

Linking Functional Impairments to Appropriate Accommodations

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Linking Functional Impairments to Appropriate Accommodations

- Special education laws do not apply to postsecondary studies; in Canada, Human Rights legislation (provincial and federal) applies.
- Eligibility for accommodations under this legislation requires, in part, a diagnosis of a disability, but that diagnosis, in and of itself, does not necessarily compel accommodation, even if that person was given special education services in the past (Roberts, 2012).
- Instead, at the post-secondary level, special education per se is not available, and accommodations are only provided when the impairments that flow from a disorder interfere with equal ability to access and use the educational system.

Linking Functional Impairments to Appropriate Accommodations

- Furthermore, Human Rights legislation does not guarantee the right to an education, nor does it guarantee that accommodations will result in successful performance.
- It requires only that a student be given an equal opportunity to participate and that artificial barriers to such equal participation be removed or minimized.
- Post-secondary programs are also not obliged to provide accommodations that would undermine the essential requirements of a course or examination.

Why do we need some form of
documentation?

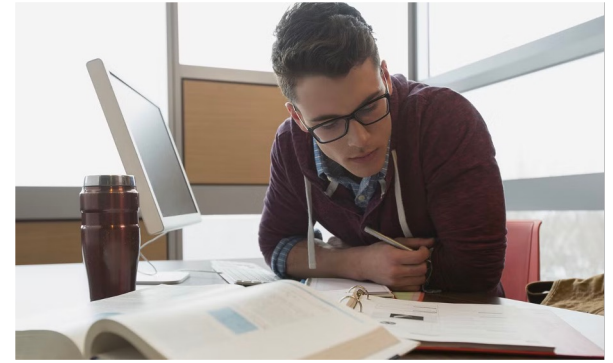
How Common Are Academic Problems among College Students without Disabilities?

Weiss et al., 2022 surveyed 1,740 full-time, degree-seeking undergraduates and asked them if they experienced problems in the following academic activities.

What percent of students *without any disabilities* experience problems in each activity *often or always* compared to most people in the general population?

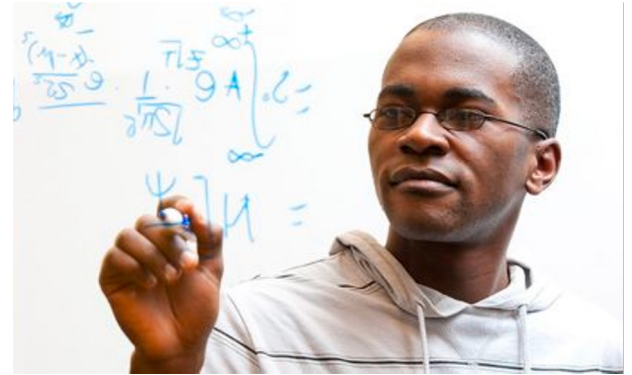


Reading



- Needing to read passages over again to understand them 32.6%
- Identifying the main points in the passages I read 17.3%
- Reading too slowly 11.7%
- Failing tests or classes that require a lot of reading 6.0%
- Mixing up letters or words when reading 5.1%

Math



- Needing to check my math calculations over again 36.1%
- Remembering math facts, formulas, or procedures 31.1%
- Understanding or “setting up” math problems 25.0%
- Solving math problems too slowly 22.6%
- Failing tests or classes that require a lot of math 16.3%

Test-Taking



- Having stray or random thoughts during tests 29.3%
- Forgetting information or “freezing” during tests 19.3%
- Getting distracted by noises during tests 16.9%
- Finishing timed tests within the time limit 8.0%
- Losing points on a test because I ran out of time 7.2%

Time Management



- Procrastinating 64.2%
- Getting motivated to study 53.4%
- Cramming for tests 46.0%
- Finishing assignments at the last minute 44.4%

In general...

Psychological Injury and Law (2023) 16:213–226
<https://doi.org/10.1007/s12207-023-09471-7>



Evidence-Based Accommodations for Postsecondary Students with Disabilities: Beware the Base Rate Fallacy

Robert Weis¹ · Evelyn A. Waters¹

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- “...nearly all (96%) students with disabilities reported at least one substantial limitation in academic functioning. However, 90% of students without disabilities reported similar impairment.”



Who will receive accommodations under an approach based primarily on self-reports?

Students who: (1) know that accommodations are available,
(2) have the support of family & friends to seek them out,
and
(3) possess the self-advocacy skills to convince disability professionals that they are necessary.

Waterfield & Whelan (2017). *Disability & Society*



Who is disadvantaged by this decision-making approach?

(1) Students with disabilities who lack this knowledge, support, & skill.

First-generation students

Nontraditional students

International students

Students with communication disorders and/or social skill deficits.

(2) Students without disabilities who struggle academically and who would benefit from accommodations, but do not receive them.

Weis et al. (2021). *J. of Clinical & Exper Neuropsychology*



But what about a Physician's note?

Canadian Journal of Educational Administration and Policy, 187, 48-60

Medically Confirmed Functional Impairment as Proof of Accommodation Need in Postsecondary Education: Are Ontario's Campuses the Bellwether of an Inequitable Decision-Making Paradigm?

Allyson Harrison^a, Alana Holmes^b, & Kathleen Harrison^a
Queen's University^a, Cambrian College^b

- “...medical professionals generally receive no formal training in methods to determine functional impairments experienced by students with mental health conditions in postsecondary academic settings.”



Linking functional impairments
identified to appropriate
accommodations and supports

Disability professionals report using the following criteria when rendering accommodation decisions:

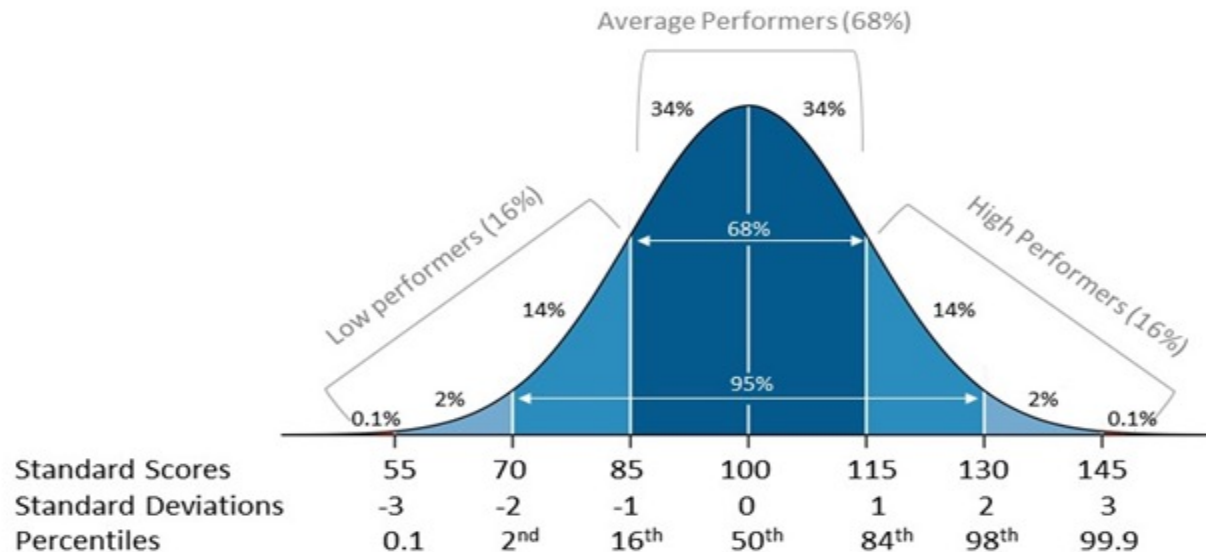
- **Current limitations on academic functioning**
- A history of academic problems or need for accommodations in childhood
- Test data showing deficits in academic functioning compared to most people in the general population
- A DSM-5 diagnosis

What is functional impairment?

What is functional impairment?

- The formulation of disability (or “functional impairment”) is currently not operationalized in either the ICD or the DSM.
- According to OSAP, a disability means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that **restricts your ability to perform the daily activities necessary to pursue studies at a postsecondary school level** or to participate in the labour force.
- Canada Student Loans Program (CSLP) defines a permanent disability as **a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary school level** or the labour force and is expected to remain with the person for the person’s life (Government of Canada, 2009).

Determining Functional Impairment



Any cut-off scores are somewhat arbitrary because academic skills are measured on a continuum; clinicians are advised in the DSM-5 text to use clinical judgment but standardized scores below the 16th percentile might indicate SLD, and scores below 7th percentile would be most consistent with SLD.

But is a low score enough?

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Archives of Clinical Neuropsychology 30 (2015) 217–227

Archives
of
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The Neuropsychological Assessment of Cognitive Deficits Considering Measures of Performance Variability

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Psychological Reports, 2011, 108, 1, 290–300. © Psychological Reports 2011

NEUROCOGNITIVE VARIABILITY IN HIGH-FUNCTIONING INDIVIDUALS: IMPLICATIONS FOR THE PRACTICE OF CLINICAL NEUROPSYCHOLOGY¹

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OXFORD JOURNALS
OXFORD UNIVERSITY PRESS

Archives of Clinical Neuropsychology 24 (2009) 31–46

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of
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To Err is Human: “Abnormal” Neuropsychological Scores and Variability are Common in Healthy Adults

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Accepted 19 November 2008



But is one low score enough?

- “Almost 75% of the normative sample obtained at least one low score when using 1 SD below the mean as a cutoff.” Tanner-Eggen et al., 2015.
- “...when defining abnormality as a score more than one standard deviation below the mean, test batteries with at least 20 measures yielded at least two abnormalities in most normal participants, and the median number of abnormalities typically was 10%– 15% of the total number of test scores in the batteries.” Binder et al., 2009
- “Marked variability in test scores was found despite a rather uniform sample of highly functioning individuals.” Zakzanis & Jaffey, 2011.

What about a discrepancy in scores?

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L.M. Binder et al. / Archives of Clinical Neuropsychology 24 (2009) 31–46

Table 3. Percentages of normative participants with 10 or more, 15 or more, 20 or more, and 25 or more point discrepancies between WAIS-IV Index scores by IQ level

Amount of discrepancy	Verbal comprehension – perceptual reasoning	Verbal comprehension – working memory	Perceptual reasoning – processing speed	Verbal comprehension – processing speed	Perceptual reasoning – working memory	Working memory – processing speed
Full scale IQ ≤ 79						
10 points	40.8	36.5	37.1	45.0	36.0	41.3
15 points	19.0	13.8	21.2	28.0	11.6	25.9
20 points	7.4	6.4	9.0	14.8	6.8	9.6
25 points	3.7	1.0	4.2	8.5	2.1	5.3
Full scale IQ 80–89						
10 points	45.9	45.9	49.5	55.9	42.0	40.1
15 points	21.9	20.3	30.7	38.6	22.5	31.6
20 points	10.1	6.7	15.2	22.5	11.6	19.5
25 points	3.6	3.0	7.6	13.6	4.5	10.0
Full scale IQ 90–109						
10 points	45.9	42.4	51.6	53.0	46.6	49.2
15 points	26.2	25.0	30.8	33.8	25.8	29.2
20 points	15.1	12.5	18.8	20.1	15.1	17.2
25 points	6.7	6.0	9.5	11.4	6.4	10.7
Full scale IQ 110–119						
10 points	45.7	50.8	56.9	56.9	55.9	54.0
15 points	31.2	27.9	38.8	35.9	30.6	37.5
20 points	17.3	15.1	24.2	24.2	15.9	24.5
25 points	8.8	8.0	13.0	15.4	8.8	15.4
Full scale IQ ≥ 120						
10 points	53.5	54.0	59.5	59.0	52.5	42.0
15 points	35.5	32.5	39.5	37.5	31.0	35.5
20 points	18.5	16.0	28.0	26.5	16.0	22.0
25 points	9.5	9.5	16.0	16.0	5.5	15.5

Notes: Table B.2 in the WAIS-IV Administration and Scoring Manual (Wechsler, 2008) provide the base rates of index difference scores at different IQ ability levels. Frequencies are bidirectional, for example, the frequency of scores for verbal comprehension minus working memory is added to the frequency of scores for working memory minus verbal comprehension.

Linking identified functional impairments to accommodations

Student Name:

Student Number:

Program:

Year in Program:

Nature of Disability and Severity:	Impacts (Functional Limitations):	Appropriate Accommodations:
Learning Disability in Reading Written expression Mathematics Severity:		
Attention Deficit/Hyperactivity Disorder Inattentive Hyperactive/Impulsive Severity:		
Mental Health Condition Severity:		
Autism Spectrum Disorder Severity:		
Medical Disability Severity:		
Mobility Impairment Severity:		
Sensory Disability Severity:		



Linking identified functional impairments to accommodations

Student Name:

Student Number:

Program:

Year in Program:



Nature of Disability and Severity:	Impacts (Functional Limitations):	Appropriate Accommodations:	Notes:
Attention Deficit/Hyperactivity Disorder	Challenges with study skills, time management, and organization	Learning Strategist support for <u>study</u> , time management, organization skill development 1	
Inattentive		Access to a reduced <u>courseload</u>	
Hyperactive/Impulsive	Easily distracted during tests and examinations.	Access to a distraction-reduced space for tests and examinations 2	
Severity:	Difficulty sustaining attention and/or remaining still for prolonged periods of time.	Stop-the-clock rest breaks to refocus and stretch during tests and exams <u>2</u>	
	Short attention span and/or easily distracted during lectures.	Access to a note-taking tool to record lecture <u>materials</u>	
	Challenges managing symptoms of ADHD	Encouragement to access psychosocial intervention (such as cognitive-behavioural therapy for ADHD) and possible pharmacological treatment 1 3 4 5	

Case Studies

- What is the disorder?
- What deficits might we expect in individuals with this condition?
- What impairments might you expect in an academic environment related to the deficits identified?
- What is the expected chronicity of the condition?
- What accommodations are reasonable to address functional limitations identified?
- Is more information required?



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but we give you space when you need it*

September 30, 2022

To Whom it May Concern:

Somme Bodhi is my client, whom I have diagnosed with Attention Deficit/Hyperactivity Disorder. She requires academic accommodations, including additional time (double time) and a private room for tests and examinations, a note-taker, memory aids, and access to assistive technology.

Sincerely,


Iyama Docktohr, Ph.D., C.Psych.

New Day Counselling Services

765 Riverside Drive, Windsor, Ontario H7H 2G7

September 19, 2022

To Whom It May Concern:

My client, Jacob Newstudent, suffers from excessive anxiety related to tests and examinations, with a tendency to panic when he has not adequately prepared. As such, he will require accommodations in the post- secondary environment to allow him to perform to his maximum potential. Specifically, he will require access to double time and a private room for tests and examinations.

Dr. Frank Olaf, M.D.
Specialist in Bariatric Surgery
24 Sleigh Drive, Peterborough, Ontario J7G 3F8

October 7, 2022

Mary Fishburn (DOB July 4, 2004) has been my patient for 3 years. She reports a history of academic difficulties and was diagnosed with a Learning Disability in her grade five school year. Mary reports ongoing academic challenges and thus requires accommodations in the post-secondary setting, including access to adaptive technology (text-to-speech, speech-to-text, spell check, and template-generation software), extended time on tests, exams, and assignments, and tutoring support. She notes that a further assessment was requested, but this is not warranted given the expectation that a neurodevelopmental condition will remain throughout an individual's life-span.

Sincerely,

Dr. Kari Wright, Ph.D., C.Psych.
School Psychologist
24 Sleigh Drive, Halton Hills, Ontario J7G 3F8

October 12, 2022

I had the pleasure of assessing Nicki Ninedoor on three different occasions (2010, 2014, and 2022). By way of history, Nicki has long-standing challenges with dyslexia with limited development of her basic reading and writing (spelling) skills despite involvement in intensive remediation programming (including in-school involvement in EMPOWER and after school involvement in tutoring using the Barton method). As such, she has had access to disability related-accommodations and supports throughout elementary and secondary school to allow her to access the curriculum. Nicki recently transitioned to post-secondary education and is completing the Social Services Worker Diploma program at Maple College. Results of her most recent assessment (report dated August 16, 2022) indicated overall intellectual functioning in the Average range (32nd percentile) but with a significant weakness in working memory (2nd percentile). Cognitive processing measures administered indicated deficits in phonological processing (5th percentile) and rapid naming (4th percentile). Academic testing indicated poorly developed word identification (2nd percentile), word reading (1st percentile), and spelling (3rd percentile) skills. As such, the **Nicki continues to meet criteria for a Specific Learning Disorder with impairment in reading (word decoding and word reading accuracy) and written expression (spelling accuracy), with a profile that is consistent with dyslexia.** Appropriate accommodations include access to assistive technology (text-to-speech, spell check software) for tests, exams, and assignments, extra time for tests and examinations (1.25), and note-taking support.

Questions?



Thank You!

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