The Clinical Diagnosis of ADHD in Adults

What is ADHD?

ADHD is a developmental disorder that comprises significant impairment in impulse control or response inhibition, sustained attention, concentration, or effort, and excessive motor restlessness or activity level relative to the person's developmental or mental age. The disorder arises early in childhood, typically before age 7 years, is relatively persistent over time (lasts for years with no episodes of complete remission) and results in significant impairment in current adaptive functioning (family life, work performance, school performance, general social functioning, self-care, or emotional adjustment). The disorder has a strong hereditary or familial predisposition and likely (though not definitively) has a neurological or neurodevelopmental basis to it. Chronic and significant underachievement or underproductivity relative to known ability levels (intelligence and achievement skills) in school and, later, in employment are common as are impairments in social relationships due to the impulsivity, inattentiveness, and restlessness.

An apparently related disorder, known as ADD without hyperactivity, also known as ADHD - Predominantly Inattentive Type, is also known to exist. However, little is known about this disorder other than that it represents an impairment in attention not associated with significant behavioral disinhibition or hyperactivity. The specific nature of the impairment in attention is not well understood. The stability of this disorder over time is unknown as are its causes.

Components of a Reasonable Clinical Evaluation

The clinician must certainly have interviewed the patient and indicate such in the report. This evaluation must be in the format of a routine psychological or psychiatric evaluation not simply a brief medical or physical exam. The records should document that a clinical evaluation was done and that a reasonably comprehensive clinical interview was a part of this evaluation. Such interviews should normally take a total of 1 to 2 hours, minimum. The time taken to accomplish the evaluation should be indicated in the record or report from the clinician. The evaluation should include a survey of past and present ADHD symptoms, pertinent developmental and medical history, school history, work history, psychiatric history, social adjustment, and general day-to-day adaptive functioning (i.e., how the patient is doing in meeting the demands of daily life).

As part of the clinical interview, some indication must be provided that the clinician attempted to rule in or out other forms of psychopathology besides ADHD. That is, some specific indication must be given in the report that a differential diagnosis from other mental disorders was attempted during the exam. This should be stated explicitly in the supporting documentation provided. This can be best accomplished by published structured psychiatric interviews, but a routine interview that includes a review of the major forms of psychopathology in adults would be sufficient.

A standarized intelligence test (WAIS-R or equivalent) and some screening tests (Woodcock-Johnson, Revised or equivalent) of basic areas of academic achievement (reading, spelling, and math) must have been given. This is necessary for two reasons. First, it shows whether the individual's ADHD symptoms are related to significant mental or development delay or retardation. Second, it serves to indicate whether the individual may have a learning disability in addition to or instead of ADHD.

Neuropsychological tests have not been shown to date to be of much value in either supporting or refuting a diagnosis of ADHD and therefore are not required as evidence for the diagnosis. Similarly, there is no unique pattern of responses or test scores on standard intelligence tests, projective tests, or achievement tests that is indicative of a diagnosis of ADHD. Again, such patterns are not required as evidence for the disorder, but are helpful in better understanding the individual's pattern of strengths and weaknesses.

No medical exams need be given to support the diagnosis of ADHD as ADHD does not have a distinct medical profile or signature on any laboratory or neurological exam. However, if the history strongly suggests that the individual may have a medical or neurological disorder, such as epilepsy, then medical tests should be reported that were used to rule out these diagnoses as causal of the ADHD.

The examiner should have also interviewed someone else who knows the patient well to obtain corroborating evidence that: (a) The symptoms of ADHD are still present to a significant degree; (b) are impairing the individual's current adjustment and (c) the symptoms have been present to a significant degree since childhood (before 12 years of age and, preferably, before age 7 years). The clinician should seek information from living immediate relatives such as parents or siblings. A spouse who has known the patient since childhood or adolescence may be useful for corroborating the retrospective report of the patient about childhood. If the spouse is not aware of the patient's history back to childhood, the spouse can at least corroborate the current presence of ADHD symptoms and degree of impairment. A long-standing boyfriend or girlfriend may be substituted but is a less adequate source of information. This interview with a "significant other" who knows the patient well can be conducted via telephone if an office interview is not feasible.

The clinician should indicate whether he/she reviewed any past psychological, psychiatric, educational evaluations, or past school records or report cards available as (a) further evidence of the persistence of the symptoms of ADHD since childhood or (b) evidence of continued present impairment.

The clinician should state what past and present treatments have been provided to the patient for addressing the ADHD, if any, and their success at moderating the symptoms. This is particularly important as it pertains to current impairment. If the individual claims to be impaired by ADHD, what treatments has he/she sought to cope with or treat it? The clinician must indicate how well the patient has responded to treatment.

The totality of the evaluation should indicate that:

(a) ADHD has been present since childhood and has been relatively persistent over time (few sustained periods of normal functioning of any great length of time such as for several years). The clinician should indicate which version of the DSM or ICD diagnostic manuals were used in determining the diagnosis. Just his/her clinical impression should not be taken as sufficient. In general, the clinician must find evidence that the individual meets the DSM or ICD criteria for ADHD.

(b) ADHD symptoms currently exist to a significant degree. Again, the clinician must indicate which and how many criteria from DSM or ICD remain present and problematic.

(c) these symptoms are currently producing significant impairment in one or more domains of current adaptive functioning (job performance, school performance, social acceptance and adjustment, management of daily responsibilities of maintaining a home for self (and others, if married), emotional adjustment etc.). The specific domains impaired should be stated and the manner in which the clinician views the ADHD symptoms as leading to this impairment should be indicated. As evidence of impairment, the clinician should include what history of past school and work adjustments have had to be made to accommodate the disorder.

(d) this evaluation for ADHD must have been conducted within the past 12 months.

(e) the evaluation should have been conducted by a licensed mental health professional, such as psychiatrist, neuropsychiatrist, neurologist, clinical or educational psychologist or clinical social worker. The previous evaluation of a pediatrician may be accepted as evidence of the persistence of the disorder since chidhood but is questionable as evidence of present adult ADHD. Evaluations submitted by general practitioners or other medical specialists outside of mental health, general educators, or social service agency workers are viewed as questionable given their lack of training in the differential diagnosis of adult psychopathology.

(f) the evaluation specifically reviewed and ruled out other forms of psychopathology as likely causal of the current maladjustment or impairment. This is not to say that the individual cannot also have some other mental disorder (such as an anxiety disorder) but that the clinician does not view the current impairment and need for bar exam adjustments as related to this other disorder.

(g) the evaluation has determined that presently accepted treatments for ADHD (such as the use of stimulant medications) would not obviate the need for the requested adjustments to the bar exam and why the clinician believes this to be so. In other words, a person with adult ADHD who has a positive current response to stimulant medication may not necessarily need adjustments to the exam if the medication is taken during the time of the exam.

APPENDIX A

Recommendations for Consumers

1. For assistance in finding a qualified professional:
   a. contact the disability services coordinator at the institution you attend or plan to attend to discuss documentation needs; and
   b. discuss your future plans with the disability services coordinator. If additional documentation is required, seek assistance in identifying a qualified professional.

2. In selecting a qualified professional:
   a. ask what his or her credentials are;
   b. ask what experience he or she has had working with adults with learning disabilities; and
   c. ask if he or she has ever worked with the service provider at your institution or with the agency to which you are sending material.

3. In working with the professional:
   a. take a copy of these guidelines to the professional;
   b. encourage him or her to clarify questions with the person who provided you with these guidelines;
   c. be prepared to be forthcoming, thorough and honest with requested information; and
   d. know that professionals must maintain confidentiality with respect to your records and testing information.

4. As follow-up to the assessment by the professional:
   a. request a written copy of the assessment report;
   b. request the opportunity to discuss the results and recommendations;
   c. request additional resources if you need them; and
   d. maintain a personal file of your records and reports.

APPENDIX B

Tests for Assessing Adolescents and Adults

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

Aptitude

- *Wechsler Adult Intelligence Scale - Revised* (WAIS-R)
- *Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability*
- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet Intelligence Scale* (4th ed.)

The *Slosson Intelligence Test - Revised and the Kaufman Brief Intelligence Test* are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodations decisions.

Academic Achievement

- *Scholastic Abilities Test for Adults* (SATA)
- *Stanford Test of Academic Skills*
- *Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement*
- *Wechsler Individual Achievement Test* (WIAT)

or specific achievement tests such as:

- *Nelson-Denny Reading Skills Test*
- *Stanford Diagnostic Mathematics Test*
- *Test of Written Language - 3* (TOWL-3)
- *Woodcock Reading Mastery Tests - Revised*

Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The *Wide Range Achievement Test - 3* (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

Information Processing

Acceptable instruments include the *Detroit Tests of Learning Aptitude - 3* (DTLA-3), the *Detroit Tests of Learning Aptitude - Adult* (DTLA-A), information from subtests on *WAIS-R*, *Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability*, as well as other relevant instruments.