

ADHD Documentation Guidelines

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a psychiatric diagnosis based on criteria defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This diagnosis is a neurodevelopmental disorder that affects one's abilities in attention and hyperactivity/impulsiveness. Throughout this document, this disorder will be referred to as ADHD although other terms used for the disorder include "Attention Deficit Disorder" or "Attention Deficit Disorder without Hyperactivity."

In order to be eligible for stimulation medication (i.e., Adderall, Vyvanse, Concerta, Ritalin, Dexedrine, Metadate, or generic varieties) at UMB Student Counseling Center (SCC), students must provide documentation of a psychological evaluation for ADHD. This evaluation must meet the criteria outlined below.

It is the responsibility of the student to obtain his/her documentation and to present a copy to the student's primary clinician. SCC can assist the student with referrals for evaluators who provide ADHD testing. Any concerns regarding adequacy of the documentation will be conveyed to the student. It is the student's responsibility to obtain additional information or testing when requested. Students should be aware that the ADHD evaluation may take several weeks to complete.

Students may need to complete additional testing if they are seeking academic accommodations. Students who wish to use this ADHD evaluation to seek accommodations from the Office of Disability Services and Educational Support should contact ODS/ES to insure that the evaluation meets ODS/ES requirements. Requests for academic accommodations should be made with reference to Technical Standards and Essential Functions of the program in which the student seeks to enroll or is enrolled.

Documentation Guidelines

I. Qualifications of the Evaluator

The professional conducting the evaluation, making the diagnosis of ADHD, and recommending treatment must be qualified and trained with adolescents and adults with ADHD. The evaluator must have training in differential diagnoses for a full range of psychiatric and learning disorders. Qualified professionals include:

- Psychologists
- Neuropsychologists
- Psychiatrists

The documentation must include the name, title, and professional credentials of the evaluator, including information about licensure and/or specialization. All evaluation reports must be typed on letterhead, signed, dated, and legible. **Copies of progress notes or medical notes are not sufficient.**

II. Documentation

The evaluation should be completed **within the past five (5) years**. ADHD is a neurodevelopmental disorder and level of impairment may change as an individual matures. If a student was previously evaluated and diagnosed prior to five years ago, the individual will need to be re-evaluated. Students are encouraged to provide their current evaluator with copies of previous evaluations to assist evaluator in completing a thorough evaluation.

III. Comprehensive Evaluation and Diagnostic Report

The comprehensive evaluation should include review of a diagnostic interview, psychological assessment data, clinical interpretation, diagnosis, and recommendations as described below.

Evidence of Early and Current Impairment

ADHD by definition is first exhibited before age twelve, although it may not have been formally diagnosed. The documentation must include historical information establishing symptomology indicative of ADHD during childhood, adolescence and young adulthood. The documentation must also include a statement of the current symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behaviors that **significantly impair functioning in two or more settings** (e.g. home, school, work). The summary should include a diagnostic interview that includes a self-report and may include a third party report, as information from third party sources is often critical in the diagnosis of ADHD. This third party should be familiar with the student's functioning in childhood and adolescence and may be a parent, family member, or teacher. In some cases, the third party may be a friend or romantic partner who is familiar with student's behavior across different times and settings.

Medical, Developmental and Psycho-social History

The diagnostic interview should also include developmental, school, and psycho-social history; family learning/psychiatric history; relevant medical information; and history of mental health and pharmacological intervention.

Evidence that alternative diagnoses or explanations have been ruled out.

The evaluator should have considered possible alternative diagnoses including medical and psychiatric disorders as well as educational or cultural factors that could account for behaviors that appear like ADHD symptoms. The evaluator should also assess for dual diagnoses and co-existing mood, behavioral, neurological, or personality disorders that confound the diagnosis of ADHD. If necessary, the evaluator may utilize or recommend additional assessment if the evaluator believes that another diagnosis may account for student's attention/concentration problems.

Psychological Assessment Data

The evaluation should be a neuropsychological or psychoeducational assessment of the individual's symptoms and functioning in an academic environment. The evaluation should include assessment of the individual's intellectual functioning, academic achievement, and information processing.

Aptitude/Intellectual Assessment

An intellectual assessment including subtest and standard scores. Appropriate measures may include:

- Wechsler Adult Intelligence Scale-4th edition(WAIS-IV)
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet Intelligence Scale (5th edition)
- Woodcock-Johnson Tests of Cognitive Ability-III Normative Update
- Wide Range Intelligence Test (WRIT)
- Psychometrically-sound short forms of these instruments are acceptable.

Continuous Performance Task

A continuous performance task is a test of attention that measures an individual's sustained and selective attention and impulsivity. Appropriate measures may include:

- Integrated Visual and Auditory Continuous Performance Test-Advanced Edition (IVA-AE)
- Test of Variable Attention (T.O.V.A.)
- Connors Continuous Performance Test II (CPT II)

Measures to rule out other common Axis I or Axis II diagnoses (i.e., anxiety, depression, etc.)

Measures may be screening measures specific to depression and anxiety or broader measures of personality traits or psychological symptomology. Appropriate measures may include:

- Millon Clinical Multiaxial Inventory-III (MCMI-III)
- Beck Depression Inventory (BDI-II) or Beck Anxiety Inventory (BAI)
- 16PF Questionnaire
- Personality Assessment Inventory (PAI)
- Other frequently used standardized, norm-reference measures of personality or psychopathology symptoms

Measure of Executive Functioning (optional)

A measure of executive functioning assesses an individual's abilities to regulate, manage, and control cognitive processes. Appropriate measures may include:

- Wisconsin Card Sort
- Behavior Rating Inventory of Executive Functioning-Adult Version (BRIEF-A)
- The STROOP Test

Self-Report ADHD checklists (optional)

Self-report ADHD checklists are face-valid measures of ADHD symptoms completed by the individual. Appropriate measures may include:

- Connors Adult ADHD Rating Scales (CAARS)
- Barkley Scales
- Adult ADHD Self-Report Scale

Academic Achievement (optional; necessary if student wishes to utilize evaluation to seek academic accommodations through Office of Disability Services and Educational Support)

A comprehensive academic achievement battery is essential with all subtest and standard scores reported, and should include current levels of academic functioning in such relevant areas as reading (decoding and comprehension), mathematics, and oral and written language. Appropriate measures may include:

- Woodcock Johnson Psycho-educational Battery-III Tests of Achievement
- Wechsler Individual Achievement Tests-III
- Scholastic Abilities Test for Adults

Specific Diagnosis based on DSM-IV R Criteria

The evaluator should include a review of the presence or absence of specific diagnostic criteria for ADHD based on the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5). The evaluator should include in the report an explicit statement about the presence of the diagnosis.

Clinical Summary

The report should include an integrative interpretative summary that is based on the comprehensive evaluation. Professional judgment should be used to interpret and integrate historical information, clinical observations, and test data including self-report measures, 3rd party report measures, computerized assessment, and psycho-educational assessment in order to arrive at a summary of the evaluation and a specific diagnosis. The summary should also include evidence of the disorder across childhood, adolescence, and adulthood, evidence that there is an impact of the disorder in multiple settings, evidence that the ADHD limits learning or other life activity, and discussion of the

anticipated impact of the ADHD in the baccalaureate or post-baccalaureate higher education environment.

IV. Recommendations for Treatment

The diagnostic report should include specific recommendations for treatment. These recommendations may include medication and/or counseling. **Under special circumstances, the SCC psychiatrist reserves the right NOT to prescribe a stimulant medication to treat ADHD, but would discuss alternative medications or treatments with the student.**