

REQUIREMENTS FOR ADHD DOCUMENTATION

Attention-Deficit Hyperactivity Disorder (ADHD) poses a particular difficulty to the evaluator of adults and older adolescents. It does so not only because it requires the mental health professionals to delve deeply into the individual's past behavior, but because ADHD shares overlapping symptoms with a host of psychiatric disorders and medical conditions. Therefore, a complete psychological evaluation that includes information from multiple sources, objective measures such as rating scales and personality inventories, diagnostic clinical interviews, academic records, etc., has the best chance of making a clear and definitive diagnosis possible.

Even students who have been diagnosed as a child or young adolescent either by a physician, psychologist or other mental health professional need a current evaluation because the symptom pattern can change over time, the level of severity of impairment may alter over time, and the accommodation needs may differ as a student gets older and/or develops compensatory skills and coping strategies.

1. The report must be current (no more than five years old) on letterhead, typed, dated, signed and otherwise legible.
2. The ADHD evaluation should be conducted by a licensed psychologist or neuropsychologist.
3. The ADHD evaluation should be comprehensive:
 - a. **Evidence of early impairment.** Because ADHD is, by definition, primarily an early childhood disorder, evaluation should contain a clinical summary of historical information establishing presence of the disorder in childhood. The evidence should come from multiple sources. Examples of where this information may be gleaned are
 - transcripts and reports cards;
 - teacher comments and IEP's;
 - parent and student comprehensive life-span questionnaires;
 - parent and student interviews;
 - previous psycho-educational testing;
 - retrospective rating scales completed by parents, guardians, siblings, former teachers or other relative who have intimate knowledge of the student's childhood behavior.
 - b. **Evidence of current impairment.** The evaluation should contain objective evidence of on-going inattentive and/or hyperactive/impulsive behavior that significantly impairs functioning in two or more settings. Again, this evidence should come from multiple sources and not just self-report. This information can be garnered from
 - rating scales completed by the student, former teachers, parents or guardians, siblings, significant others or friends who have known the student at least six months including extended family members who have an intimate knowledge of the student's behavior;
 - clinical interviews and comprehensive questionnaires completed by students and parents/guardians that cover developmental history, medical history, academic history, family history for presence of ADHD and other learning disorders, educational problems, or psychological difficulties considered appropriate by the examiner;
 - review of previous testing;
 - review of school records;
 - personality inventories such as the Personality Assessment Inventory, the Symptom Checklist 90-Revised and the Minnesota Multiphasic Personality Inventory-II are good sources of information on overall psychological functioning.
 - c. **Alternative diagnoses or explanations should be explored.** The examiner should investigate the possibility of a dual diagnosis or an alternative psychological, behavioral, neurological or personality disorder that may confound the diagnosis of ADHD. The clinical interview and personality inventories such as those mentioned above are the primary, but not the only, appropriate resources for this information.



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- d. **Other psychological testing.**
- IQ Tests. Routine administration of a complete individually administered IQ test, such as the Wechsler tests is unnecessary. However, they may be appropriate when there are specific questions about specific cognitive deficits. In most cases, a brief screening measure is sufficient. No evaluation should rely mainly on IQ test data in making an ADHD diagnosis.
 - Continuous Performance Tests. As of this writing, none of the popular CPT's has proven reliable when testing adults. They may be useful to the evaluator by providing an opportunity for him or her to observe the student cope with a task of sustained attention. However, no evaluation should rely heavily on a CPT when making an ADHD diagnosis.
- e. **Evaluation must include a specific diagnosis.** The evaluation should contain a specific differential (the student's impairments are due to ADHD and not some other disorder) diagnosis of ADHD that uses direct language and avoids terms such as "suggests," "is indicative of" or "attention problems." The diagnosis should be based on the Diagnostic and Statistical Manual-IV or DSM-5.
- f. **Rationale for accommodations.** Each student should be treated as an individual. Therefore, any accommodation suggested for a student should be accompanied by the rationale that accommodation is necessary and appropriate.
4. A typical ADHD evaluation might include the following:
- a. **Brief IQ Screen:** Kaufman Brief Intelligence Test, Shipley Institute of Living Scale
 - b. **A comprehensive questionnaire covering the following histories:** developmental, medical, educational, social, psychological, occupational, substance use and family.
 - c. **Structured interview:** (See Barley clinical handbook) with student. Corroborative interviews with parents, guardians, teachers, significant others, extended family members, etc., as available.
 - d. **Rating scales:** scales assessing student's retrospective behavior from multiple sources such as student, parents or guardian, former teachers, siblings, significant others, etc. Examples: DSM-IV or DSM-5 based scales, Wender Utah Rating Scale.
 - e. **Rating scales:** scales assessing student's current behavior from multiple sources such as student, parents or guardian, former teachers, siblings, significant others, etc. Examples: DSM-IV or DSM-5 based scales, Attention-Deficit Scale for Adults, Conners Adult ADD Scales.
 - f. **A personality inventory:** an instrument such as the Symptom Checklist 90-Revised, the Personality Assessment Inventory or the Minnesota Multiphasic Personality Inventory-II.
 - g. **CPT:** A CPT may be included as a part of an evaluation such as the Conners Continuous Performance Test, the Gordon Diagnostic System or the Test of Variable Attention.