

Policy Statement for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults

Preface

The information presented in this document was adapted from the following two documents and is meant for the sole use of the Disability Resource Center (DRC):

Guidelines for Documentation of Attention Deficit Hyperactivity Disorder in Adolescents and Adults developed by the Consortium on ADHD Documentation. This document was developed by a group of professionals from various organizations that formed the Consortium on ADHD Documentation. The Consortium's mission was to develop standard criteria for documenting attention-deficit/hyperactivity disorder (ADHD), that could be used by post-secondary personnel, licensing and testing agencies, and consumers requiring documentation to determine appropriate accommodations for individuals with ADHD.

Policy Statement for Documentation of Attention Deficit Hyperactivity Disorder in Adolescents and Adults developed by Educational Testing Services (ETS). This policy was itself an adaptation from the Guidelines for Documentation of Attention Deficit Hyperactivity Disorder in Adolescents and Adults developed by the Consortium on ADHD Documentation.

Introduction

This document outlines the documentation necessary to validate the diagnosis of ADHD, the impact of ADHD on the individual's educational performance, and the need for accommodations. The diagnostic information and documentation to be submitted should be comprehensive in order to avoid or reduce time delays in decision making related to the provision of services.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured reasonable accommodation. To establish that an individual is covered under the ADA, the documentation must indicate that the impairment *substantially limits* a major life activity, including learning (as compared to peers). The following documentation requirements are provided in the interest of assuring that documentation of ADHD substantiates a disability that impacts a major life activity and supports the request for accommodations, academic adjustments, and/or auxiliary aids.

In the main section of the document, information is presented in five important areas:

- Qualifications of the evaluator
- Current documentation
- Substantiation of ADHD
- Recommendations for accommodation

- Confidentiality

Documentation Requirements

Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of Attention Deficit Hyperactivity Disorder and making recommendations must be qualified to do so. Comprehensive training in assessment and direct experience with an adolescent and adult ADHD population is essential.

The name, title, and professional credentials of the evaluator, including information about license or certificate as well as the area of specialization, employment and, state/province in which the individual practices should be clearly stated in the documentation.

The evaluator should be a licensed mental health professional. Psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors would generally be qualified to evaluate and diagnose ADHD provided they have comprehensive training in differential diagnosis and direct experience with an adolescent or adult ADHD population. Evaluations done by educators, social services workers, general practitioners, or medical specialists outside of mental health, may be helpful in assessing the presence of symptoms associated with ADHD but do not constitute a diagnosis of ADHD. It may be appropriate to use a clinical team approach consisting of a variety of educational, medical and counseling professionals with training in the evaluation of ADHD in adolescents and adults.

Use of diagnostic terminology indicating an ADHD by someone whose training and experience are not in these fields is not acceptable.

Current Documentation

The provision of reasonable accommodations and services is based upon need, as justified by documentation and assessment of the impact of the student's disabilities on academic performance. Therefore, it is in the student's best interest to provide recent (within 3 years) and appropriate documentation relevant to the student's learning environment. Testing and evaluations should be current as changes occur in a student's performance over time. Not infrequently the DRC receives documentation that is outdated, inadequate in scope or content, and/or fails to address the student's current level of functioning or need for accommodations. In such cases, it is necessary to update the information with a new evaluation. Since the purpose of the update is to determine the student's current need for accommodations, the update, conducted by a qualified professional, should include a rationale for ongoing services and accommodations.

Substantiation of ADHD

A comprehensive evaluation is necessary to substantiate the presence of ADHD and to consider alternative conditions if impairments are found. The need for accommodations should be directly tied to the findings. Given the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or poor attendance) from clinically significant impairment, information must

come from varied sources. The clinical interview in combination with formal and informal measures must address the intensity and frequency of the symptoms. The evaluation should include the following:

Clinical Interview

The clinician should conduct a comprehensive interview, that includes information from third party sources outlined as follows:

- developmental history exploring the presence of inattention, hyperactivity, and/or impulsivity before the age of seven to include an exploration of symptom-free periods
- family history of ADHD
- academic history reviewing past academic performance, strengths and weaknesses, and previous educational or psychological evaluations
- medical and medication history documenting the absence of medical basis for the symptoms being investigated
- relevant employment history
- psychiatric history
- social adjustment history

Diagnostic Criteria

The report must provide a clear statement of the specific diagnosis of ADHD based on diagnostic criteria such as the DSM-IV or ICD-10. The diagnostician should use direct language in the diagnosis of ADHD, avoiding terms such as “suggests”, “is indicative of”, or “attention problems”. Individuals who report problems only with organization, test anxiety, memory or concentration in selective situations do not fit diagnostic criteria for ADHD nor does a positive response to medication by itself confirm a diagnosis.

The evaluator should explore the presence of factors, other than ADHD, that could account for some or all of the presenting problem and findings of the evaluation. Certain medical, psychiatric, personality and neurological disorders may result in attentional difficulties and hyperactive/impulsive behavior. Educational and cultural factors may also contribute to attentional difficulties. These conditions may exist in isolation or co-exist with ADHD. The presence or absence of these alternative or co-existing conditions must be included in the final report.

Standardized Assessment

The qualified professional, when assessing an individual with attentional concerns, must assess through the use of standardized tests the following areas: attention, memory, executive function, general intellectual, perceptual, linguistic, motor, emotional, and academic achievement. Attention is a multifaceted, complex function that must be assessed at various levels. Therefore, measures of this function must include the following aspects: arousal (best addressed with measures of reaction time), sustained, directed and divided attention, and working memory. Listed below are examples of tests that may be chosen to examine each of the areas to be assessed. The list provides examples only and is not meant to be prescriptive or exhaustive. [See Lezak (1995) or Spreen & Strauss (1998) for compendia of neuropsychological tests.] A skilled clinician experienced in the assessment and diagnosis of adults with attention and learning disorders will adjust the test selection to the specific requirements of the evaluation.

The final protocol must be driven by the specific referral questions, along with findings from the interview, record review, and ongoing evaluative results.

Tests of Attention – *Continuous Performance Test such as Connor’s CPT or Vigil-W, Test of Variables of Attention, Digit and Spatial Span Tests of the Wechsler Memory Scale-III, Cancellation Tasks (e.g., Mesulam), Paced Auditory Serial Addition Test*

Syndrome-Specific Rating Scales/Check Lists - *Wender Utah Rating Scale, Brown Attention-Deficit Disorder Scales*

Tests of Frontal Lobe/Executive Function - *Trail-Making Test, Wisconsin Card Sorting Test, California Card Sorting Test, Tower Test, Stroop Test*

General Intellectual Function - *Wechsler Adult Individual Intelligence Scale-Third Edition, Computerized Assessment of Cognitive Functioning, Kaufman Brief Intelligence Test, Stanford Binet-IV*

Linguistic Function - *Word List Generation Tasks, Boston Naming Test, Token Test, Narrative Writing Sample, Test of Written Language, Nelson-Denny Reading Test*

Achievement - *Test of Achievement from the Woodcock-Johnson Psychoeducational Battery-Revised, Wechsler Individual Achievement Test, Scholastic Abilities Tests for Adults, Stanford Test of Academic Skills, Stanford Diagnostic Mathematics Test*

Learning and Memory - *Wechsler Memory Scale Third Edition, California Verbal Learning Test, Rey-Osterrieth Complex Figure*

Motor Function - *Finger Tapping, Grooved Pegboard*

Emotional Function - *Minnesota Multiphasic Personality Inventory, Millon Clinical Multiaxial Inventory, Personality Assessment Inventory, Beck Anxiety Inventory, Hamilton’s Depression Rating Scale, Rorschach*

Final Report

In the final report, the evaluator should state the presenting problems as they occur across social, academic, and occupational settings. The report should include a detailed description of the following:

History – a summary of neurodevelopmental, educational and medical history. As ADHD symptoms are first exhibited in childhood, specific emphasis must be placed on exploring the presence of attentional and/or hyperactivity/impulsivity in childhood. The history should include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were useful (e.g., standardized testing, final exams, licensing or certification examinations). If no prior accommodations were provided the report should include a detailed rationale of the need for accommodations at this time.

Finding from Prior Evaluations – a brief review of prior evaluations that highlights the main findings and recommendations.

Findings Reported by Area of Functioning and Across Settings – description of the nature and degree of ADHD indicators (social, academic, employment, family, etc) found in the evaluation.

Appendix of Test Results - report standard scores and percentile ranks where appropriate.

Diagnosis and Impressions – an integrative narrative that establishes a diagnosis of ADHD based upon specific findings of the evaluation using a standard diagnostic system (e.g., DSM-IV or ICD-10) that demonstrates a substantial limitation to learning. Test or individual subtest scores in and of themselves should not be used as the sole measure for the diagnosis of ADHD. Selected subtest scores from measures of intellectual ability, attention or tracking tests, or continuous performance tests taken in isolation do not establish the presence or absence of ADHD. Checklist and/or surveys can serve to supplement the diagnostic profile but are not sufficient for a diagnosis of ADHD. All data must logically reflect a substantial limitation to learning for which the individual needs accommodation.

In addition, conditions that could lead to behavioral and attentional disturbances similar to those observed in individuals with ADHD must also be considered as a possible alternative or co-existing condition. This is particularly important in formulating interventions and justifying accommodations.

Recommendations – specific recommendations for accommodations for the identified substantial limitation to learning that a post secondary institution can reasonably provide.

Qualifications of Evaluator – list the name, title, and professional credentials of the evaluator, including information about license or certificate as well as the area of specialization, employment and, state/province in which the clinician practices.

Recommendations for Accommodations

The need for accommodation changes over time and from setting to setting. Therefore it is not uncommon that post-secondary needs not be addressed by the initial evaluation. Also, the laws that govern disability accommodation differ at the post-secondary level. Because of these differences a prior history of accommodation does not, in and of itself, warrant the provision of a similar accommodation.

The evaluation should link appropriate accommodations to deficits identified in the assessment that result in a significant limitation to a specific major life activity as compared to peers. Each recommendation request should be supported with specific test results and clinical observations.

If accommodations are not clearly identified in a final report, the disability service provider will seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the post-secondary institution.

In instances where a request for accommodations is denied a written grievance or appeal procedure may be pursued.

Confidentiality

The DRC has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed and written consent.