

III. Guidelines for Attention-Deficit/Hyperactivity Disorder (ADHD)

Documentation for applicants submitting a request for examination accommodations based on Attention-Deficit/Hyperactivity Disorder (ADHD) must meet the following requirements **in addition to** the requirements set forth in the General Guidelines.

A. The disability must be diagnosed by a qualified diagnostician.

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title, and professional credentials, including information about license or certification as well as the area of specialization, employment, and state in which the individual practices should be clearly stated in the professional report and/or supporting documentation.

B. Documentation necessary to substantiate the Attention-Deficit/Hyperactivity Disorder must be comprehensive.

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments, and the like are necessary. The professional evaluator's report and any supporting documentation must meet the following requirements:

1. The evaluator is expected to review and discuss DSM-IV diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The evaluator's report and accompanying documentation must include information about the specific symptoms exhibited and document that the candidate meets criteria for long-standing history, impairment, and pervasiveness.
2. A history of the candidate's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-IV) that significantly impair functioning in two or more settings.
3. The information collected by the evaluator must consist of more than self-report. Information from third-party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:

- History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
- Developmental history;
- Family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner;
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- Relevant psychosocial history and any relevant interventions;
- A thorough academic history of elementary, secondary, and postsecondary education;
- Review of psycho educational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
- Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities;
- Relevant employment history;
- A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD;
- Exploration of possible alternative diagnoses that may mimic ADHD;
- Description of current functional limitations relative to an examination setting, and to ARRT-administered exams in particular, that are presumably a direct result of the described problems with attention.

C. Relevant Assessment Batteries.

A neuropsychological or psycho educational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale – III (WAIS-III), memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process in developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

D. Applicable DSM-IV Criteria Must Be Identified.

A diagnostic report must include a review of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-IV for specific criteria). According to DSM-IV, “the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.” Other criteria include:

1. Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
2. Current symptoms that have been present for at least the past six months.
3. Impairment from the symptoms present in two or more settings (school, work, home).

E. Documentation Must Include a Specific Diagnosis.

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Individuals who report problems with organization, test anxiety, memory, and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, and chronic tardiness or inattendance, the diagnosis must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

F. A Clinical Summary Must Be Provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

1. Demonstration of the evaluator’s having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;

2. Indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
3. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the candidate in the context for which examination accommodations are being requested (e.g., impact on the administration of ARRT examination); and