

Assessing Learning Difficulties in the Classroom: A Case Study Examining LD, ADHD, and Stress and Highlighting the Importance of Comprehensive Psychoeducational Evaluations

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Objective

This case study highlights the importance of considering a multifaceted approach to psychoeducational evaluation to determine appropriate interventions and placement for children in light of their educational needs.

Specifically, this case study seeks to facilitate an understanding of how adversity can influence academic performance in the classroom and the necessity of distinguishing between true learning disabilities and stress-induced impairment.

Case Example

Referral Question: The student is an 11-year-old Asian female referred by her teacher for an initial evaluation to rule out a learning disability that may be interfering with her educational performance. The referral included questions about the student's focus, effort, and decision-making skills.

Background: Examination of academic records (i.e., prior report cards) indicates that the student had consistently earned As and Bs. The student's teacher reported that the student's classroom participation had notably decreased. Also, social withdrawal in the classroom setting and frequent tearfulness were noted.

Methods

Materials and Procedures: After conducting a comprehensive intake assessment and gathering information from the student's teacher and the school counselor, the school psychologist opted to administer the Feifer Assessment of Childhood Trauma (FACT; Feifer, 2024) to the student, the student's teacher, and one of the student's parents. The FACT is a multidimensional rating scale used to measure how stress and trauma impact children in the school environment. It is a flexible instrument that can be used for screening and/or determining the severity of trauma or stress in educational settings. See Table 1 for FACT scale descriptions.

The same three raters also completed the Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2; Gioia et al., 2015), to explore the student's executive functioning.

Table 1. FACT Scale Descriptions

Scale	Description
Physiological Impact	Measures a student's ability to self-regulate various aspects of physiological functioning that are often affected by exposure to a traumatic event
Emotional Impact	Measures a student's ability to self-regulate their own emotional functioning
Academic Impact	Measures the various cognitive and academic manifestations traumatized students often experience in school
Behavioral Impact	Measures a student's ability to self-manage and direct their behavior in an academic setting
Index	Description
Total Trauma	A composite of all four clinical impact scale scores; the most reliable and valid representation of a student's emotional comfort level and academic efficiency in a classroom learning environment
Cluster	Description
Resiliency	Measures an amalgamation of positive attributes the student demonstrates to temper frustration and maintain self-determination when in crisis; designed to determine the student's current level of adaptive functioning and coping behaviors in a classroom learning environment
Anxiety	Measures the physiological symptoms and psychological distress associated with anxiety, inclusive of excessive worry and heightened arousal states
Depression	Measures diminished affect, waning interest, and excessive guilt as well as feelings of hopelessness and despair
Inattention	Measures heightened distractibility, poor concentration, and general disorganization when engaged in a problem-solving task

Assessment Results

FACT Scores

Self-Report Form. The student's Total Trauma index *T* score was in the Mildly Elevated range. At the scale level, the Academic Impact *T* score was in the Highly Elevated range and the Emotional Impact *T* score was in the Moderately Elevated range, while scores on the

Assessment Results (continued)

Physiological Impact and Behavioral Impact scales were Within Normal Limits. The student rated herself as having Adequate Resiliency, and her score on the Anxiety cluster was Not Elevated. In contrast, her self-ratings for the Depression and Inattention clusters were in the Moderately Elevated range. See Table 2.

Table 2. FACT Self-Report Form Score Summary

Scale	Raw Score	T score	Percentile	90% CI	Classification
Physiological Impact	8	51	64	46-56	Within Normal Limits
Emotional Impact	14	68	96	62-74	Moderately Elevated
Academic Impact	22	70	96	65-75	Highly Elevated
Behavioral Impact	11	56	80	48-64	Within Normal Limits
Index	Raw Score	T score	Percentile	90% CI	Classification
Total Trauma	55	63	89	59-67	Mildly Elevated
Cluster	Raw Score	Percentile Range	Classification		
Resiliency	21	25-74	Adequate Resiliency		
Anxiety	4	≤24	Not Elevated		
Depression	13	25-74	Moderately Elevated		
Inattention	12	25-74	Moderately Elevated		
Validity scale	Raw Score	Percentile	Classification		
Infrequency	0	97	Acceptable		
Consistency	0	≤98	Acceptable		

Teacher Form: Teacher ratings closely aligned with self-report ratings, with scores on the Physiological Impact and Behavioral Impact scales being Within Normal Limits and the Academic Impact and Emotional Impact scales being Highly Elevated and Mildly Elevated, respectively. Additionally, two cluster scores (Depression and Inattention) were in the Moderately Elevated range. One notable difference between self- and teacher ratings was on the Total Trauma index, with the teacher rating her in the Moderately Elevated range. See Table 3.

Table 3. FACT Teacher Form Score Summary

Scale	Raw Score	T score	Percentile	90% CI	Classification
Physiological Impact	3	49	75	42-56	Within Normal Limits
Emotional Impact	11	63	96	57-69	Mildly Elevated
Academic Impact	26	73	98	69-77	Highly Elevated
Behavioral Impact	2	45	39	37-53	Within Normal Limits
Index	Raw Score	T score	Percentile	90% CI	Classification
Total Trauma	42	65	92	61-69	Moderately Elevated
Cluster	Raw Score	Percentile Range	Classification		
Resiliency	33	25-74	Adequate Resiliency		
Anxiety	5	≤24	Not Elevated		
Depression	9	25-74	Moderately Elevated		
Inattention	22	25-74	Moderately Elevated		
Validity scale	Raw Score	Percentile	Classification		
Infrequency	0	99	Acceptable		
Consistency	4	≤98	Acceptable		

Parent Form: In contrast to the student and her teacher, the student's parent rated her as being Within Normal Limits in all areas of functioning and exhibiting Strong Resiliency. See Table 4.

Table 4. FACT Parent Form Score Summary

Scale	Raw Score	T score	Percentile	90% CI	Classification
Physiological Impact	3	48	55	40-56	Within Normal Limits
Emotional Impact	5	48	53	42-54	Within Normal Limits
Academic Impact	7	51	62	47-55	Within Normal Limits
Behavioral Impact	2	46	45	37-55	Within Normal Limits
Index	Raw Score	T score	Percentile	90% CI	Classification
Total Trauma	17	48	47	44-52	Within Normal Limits
Cluster	Raw Score	Percentile Range	Classification		
Resiliency	30	≥75	Strong Resiliency		
Anxiety	2	≤24	Not Elevated		
Depression	7	≤24	Not Elevated		
Inattention	6	≤24	Not Elevated		
Validity scale	Raw Score	Percentile	Classification		
Infrequency	0	98	Acceptable		
Consistency	3	≤98	Acceptable		

Assessment Results (continued)

BRIEF2 Scores

Scores on the BRIEF2 Self-Report and Teacher forms suggested the student may have been experiencing difficulty with certain aspects of executive function. Specifically, the Cognitive Regulation Index score, which includes the Task-Completion, Working Memory, and Plan/Organize scales, was mildly elevated. This is consistent with the elevated ratings of inattention reported on the FACT.

Conclusions and Recommendations

Summary

An 11-year-old Asian female was referred by her teacher for concerns about a possible learning disability. The student's focus, effort, decision-making skills, social withdrawal, and tearfulness were reported as areas of concern. Clinical interviews were conducted with the student, her teacher, and the school counselor. Additionally, the FACT and BRIEF2 were administered to the student, her teacher, and a parent.

The student and her teacher reported mild to moderate levels of elevation on the Total Trauma index of the FACT. Although BRIEF2 results did not indicate impairment in executive functioning at a clinical level, it is important to note that both BRIEF2 and FACT results indicated mild levels of difficulty in inattention.

After integrating test results with intake information and background knowledge of the student's academic success, the school psychologist determined that the student's performance in the classroom setting had likely been impacted by various environmental stressors. Based on the results of the student's psychological evaluation, the school psychologist recommended further testing, specifically with regard to mood concerns like depression and attention difficulties.

Future Considerations

It is important to consider environmental factors in a student's life that may influence behaviors reported in school (Feifer, 2019; Wycoff & Franzese, 2019). Appropriate testing, in-depth clinical interviews, and information gathered from multiple people in the student's life are essential in a psychoeducational evaluation to determine proper accommodations, interventions, and/or outside resources the student may need (Pham & Riviere, 2015). Additionally, clinicians should maintain an awareness that the results of an evaluation may provide some answers while also indicating that further testing is warranted.

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