supports to remediate learning challenges (see *Recommendations* below).

Behaviourally, Adar presents as a friendly, articulate individual who thrives in social settings. She appeared happy to share information about herself and self-advocate, but often demonstrates difficulty with redirecting her attention when required.

Adar's desire to do well may increase her performance at times and help her to manage some symptoms of ADHD (such as finding aids to improve her focus when she gets distracted), while also contributing to symptoms of anxiety.

With the appropriate level of emotional and behavioural supports as well as academic accommodations, Adar has the verbal ability and determination required to work towards managing and reducing mental health symptoms and remediating her competence in learning skills, while also allowing her creativity and friendliness to thrive.

RECOMMENDATIONS:

Adar will require the development of a **formal educational plan** based on the following recommendations, including appropriate academic accommodations to support her learning program. Currently, weakness in aspects of reading fluency, spelling/writing mechanics, and mathematics significantly interfere with her academic functioning and scores in these areas of learning are substantially lower compared to same-aged peers. Subsequently, a formal diagnosis of **(DSM-5:315.00,315.2, 315.1) Specific Learning Disorder with impairment in Reading (Reading Fluency), Written Language (Spelling Accuracy, and grammar and punctuation accuracy), and Mathematics (Accurate and Fluent Calculation, and Math Reasoning)** should be reflected on her school profile. Concerning behavioural diagnoses, Adar also meets criteria for a diagnosis of **(DSM-5:314.01) Attention Deficit Hyperactivity Disorder; Combined Presentation, Severe.** Adar is also currently exhibiting clinically significant levels of anxiety and self-reporting some depressive symptoms and negative thinking patterns that can interfere with her functioning.

Learning Accommodations:

At the college/university level, Adar is eligible to register with the centre for **students with disabilities/exceptionalities (or the equivalent)**. Once registered, she should meet with an accessibility advisor to determine which accommodations offered by the school would best fit her specific learning needs. Adar should continue to **meet with her advisor** at regular intervals throughout the year to ensure that her accommodations continue to meet her needs, and to provide additional structure, support, and external accountability to her post-secondary learning experience.

Adar requires as much **resource assistance** as is available to a student with her learning profile. Adar will benefit from previewing and reviewing new concepts. She requires direct instruction in her areas of learning challenge (i.e. math calculation, efficiency with literacy tasks, breaking down/remembering multiple step instructions, and study skills/time management/organization) so that she is able to access concepts. Adar also requires help to develop competency with assistive technology that can support her information processing and output proficiencies as they apply to her day-to-day learning.

If available, Adar would benefit from individual coaching, including the services of a **learning strategist** and/or teaching assistant, to develop her study skills to match the needs of her post-secondary education.

It will be essential for Adar to have access to **one-on-one tutoring** in any class that she needs it, as the one-to-one learning environment can ameliorate for various difficulties experienced by individuals with ADHD in the larger classroom setting.

For all academic settings, it is deemed necessary and essential that Adar **have assistive technology to access the curriculum**. Technological solutions for Adar (e.g., a laptop computer with software) need to focus on helping her to attain greater efficiency, accuracy, and retention for learning tasks (math calculation, reading fluency and writing mechanics). Adar will need access to basic editing software (i.e., spell/grammar check) and graphic organization software (i.e., *Smart Ideas* or *Inspiration*). Adar is encouraged to experiment with text to voice and voice to text technology that can increase accessibility to reading and writing tasks. Using a Smart Pen during in-person class may assist her with keeping pace for note taking because she will be able to record anything that she is not able to write down. Technological solutions should also focus on helping her to maintain a high level of organization as the curriculum increases in complexity. Adar is encouraged to **use her computer in class and for examinations** whenever she feels that this accommodation is useful. It will be very important to teach Adar how to use any assistive technology as it applies to her school setting so that there is not a gap between her schoolwork and her knowledge of how to use the technology to accomplish that work.

Given her executive functioning difficulties, it is recommended that Adar be given the option to **reduce her course load to three courses or less per semester without penalization**. Adar is also encouraged to take advantage of the option to schedule courses in the summer, when possible, in order to reduce her fall and winter course loads. It is recommended that Adar be **considered a full-time student regardless of the number of courses** she takes each semester so that she is not penalized for her disability (e.g., by losing funding).

Adar requires priority seating (close to instruction and away from distraction) to assist with her ability to access important learning in the classroom. Adar can be expected to need repetition of information and instructions.

Given her information processing challenges, it is recommended that **note-taking requirements be significantly reduced** so that she can focus on the content of classes and lectures. It would be helpful for Adar to **receive copies of lecture notes beforehand (or a structured outline)**, or for her to receive **note-taking support**.

Given her attention style, emphasizing **quality over quantity** in assignments would be helpful for Adar since she needs to prioritize her focus to the most important tasks. Especially in a set of repetitive problems or 'busy work', professors could reduce the

number of questions Adar is expected to complete by half (e.g., only 'odd' or 'even' questions), while maintaining expectations for quality.

When Adar is required to read and understand information presented in a textbook format, it would benefit her to **focus on the summaries/summary questions provided at the end of chapters** rather than attempting to retain all of the written material. This process will also help to direct Adar's attention to the salient conceptual and thematic content of the texts.

Adar **requires highly structured assignments with very explicit instructions**. For longer assignments, Adar will need stepwise and written instructions that break the assignment into small and manageable chunks. Whenever possible, Adar would benefit from an **example/model of the desired outcome** so that she knows what the expectations are and can work towards them in an organized fashion.

Adar should be **provided with the syllabi and reading lists for all courses as far in advance as possible** so that she has additional time to plan assignments and to begin reading the necessary course material. Researching main ideas ahead of the school year and prior to lectures can significantly aid in a student's ability to attend to and retain the information taught during class. It is advisable for Adar to accomplish this 'pre-learning' task with an individual/tutor who can help her to focus on the most important information.

For **writing assignments**, Adar would benefit from **a high level of structure** (e.g., paragraph outlines). Adar continues to require **direct instruction regarding the construction of a multiple paragraph essay as the essay questions increase in complexity** (on a computer with spelling and grammar check options as well as graphic organization software for essay writing) and help to elaborate upon main concepts in an organized fashion. Adar is encouraged to complete longer writing assignments using a computer with editing options.

Adar will likely require ongoing and individual tutorial support to maintain pace with math instruction. Adar requires the **use of a calculator for applied mathematics activities** (e.g., word problems) to reduce the scope of the task and to promote her efficiency. Adar will perform better for math tasks if she is **provided with examples of the outcome and stepwise instructions regarding how to achieve the outcome**. For math tasks, Adar would benefit from **consistency and simplicity in visual presentation** (e.g., a visually simple format that minimizes the number of problems/different fonts on a page).

Adar needs the opportunity to **preview testing formats** so that she knows how to prepare for tests as well as access to important formulas during tests so that she can apply her knowledge rather than focus on memorization of formulas/models.

Given Adar's learning and behavioural style, it would be helpful if she were permitted to **take exams in a quiet, smaller group setting** that minimizes external stimulation. In order to ensure that Adar is able to exhibit the extent of her knowledge, **she requires 50% extended time for all tests, quizzes and exams (or a shortened test/quiz/exam)**. Adar should be provided with the **opportunity to ask questions** that help her to clarify expectations. To provide greater structure for studying, Adar would benefit from **previewing exam format** prior to taking tests. **For important quizzes, tests or exams, Adar requires the use of assistive technology** and as such, exams will need to be provided in a format that enables her to do so.

The following websites and books are helpful resources for individuals with attention and learning style differences:

- LDathome.ca
- LDaottawa.com
- The Smart but Scattered Guide to Success: How to Use Your Brain's Executive Skills to Keep Up, Stay Calm, and Get Organized at Work and at Home by Dawson & Guare (2016)

Psychological Recommendations:

Given her prevalent symptoms of anxiety, post-traumatic stress, and depression; Adar would benefit from trauma-informed psychotherapy with a psychological service provider. Adar could benefit from a psychodynamic approach to therapy including Cognitive and Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) to help develop her skill set regarding coping with symptoms associated with low self-esteem, irrational thought processes resulting in harsh self-criticism, difficulty managing intense feelings, general worry, intrusive thoughts, and traumatic events. Adar may also benefit from therapy to further her self-awareness and strategies to better manage symptoms of ADHD. Adar may wish to access free counselling services in community or school settings, or private services that may provide greater continuity of care long-term.

Adar is encouraged to make good life-style choices that support her general well-being and memory functioning. In addition to rigorous exercise, daily mindfulness and meditation strategies can be highly effective in assisting individuals with ADHD to reduce restlessness and increase focus on present tasks.

Adar may respond well to working with an ADHD coach who can provide increased external structure to help her achieve her desired goals.

In addition to psychological and counselling support, Adar is encouraged to access the following resources designed to support individuals with her psychological profile:

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) (chadd.org)
- ADDitude Magazine (www.additudemag.com/)
- Anxiety Canada (anxietycanada.ca)
- Taking Charge of Adult ADHD by Russell Barkley (2010)
- Mind Over Mood: Change the Way You Feel by Changing the Way You Think by Greenberger & Padesky (2015)

It would be ideal for Adar to meet with her medical doctor regularly to discuss changes in mood and it may be prudent to refer Adar for **regular consults with a psychiatrist**, given her multiple diagnoses and complex mental health presentation (overlapping symptoms of PTSD, ADHD, Anxiety, Depression and *possibly* Bipolar/Mania).

Further consultation concerning these recommendations would be available on request. If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Chelsea Whyte, M.Ed., R.P. (Q)

Jamie D. Brooks, M.Sc., C. Psych.

Psychologist/Clinical Director