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

Our ref: BIH/ADHD20250429
Your ref*:*
Date: As downloaded

Dear Sir or Madam

Professional ADHD Diagnostic Assessments, Cognitive Testing and Ongoing Support

1 | Overview

We offer comprehensive Attention-Deficit/Hyperactivity Disorder (ADHD) assessments for children, adolescents, and adults. Each evaluation is carried out by an experienced Chartered Psychologist and, where clinically indicated, a second clinician in accordance with National Institute for Health and Care Excellence (NICE) guideline **NG87**. Our reports satisfy the requirements of the Specific Learning Disabilities Assessment Standards Committee, the Joint Council for Qualifications, Student Finance England, educational institutions, and employers.

2 | Assessment Process

The diagnostic pathway includes:

- **Clinical interview** – A structured exploration of developmental history, current symptoms, and their impact on daily functioning.
- **Standardised rating scales** –
  - *Conners Adult ADHD Rating Scales* (CAARS) for adults or **Conners 4** for children.
  - *Behaviour Rating Inventory of Executive Function* (BRIEF).
  - A collateral form may be completed by someone who knows the examinee well. Additional rating forms are available for **£100** each. DIVA interviews are available at an additional cost of **£200**
- **Cognitive screening** – Measures of working memory and processing speed.
- **Behavioural observation** – Real-time notes on attention, impulsivity, and activity level during the session.

3 | Deliverables

- A detailed diagnostic report of approximately thirty pages, written in clear, accessible language.
- Evidence-based recommendations for reasonable adjustments in education and employment.

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

- Extensive guidance on non-pharmacological strategies for managing ADHD symptoms.

4 | Fees and Turn-around Times

- **Single-assessor ADHD assessment** – £550 for a report within four weeks, or £1,100 for a report within seven days.
- **Two-assessor ADHD assessment** – £800 for a report within four weeks, or £1,600 for a report within seven days.

Payment by instalments is available through PayPal.

5 | Assessment Format

- **Online (Zoom or Microsoft Teams):** No surcharge; validity and reliability are equivalent to face-to-face delivery.
- **Face-to-face:** £200 for the first hour and £200 for each additional hour.

6 | Booking

To secure the next available appointment and pay by credit or debit card, follow the links below:

- Book a **Multidisciplinary Team ADHD Assessment**.
- Book a **Single-Assessor ADHD Assessment**.

7 | Medication Pathway (Optional)

If ADHD is confirmed and you wish to consider medication, you may book a consultation with one of our independent psychiatrists. They will:

1. Review your diagnostic report.
2. Discuss medication options and supervise titration (typically several months).
3. Transfer prescribing to your GP under a shared-care agreement once dosage is stable.

8 | Cognitive Assessments (Enhanced Service)

A cognitive evaluation can clarify co-existing learning disabilities, identify high-ability profiles, or highlight discrepancies between intelligence and performance.

- **Level 1** – *Wide Range Intelligence Test*: £475 for a report within four weeks, or £950 within seven days.

4th Floor, 49 St. James's Street, London SW1A 1JT **T:** 0208 200 0078
F: 0208 200 0334 **W:** www.advancedassessments.co.uk
Registered Office: Africa House 21 Shorwell Road Nottingham NG3 7HG
Registered in England Number 3743892

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

- **Level 2 – Children** – *Wechsler Intelligence Scale for Children, 5th UK Edition (WISC-V UK)*: £750 for a report within four weeks, or £1,500 within seven days.
- **Level 2 – Adults** – *Wechsler Adult Intelligence Scale, 4th UK Edition (WAIS-IV UK)*: £750 for a report within four weeks, or £1,500 within seven days.

9 | Ongoing Support

- Coaching, cognitive-behavioural therapy, counselling, or study-skills tuition: **£100 per 30-minute session**.
- Detailed letter to your GP following diagnosis: **£100**.
- Executive-function tuition: **£100 per hour**.

10 | Workplace Needs Assessments

For employment-specific adjustments, we recommend a **Workplace Needs Assessment** priced at **£795 + VAT**. Further details are available on request.

11 | Sample Report

A legacy ADHD diagnostic report (including a Level 2 cognitive assessment) is available for download. Please note that our current report template has since been updated and streamlined.

12 | Support for Funding and Adjustments

Our reports can be used to obtain:

- Extra time and other reasonable adjustments in examinations.
- Disabled Students' Allowances in higher education.
- Education, Health and Care Plans in compulsory education.
- Access to Work grants and workplace adjustments.

13 | Stay Informed

- Follow us on **X** for updates on neurodiversity and mental health.
- Read our **blog** for research news and practical guidance.
- Download free ADHD screening tools from our website.

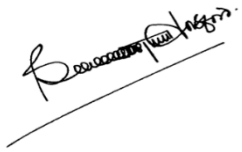
Dr Bernard Horsford
PhD, D Occ Psych, MBA, MSc, LLB, BA, Dip Ad Ed, Dip M, MAPM, MAE, FCIPD, C Psychol, MIoD, FIBC, AFBPSs
Chief Executive

14 | Thank You

Thank you for your interest in Advanced Assessments Ltd. We look forward to assisting you. For enquiries or to discuss specific needs, please call **+44 208 2000078**.

We look forward to working with you.

Yours faithfully



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

Enclosures: Old Style ADHD Report – these reports are now obsolete; new reports are commercially sensitive

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

Example ADHD Assessment Report

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

1. TABLE OF CONTENTS

2. CLIENT AND ASSESSING PSYCHOLOGIST'S DETAILS ..... - 1 -

3. EXECUTIVE SUMMARY ..... - 2 -

MAIN RECOMMENDATIONS ..... - 2 -

4. BACKGROUND TO THE ASSESSMENT ..... - 4 -

DEVELOPMENTAL HISTORY ..... - 4 -

TEST CONDITIONS AND SCORE DESCRIPTIONS ..... - 6 -

5. ASSESSMENT ..... - 7 -

UNDERLYING ABILITY ..... - 7 -

Cognitive abilities: Intellectual ability — WAIS-IV ..... - 7 -

Cognitive abilities: Memory — WMS-IV ..... - 10 -

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER ..... - 12 -

Conners 'Adult ADHD Rating Scale ..... - 12 -

Executive Function ..... - 20 -

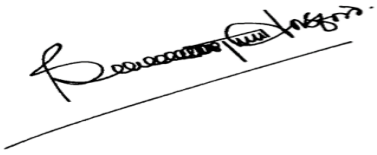
6. RECOMMENDATIONS ..... - 25 -

7. APPENDIX: WAIS-IV AND WMS-IV FULL REPORT ..... - 32 -

2. CLIENT AND ASSESSING PSYCHOLOGIST'S DETAILS

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

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

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.

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 45th percentile (average) their working memory score was in the 50th percentile (average), and their processing speed score within the 79th 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.

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 7th 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 9th percentile. Their score for mathematical reasoning within the 2nd 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.

Advanced Assessments Ltd, 180 Piccadilly, Mayfair, London, W1J 9HF T: +44 208 2000078 F: +44 208 2000334 E: wecare@advancedas sessments.co.uk W: www.advancedassessments.co.uk

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

5. ASSESSMENT

Underlying Ability

Cognitive abilities: Intellectual ability — WAIS-IV

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

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

Indices	Standard Score (95% Confidence)	Qualitative Description
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

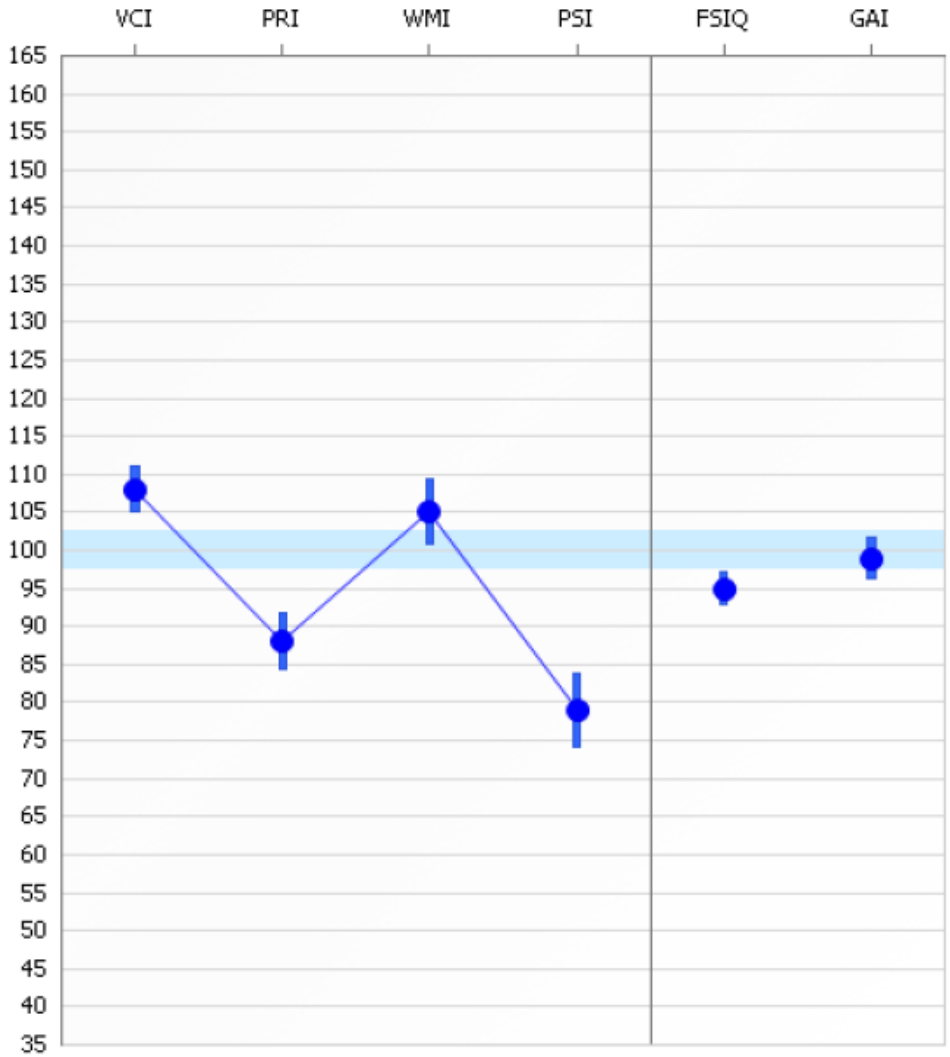
5.2 The WAIS-IV provides index scales related to specific areas of cognitive functioning: Verbal Comprehension, Perceptual Reasoning, Working Memory and Processing Speed. The full-scale IQ score provides an overall summary score that estimates an individual's general level of intellectual functioning. 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.

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.

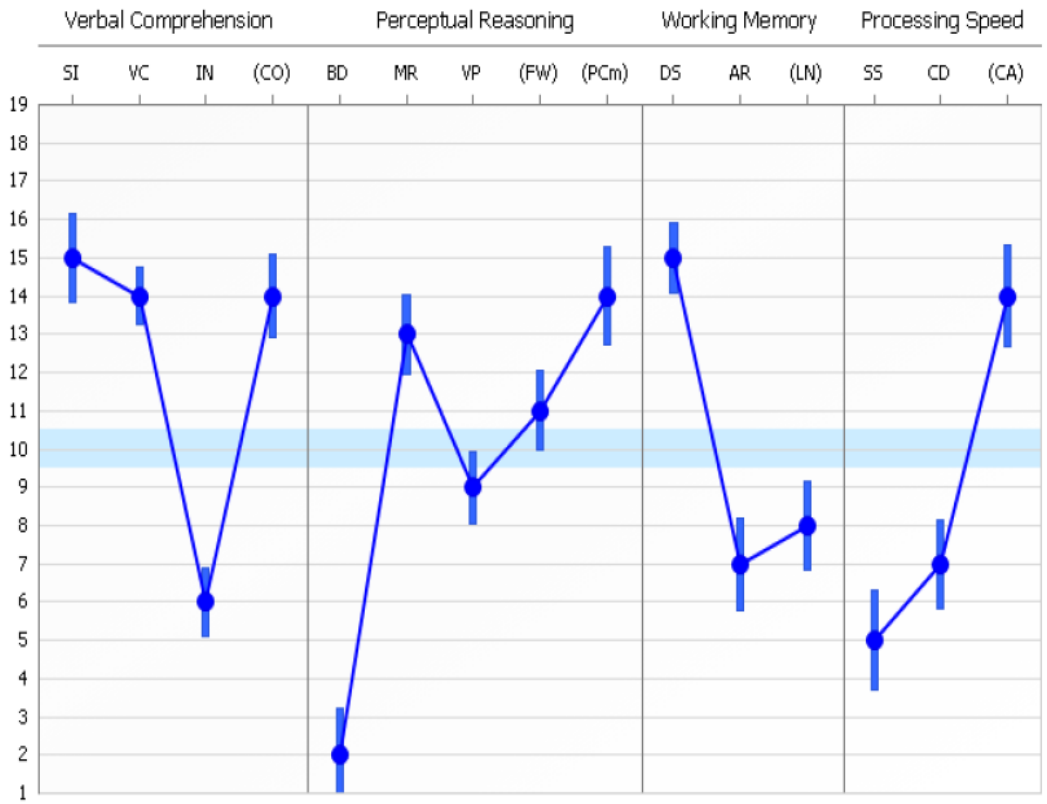
Figure 1: Example's WAIS-IV Profile



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.

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.

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.

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

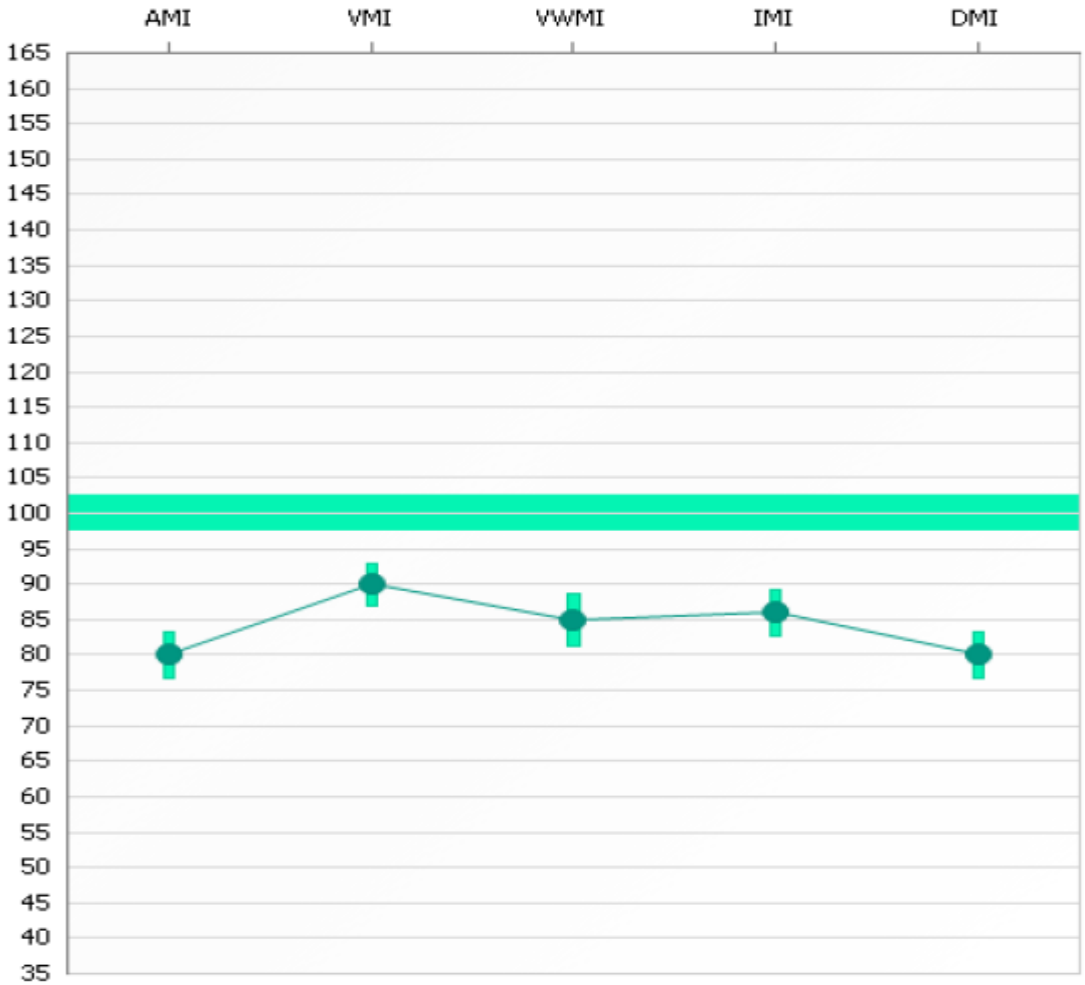
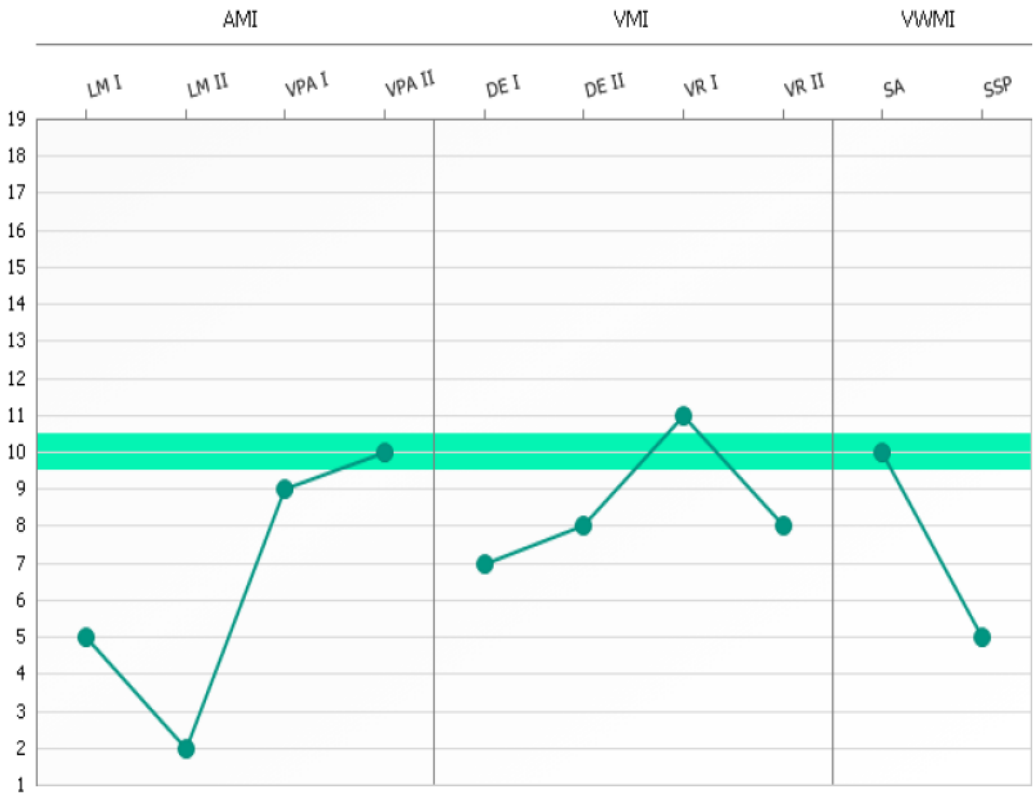


Figure 4: Example's WMS-IV Subscale Profile



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

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-I-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

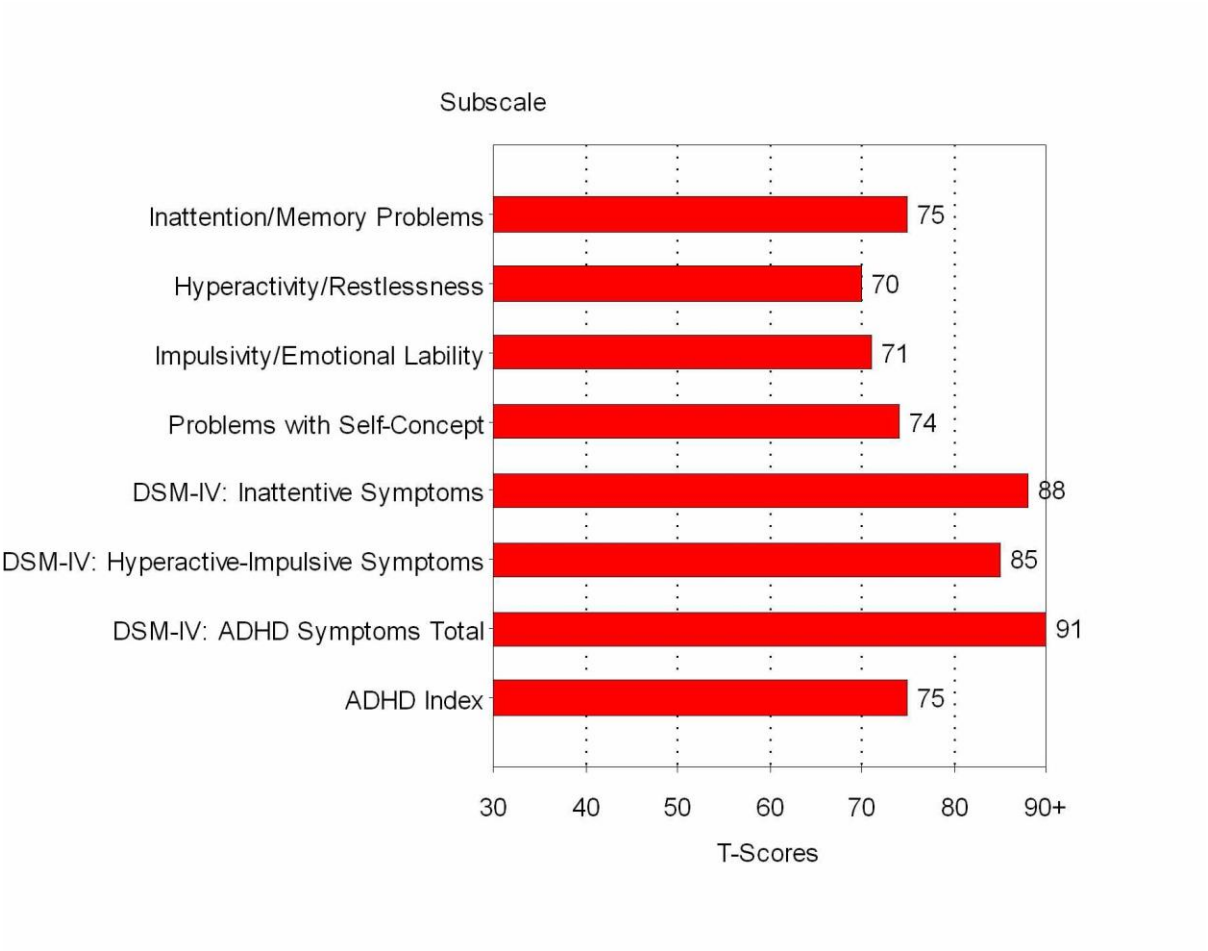


Table 4: Example's CAARS ADHD Subscale Summary

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.

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

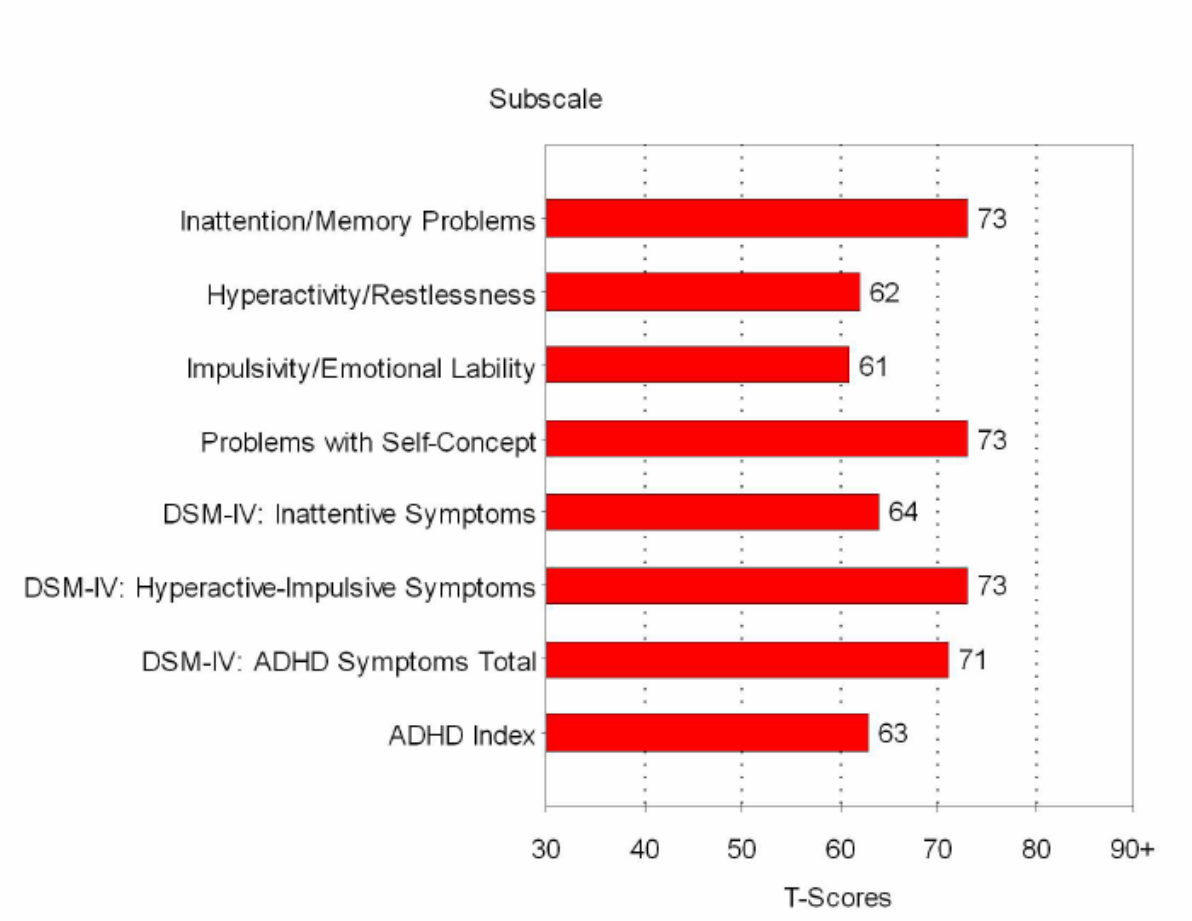
5.30 Six or more criteria are reported as present for both the Hyperactive-Impulsive and Inattentive Subtypes of ADHD. It is therefore possible that example may qualify for the Combined Type ADHD.

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

(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.

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

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.

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.

Executive Function

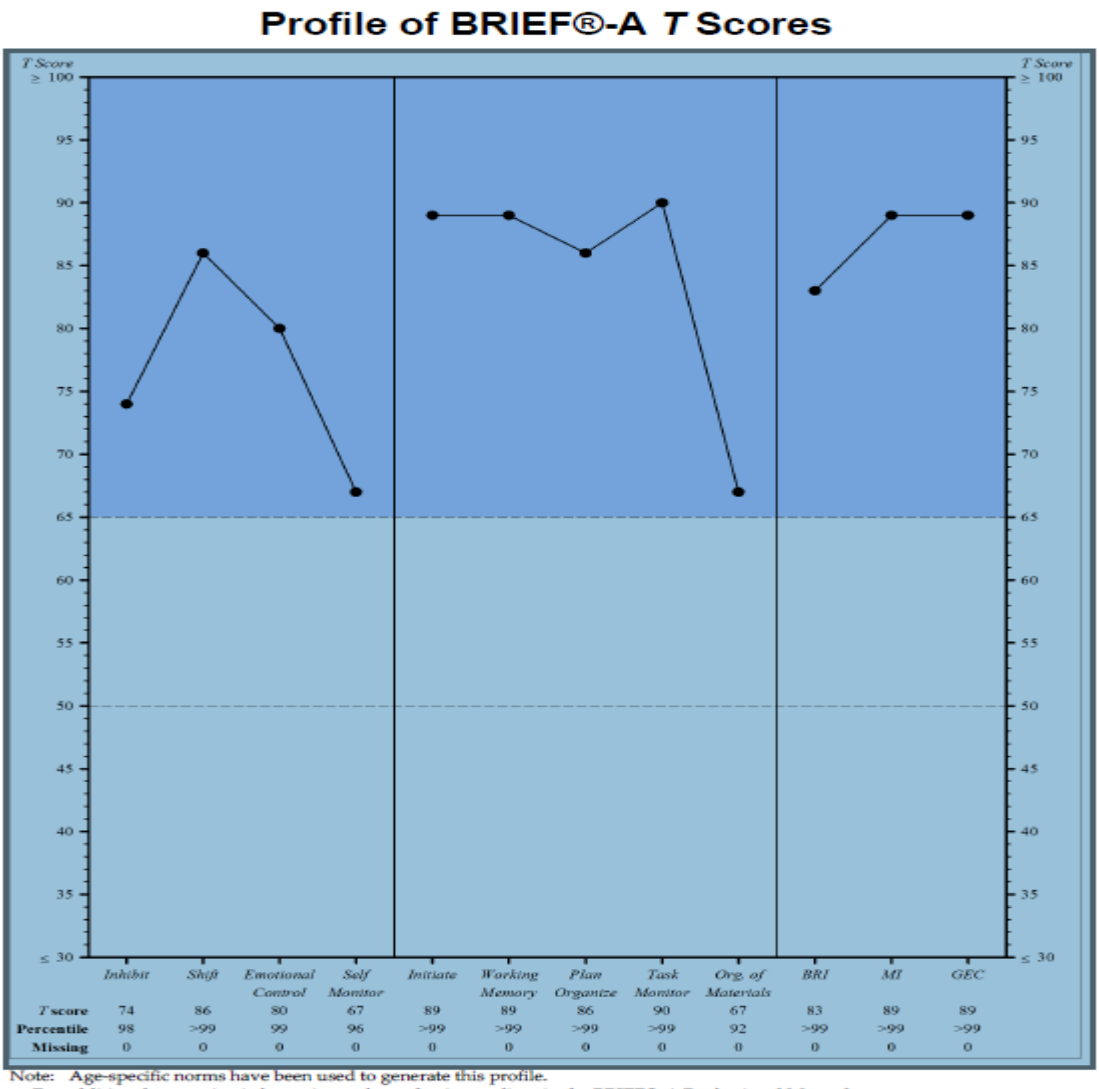
5.43 The Behavior Rating Inventory of Executive Function® – Adult Version (BRIEF®-A) is a questionnaire completed by adults ages 18 to 90 years and/or informants who know them well, such as spouses, children, or parents. It is designed to capture the individual's views of his or her own strengths and 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:

Figure 7: BREIF A Profile of Executive Function



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."

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.

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

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.

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

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

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.

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

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.

Task Monitoring

6.33 Example Sample may have difficulty monitoring their behaviour and recognizing when they makes 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.

6.34 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.

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.

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

Appendix: WAIS-IV-WMS-IV Full Reports