

ADHD: What It Is and What It Isn't

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Slide 1

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Objectives

The presenter will describe the diagnostic criteria for ADHD, present the unique challenges of assessing for ADHD, address common errors that lead to misdiagnosis, identify recommended diagnostic practices, discuss why ADHD diagnoses are frequently misconstrued to be disabilities, and specify key presenting features that signal an authentic disorder.

Participants will be able to:

1. Identify the diagnostic criteria of ADHD.
2. Recognize the unique challenges of assessing for ADHD.
3. Describe recommended diagnostic practices for adult ADHD.
4. Distinguish between ADHD as a clinical disorder and ADHD as a disabling condition.





Objectives

When a student provides you documentation of an ADHD diagnosis from a qualified evaluator, what assumptions do we make about:

- **The diagnosis?**
- **The evaluator?**
- **The accommodation recommendations?**

RCLD and ADHD

Article

Postsecondary ADHD Documentation Requirements: Common Practices in the Context of Clinical Issues, Legal Standards, and Empirical Findings

Will Lindstrom¹, Jason M. Nelson¹, and Patricia Foels¹

Abstract

Objectives: To evaluate the information postsecondary institutions require when determining disability service eligibility for students with reported ADHD. **Methods:** ADHD documentation requirements of 200 U.S. institutions were surveyed by reviewing guidelines posted on disability services websites. **Results:** Whereas virtually all institutions required documentation, findings revealed significant variability in requirements across institutions. Required variables most often included a qualified evaluator (80%), diagnostic statement (75%), and identification of substantial limitations (73%), but only 5 of 46 evaluated variables were required by at least 50% of institutions. Supportive data such as diagnostic criteria, standardized assessment results, and rationale for accommodations were rarely required. **Conclusion:** The majority of institutions required little to verify ADHD as a disability. Furthermore, there was little agreement on what components are essential for verification. When integrated with research, a large portion of guidelines failed to address identified weaknesses in ADHD diagnosis and disability determination. (*J. of At. Dis.* XXXX, XXX(X) XXX-XX)

Keywords

ADHD, disability, postsecondary, college, guidelines, documentation, ADA

ADHD comprises nearly 20% of postsecondary disabilities (Raus & Lewis, 2011) and increasing numbers of students with ADHD are seeking disability services (Woyand & DuPaul, 2008). Students with ADHD access disability services via the Americans with Disabilities Act, as Amended (ADA, 2008) and Section 504 of the Rehabilitation Act (Section 504, 1973). Under these laws, students must self-disclose a disability to receive services (U.S. Department of Education Office for Civil Rights [OCR], 2011). Methods for verifying student reports of disability have largely included documentation from qualified evaluators (Madras, Banerjee, & Hamblet, 2010). With neither the content nor the scope of the documentation specified by law, postsecondary institutions establish their own standards to inform disability service decisions (OCR, 2011). Variability in documentation guidelines across institutions has been demonstrated in investigations of learning disability (LD) documentation (e.g., Madras et al., 2010); however, no studies of ADHD documentation guidelines were identified in the literature search. The purpose of this study was to examine postsecondary documentation guidelines to evaluate how institutions are attempting to meet the challenges of verifying ADHD as a disability.

ADA and Postsecondary ADHD Documentation

To qualify for ADA protections at the postsecondary level, ADHD must represent a mental impairment that substantially limits one or more major life activities. Qualifying students are entitled to reasonable accommodations in policies and procedures to ensure equal access to information and opportunity to demonstrate knowledge. The majority of postsecondary institutions implement documentation requirements that set the parameters by which disabilities are verified (Raus & Lewis, 2011). Guidelines commonly delineate recency requirements, specify evaluator types, and require information regarding diagnostic methods, documentation of assessments, a statement of disability and its functional impact, and accommodation recommendations (Lindstrom & Lindstrom, 2011).

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Article

How Is ADHD Assessed and Documented? Examination of Psychological Reports Submitted to Determine Eligibility for Postsecondary Disability

Jason M. Nelson¹, Brittany Whipple¹, Will Lindstrom¹, and Patricia A. Foels¹

Abstract

Objectives: To examine how ADHD evaluations are documented for postsecondary students requesting disability eligibility. **Methods:** A total of 100 psychological reports submitted for eligibility determination were coded for documentation of Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, methods and instruments used in the evaluations, and recommended academic accommodations. **Results:** Results showed that a minimal number of reports (51%) documented that students met all DSM criteria for ADHD. Psychologists rarely documented childhood impairment, symptoms across settings, or the use of rule-outs. Symptom severity was emphasized over current impairment. The majority of psychologists utilized a multi-informant, multi-method evaluation approach, but certain methods (e.g., symptom validity tests, record reviews) were limited in use. Most reports included recommendations for academic accommodations, with extended time being the most common (72%). **Conclusion:** This study raises awareness to the aspects of adequate ADHD evaluation and subsequent documentation that can be improved by psychologists. Recommendations are made regarding valid documentation of ADHD for disability determination purposes. (*J. of At. Dis.* XXXX, XXX(X) XXX-XX)

Keywords

ADHD, college students, ADHD impairment, assessment

A growing number of students entering college are requesting academic accommodations based on a documented diagnosis of ADHD, leading to increased demands for disability personnel to validate their disability and eligibility for specific accommodations. Whereas the overall number of postsecondary students with disabilities has increased only marginally over the past decade, the number of students with ADHD has expanded rapidly. From 2000 to 2008, the rate of postsecondary ADHD nearly tripled, rising from 6.7% to 19.1%, making it the second most common disability, whereas the next most rapidly increasing disability category increased only 7.2% (U.S. Government Accountability Office, 2009). Considering the substantial number of college students requesting and receiving academic accommodations for ADHD, there is a need to examine how ADHD is being assessed and documented for these students.

Disabilities at the K-12 and postsecondary levels of education are determined via different sets of laws. At the K-12 level of education, individuals with ADHD may be served under the Individuals with Disabilities Education Act (IDEA) and its revisions. When such individuals enroll in postsecondary education, they are no longer protected under

IDEA. Rather, the Americans with Disabilities Act (ADA) and its revisions becomes the legal entity under which students with disabilities are protected. Although space prevents thorough comparison of IDEA and ADA (see Lovett, 2014 for a review), there are several important differences. Although IDEA was created to improve the performance of students with disabilities, ADA is an anti-discrimination law that is outcome neutral (Jordan, Lowndowski, Murphy, & Dempsey, 2002; Lovett, 2014). In other words, ADA was created to ensure equal access for individuals with disabilities to prevent discrimination, regardless of outcomes associated with any pursuits of individuals with disabilities. Furthermore, ADA clearly includes an impairment criterion, whereas IDEA does not. To be identified as disabled under ADA, impairment in a major life activity must be determined, and any such impairment must result in significantly greater difficulty functioning in a major life

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Article

College Admissions Tests and LD and ADHD Documentation Guidelines: Consistency With Emerging Legal Guidance

Will Lindstrom, PhD¹, and Jennifer H. Lindstrom, PhD¹

Abstract

Testing agencies request documentation to verify a test-taker's disability status under the Americans With Disabilities Act of 2008 and Section 504 of the Rehabilitation Act of 1973. A number of recent legal developments, culminating in technical assistance from the U.S. Department of Justice, suggest changes in enforcement of relevant laws are imminent. This article reviews the legal developments and presents results of a survey of the learning disability and Attention-Deficit/Hyperactivity Disorder documentation guidelines of 10 standardized tests commonly used to aid admissions decisions for undergraduates and graduate programs. Consistent with the recent guidance, virtually all guidelines requested documentation from a qualified evaluator, a diagnosis, and accommodation recommendations and rationale. In contrast, agencies were less likely to request the information necessary to grant accommodations based on history of accommodation use. Few agencies had policies allowing submission of reduced amounts of documentation for students with lengthy histories of disabling conditions. Finally, guidelines frequently neglected to provide the guidance that evaluators need to generate useful documentation. Benefits and limitations of the recent legal guidance are discussed, and recommendations for testing and enforcement agencies, as well as secondary schools, are provided.

Keywords

LD, ADHD, disability, postsecondary, guidelines, documentation, ADA

Test-takers with disabilities access academic accommodations on standardized college admissions tests under the auspices of the Americans With Disabilities Act (ADA; 2008) and Section 504 of the Rehabilitation Act (1973). Also under these laws, testing agencies request documentation to verify a test-taker's disability status and need for accommodations to equally access an examination (Banerjee & Shaw, 2007). Historically, relevant laws, regulations, and guidance have provided little information regarding the content or scope of the documentation allowed to be requested, leading to variability in documentation policies across testing agencies (Banerjee & Shaw, 2007). More recently, technical assistance provided by the U.S. Department of Justice (2015) has provided increased guidance regarding what constitutes sufficient documentation, as well as what might constitute overly burdensome requests. Some of the guidance has been controversial (Lovett, 2014). This has particularly been the case for the documentation of learning disabilities (LDs) and Attention-Deficit/Hyperactivity Disorder (ADHD), hidden disabilities that account for the majority of accommodation requests (U.S. Government Accountability

Office [GAO], 2011). Given these developments, the current study sought to (a) investigate LD and ADHD disability documentation guidelines across testing agencies and (b) evaluate the guidelines within the context of the new DOJ technical assistance.

Applicable Law

The ADA (2008) and its Title III Regulations (2010) prevent discrimination during admissions tests. To be eligible for protections, LD and/or ADHD must represent a mental impairment that substantially limits one or more major life activities relative to most people in the general population. For qualifying test-takers, testing agencies must ensure that examinations are administered in an accessible manner.

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Diagnosing



Symptoms + Impairment + Rule-out + Chronicity

- **Symptoms:** behavioral expressions
- **Impairments:** daily life consequences of symptoms [46]
- **Rule-out:** other better explanations?
- **Chronicity:** neurodevelopmental disorders are present in childhood and across environments



Diagnosis: ADHD

- Criterion A:
 - ≥ 6 symptoms of inattention and/or hyperactivity-impulsivity
 - ≥ 6 months
 - Inconsistent with developmental level
- Criterion B: Several symptoms present prior to age 12 years.
- Criterion C: Several symptoms present in two or more settings.
- Criterion D: Clear evidence symptoms interfere with, or reduce the quality of, social, academic, occupational functioning.
- Criterion E: Not better explained by another mental disorder.





Diagnosis: ADHD

Symptoms of inattention (> 6; if > age 17, > 5)

- a. Often fails to give close attention to details or makes careless mistakes
- b. Often has difficulty sustaining attention in tasks or play activities
- c. Often does not seem to listen when spoken to directly
- d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
- e. Often has difficulty organizing tasks and activities
- f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- g. Often loses things necessary for tasks or activities
- h. Is often easily distracted by extraneous stimuli
- i. Is often forgetful in daily activities



Diagnosis: ADHD

Symptoms of hyperactivity/impulsivity (> 6; if > age 17, > 5)

- a. Often fidgets with or taps hands or feet or squirms in seat.
- b. Often leaves seat in situations when remaining seated is expected
- c. Often runs about or climbs in situations where it is inappropriate.
- d. Often unable to play or engage in leisure activities quietly.
- e. Is often "on the go," acting as if "driven by a motor"
- f. Often talks excessively.
- g. Often blurts out an answer before a question has been completed
- h. Often has difficulty waiting his or her turn
- i. Often interrupts or intrudes on others





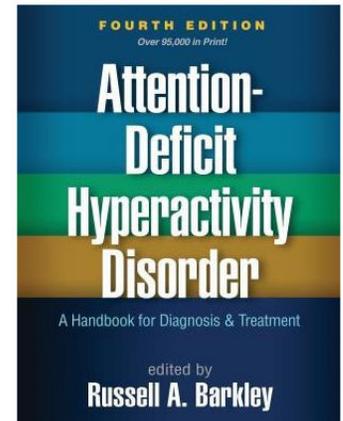
Diagnosis: ADHD

- **314.01 Combined presentation:**
 - ≥ 5 inattentive sx and ≥ 5 hyperactive-impulsive sx within last 6 months
- **314.00 Predominantly inattentive presentation:**
 - ≥ 5 inattentive sx for past 6 months, but not ≥ 5 hyperactive-impulsive sx
- **314.01 Predominantly hyperactive-impulsive presentation:**
 - ≥ 5 hyperactive-impulsive sx for past 6 months, but not ≥ 5 inattentive sx

Diagnosis: ADHD

Recommended Practices/Tools [29]

- Clinical interview
 - Presenting problems and goals for evaluation
 - History (developmental, family, educational, college, occupational, social)
- Review of clinical inventories
 - Past and current ADHD symptom checklists (self and collateral)
 - Adult ADHD inventories (self and collateral)
 - EF inventory (self and collateral)
 - Other mood, anxiety, psychiatric symptom inventories (self and collateral)
 - Functional impairment inventories (self and collateral)
- Structured diagnostic interview





Diagnosis: ADHD

- No diagnostic test or marker
- Neuropsychological tests have unacceptably high false negative rates [9]
- CPTs – moderate sensitivity but poor specificity [10, 11]
- EEG is not useful beyond standard ADHD evaluation [12]
- Observations only marginally generalize [13-15]
- Clinical judgment is plagued by biases [16-18]



Diagnosis: ADHD challenges

- **Criterion A:**
 - ≥ 5 symptoms of inattention and/or hyperactivity-impulsivity
 - ≥ 6 months
 - Inconsistent with developmental level

Diagnosis: ADHD challenges

Frequency of ADHD Symptom Endorsements [top 6 endorsed by ADHD, 33]

<u>Item</u>	% ADHD	% Nondisabled
Difficulty sustaining attention to tasks	91.4	33.4
Easily distracted	91.9	54.1
Fidget with hands or feet or squirm in seat	89.2	54.8
Feel restless	78.4	37.3
Feel “on the go” or act as if “driven by a motor”	59.5	38.0
Fail to give close attention to details/careless mistakes	73.0	30.6



Diagnosis: ADHD challenges

% of Healthy Sample Endorsing Moderate to Severe Symptoms

<u>Item</u>	Nondisabled % [31]	Nondisabled % [35]
Poor concentration	73.4	58.7
Memory problems	56.3	
Difficulty reading	36.5	
Forgetfulness		45.5
Longer time to think		60.3

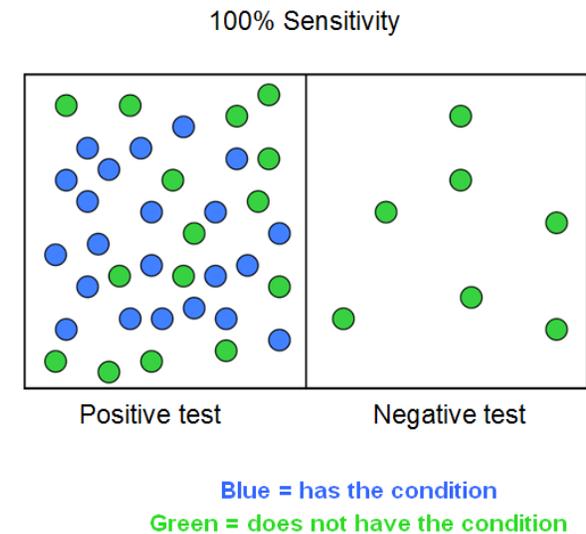


Diagnosis: ADHD challenges

- **Criterion B:** Several symptoms present prior to age 12 years.
 - Young adults/parents have limited ability to recall childhood sx. [42]
 - Base rates in childhood?
- **Criterion C:** Several symptoms present in two or more settings
 - 28% of reports [28]

Diagnosis: ADHD challenges

- **Criterion E:** Not better explained by another mental disorder.
 - Sx of ADHD are non-specific [31-35, 37].
 - 64% served for non-ADHD difficulties were “ADD Highly Probable” on rating scale [32]
 - Self-report questionnaires have high false positive rate [38, 40]
 - Distress [38]





Diagnosis: ADHD challenges

- **Criterion D:** Clear evidence that symptoms interfere with, or reduce the quality of, social, academic, and occupational functioning.



Diagnosis: ADHD challenges

- Symptoms: behavioral manifestations of a disorder (Criterion A)
- Impairment: consequences of symptoms (Criterion D) [46]
- Sx of ADHD correlated moderately with impairment [47, 48].
- Impairment frequently ignored [28]



Diagnosis: ADHD challenges

Impairment

- Ideally, something verifiable, objective, quantifiable... [88, 89, 90]
- Educational activities – failing grades, academic probation/suspension, < 16th %ile on state- and national-mandated tests, remedial classes, sometimes below average scores on standardized psychoeducational tests
- Management of money – collection agencies, missed rent payments, discontinued services, checks written despite insufficient funds
- Driving – suspended license, driving school, inability to get car insurance
- Managing your household – evicted, losing documents, neglecting repairs
- Occupation – fired or probation for poor performance, formal reprimands



Diagnosis: ADHD challenges

Frequency of Academic Complaints in College Students [33]

Item	% ADHD	% Nondisabled
Read material over and over to understand it	80.6	52.5
Do not perform well on timed standardized tests	67.7	45.4
Work harder than others to get good grades	56.8	47.5
Have trouble finishing timed tests	64.9	28.6
Takes me longer to complete assignments than others	78.4	30.0
Rarely read in my spare time	73.0	58.9





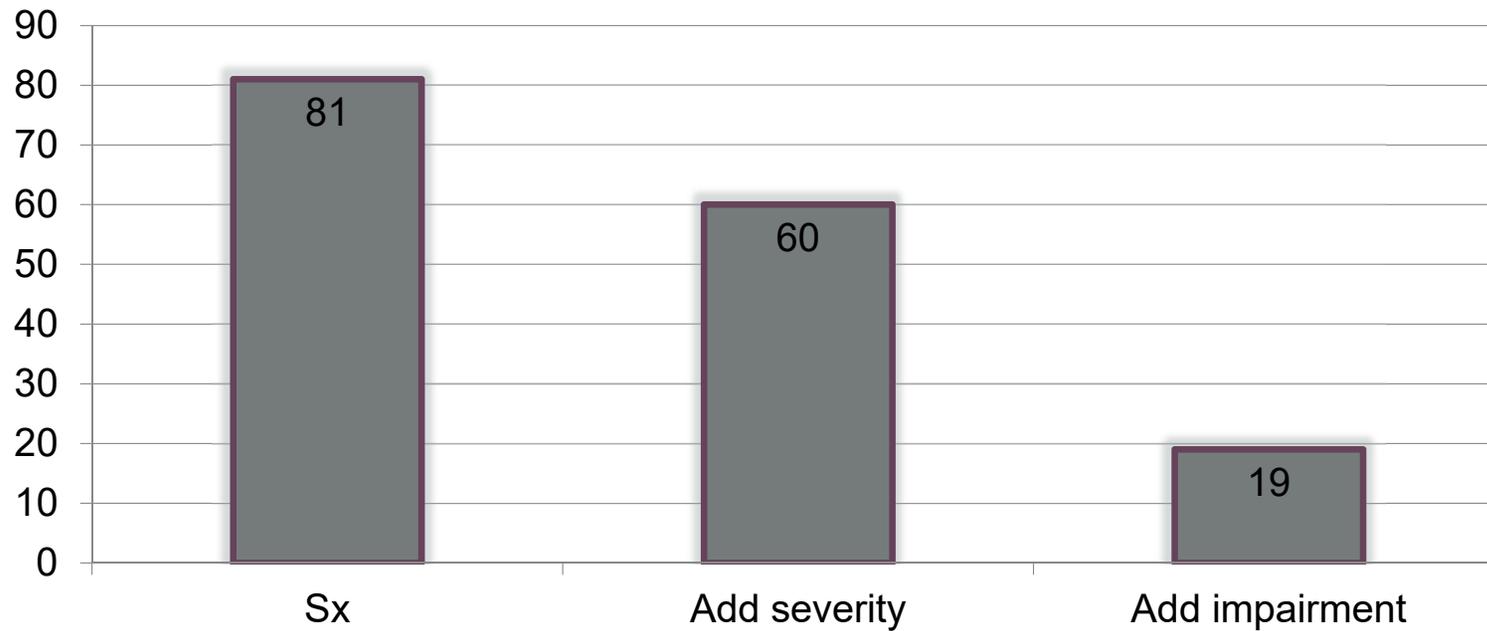
Diagnosis: ADHD challenges

Impairment

- “I’ve been working on my bachelor’s degree for 10 years. Flunked out of school three times. I can’t meet a deadline or make myself study to save my life. I constantly drop classes because I get so far behind. Why can’t I get my life together?”
- “My cell phone is regularly being cut off because I forget to pay my bill.”
- “I can’t remember to empty the cat boxes so there is constantly pee on our floor. I can’t keep a girlfriend because as soon as they see how I live, they are gone.”
- “I’ve never held a job for more than 4 weeks. I can’t pay my rent so they’re going to kick me out of my apartment.”

Diagnosis: ADHD challenges

Percentages diagnosed ADHD based on... [47]





Diagnosis: ADHD challenges

- Adhere to best practice ADHD approaches
 - Pediatricians: < 35%
 - Family practitioners: 15%
 - Psychologists [19, 20]: 16%
- Not adhering to diagnostic criteria
 - Psychologists [19]: 40%
 - Physicians [25, 26]: >50%



Diagnosis: ADHD challenges

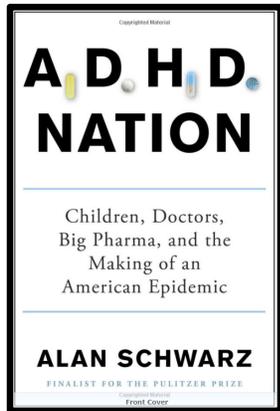
- Medical schools providing training in functional impairment [94]: 12.5%
- Respondents' Additional Comments
 - *This is a good question. Normally we ask patients how their mental health condition interferes with their academic studies and base our recommendations on this information.*
 - *Most of the time in our program, residents would not be expected to make this call.*
 - *Not sure why our residents would need this training.*



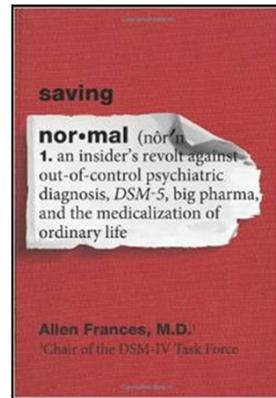
Diagnosis: ADHD challenges

- Current rate of ADHD dx in children and adols [6, 91]: 10-11%
- For high school females [6]: 9%
- For high school males [6]: 20%
- ADHD prescriptions for ages 20-39 tripled between 2008 and 2012 [5]
- Colleges responding to “surge of requests for ADHD diagnoses, reports of stimulant abuse, questionable diagnostic practices.” [7]

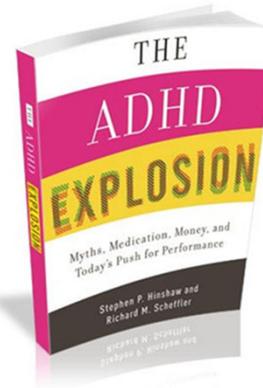
Diagnosis: ADHD challenges



[1]



[2]



[3]

“The ADHD explosion has become, to some, literally laughable. Stephen Colbert dubbed it ‘Meducation,’ and profiled a doctor who prescribed Adderall to children without the disorder simply to improve their grades. ‘Shocking!’ Colbert said. ‘There are children in America who haven’t been diagnosed with ADHD.’” [1]



Diagnosis: ADHD challenges

- Neglecting the possibility of suboptimal effort/noncredible responding
- Frequently seeking accommodations/access to medication
 - Majority of students w/o disabilities want extended time, separate room, breaks [49]
 - Up to 47% of college students misuse ADHD medications [50-53]
 - 59% of prescription holders divert medications [54]
- Would they attempt to deceive?
 - Nearly 66% of college students cheated on a test (e.g., copying during an exam) [55]



Diagnosis: ADHD challenges

Would they attempt to deceive?

- CW-1 I also need to tell [your daughter] when she gets tested, to be as, to be stupid, not to be as smart as she is. The goal is to be slow, to be not as bright, all that, so we show discrepancies. And she knows that she's getting all this extra time, everywhere that she is right now. At the Academy kids are getting extra time all the time.
- CW-1 Yeah, everywhere around the country. What happened is, all the wealthy families that figured out that if I get my kid tested and they get extended time, they can do better on the test. So most of these kids don't even have issues, but they're getting time. The playing field is not fair. Here's the great thing. When she goes to college, she gets to bring this report with her and she'll get extended time in all those things in whatever school she goes to, which is huge again. She'll get all the accommodations when she gets to college as well.
- CW-1 The whole world is scamming the system. And I got 'em, 'cause I have a ton of kids who have extended time and they shouldn't get extended time.





Diagnosis: ADHD challenges

- Can ADHD be successfully simulated?
 - No meaningful differences between ADHD simulators and ADHD patients
 - ADHD rating scales [56-66].
 - Continuous performance tests [10, 57, 59, 67]
 - Response inhibition [37, 59],
 - Working memory [37, 67],
 - Cognitive processing speed [37, 59, 67]
 - No meaningful difference between noncredible patients and ADHD patients
 - ADHD, executive function, and functional impairment rating scales, on cognitive testing and key clinical interview questions. [37, 68, 69]
 - Trained clinicians not capable of identifying invalid data [70-72]

Diagnosis: ADHD challenges

MSNBC: Mark Ames and Yasha Levine
Broke the Koch Brothers' Takeover of America

Vanity Fair profiles *The eXile*: "Gutsy...visceral...serious
journalism...abusive, defamatory...poignant...paranoid...and right!"



EXILE CLASSIC / JUNE 29, 2006

**ADDERALL TIPS: HOW TO CONVINCE YOUR
SHRINK YOU HAVE ADD/ADHD**

By Abram Magomedov

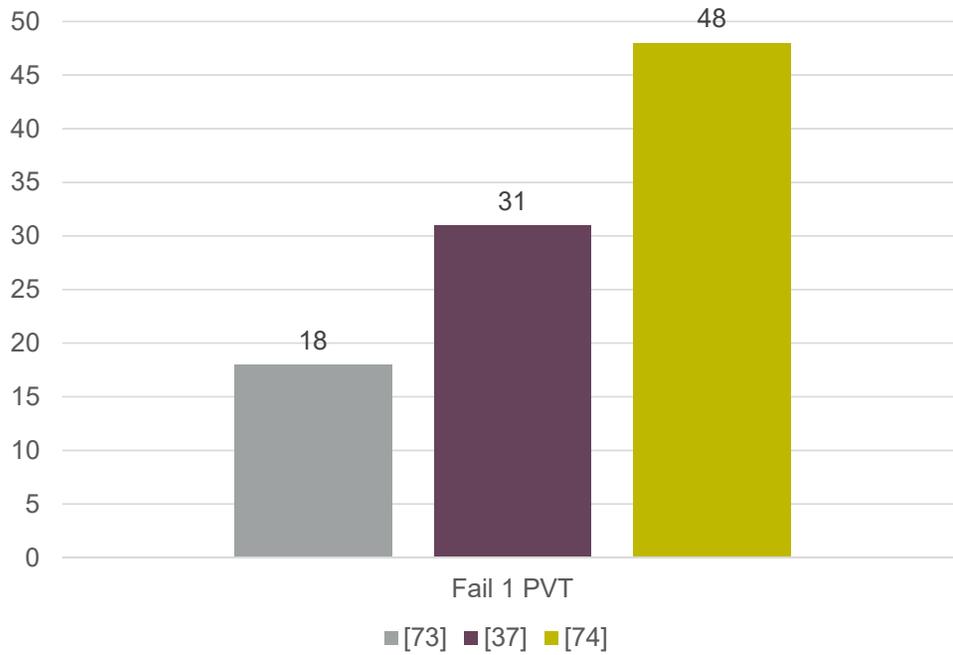
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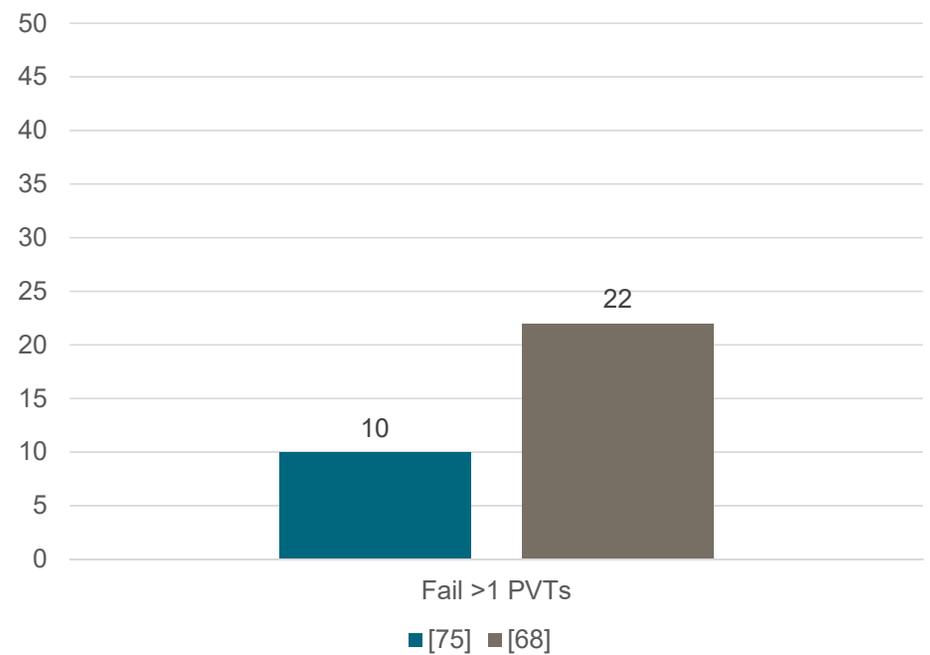
“The beauty of ADD lies in the fact that there is no standardized clinical test to diagnose the disorder. The only thing the medical professionals know is that amphetamine delivered in small continuous doses relieves most of ADD’s symptoms. So the trick is to convince your shrink that you have ADD. And what’s nice is that anyone can fool the system, as long as they know what to say and how to act. It’s all very simple, really, all it takes is a bit of memorization.”

Diagnosis: ADHD challenges

Base Rates: Fail 1 PVT



Base Rates: Fail >1 PVT





Why should we be concerned?

For those with authentic ADHD

- Trivializes the diagnosis
- Legitimacy of suffering questioned
- Repeatedly have to defend right to services
- Services diluted by consumption by healthy individuals

For those misdiagnosed with ADHD

- As rely on meds and accommodations, fail to develop skills
- Come to expect accommodations that may not be granted
- Fail to seek needed interventions
- Erroneous beliefs can lead to poor educational/occupational choices
- Psychological impact of perceiving self to have a neurodevelopmental brain disorder

For other students and institutions

- Costs of providing services
- Accommodations provide unfair advantages. [28]





Why should we be concerned?

- Controls and ADHD with ET: Control group benefits more [84]
- Standard conditions: ADHD perform similarly to controls on timed reading tests [82]
- ADHD with ET, controls standard time: ADHD access and correctly answer more items [83]
- ADHD they think they perform less well [82], worry more about their performance [82], higher test anxiety [107]
- Scores obtained by test-takers with ADHD and/or LD while using ET over-predict grade averages when compared to scores obtained by test-takers without disabilities under standard conditions [85, 86] .

Case by case, not by diagnosis.



Disability determinations

Disability: physical or mental impairment that substantially limits one or more major life activities when compared to *most people* in the general population. [79, 80]





Disability determinations

- Not every impairment will constitute a disability. [79, 80]
- The clinical diagnosis of a *DSM-5* mental disorder ... does not imply that an individual ... meets legal criteria for the presence of a mental disorder or a specified legal standard (e.g., ... disability)... [78]
- Assignment of a particular diagnosis does not imply a specific level of impairment or disability. [78]



Disability determinations

One commenter noted that if ADHD meets the criteria established in the DSM-5, then it would consistently meet the criteria to establish disability under the ADA... Other commenters urged the inclusion of panic disorders, anxiety disorder, cognitive disorder, and post-concussive disorder. [79] Appendix C

Disability determinations

- Does the worst player on the US National Soccer team have a disability in soccer?





Disability determinations

- **Could a student with average attention and executive functioning struggling in medical school qualify for an ADHD diagnosis?**
- Criterion A: sx
- Criterion B: prior to 12
- Criterion C: two or more settings
- Criterion E: not better explained by...
- Criterion D: Clear evidence symptoms **interfere with, or reduce the quality of,** social, academic, occupational functioning



Disability determinations

- **Could a student with average attention and executive functioning struggling in medical school qualify as having a disability due to the severity of ADHD?**
- Criterion D: Clear evidence symptoms interfere with, or reduce the quality of, social, academic, occupational functioning
- Disability: Physical or mental impairment that substantially limits one or more major life activities relative to most people in the general population.
- Not relative to those similarly situated [79]



Disability determinations

- ‘Typical’ versus ‘clinical disorder’ versus ‘disability’
 - Of those who start college, what % graduate within 6 years? 60% [103]
 - What % of the population earns a bachelor’s degree? 36% [104]
 - What % of SAT-takers do not finish? 20%



Accommodation determinations

- **Why not just grant what the evaluator recommends?**
 - Many clinicians view themselves as advocates [44, 76, 77]
 - Recommend accommodations in the absence of impairment [28]
 - 45% believed the purpose of a clinical evaluation was to secure accommodations for their client. [77]
 - 14% admitted they would ignore some or all dx criteria to secure accommodations. [77]
 - Clinical role versus forensic role [109]

Accommodation determinations

Article

How Is ADHD Assessed and Documented? Examination of Psychological Reports Submitted to Determine Eligibility for Postsecondary Disability

Jason M. Nelson¹, Brittany Whipple¹, Will Lindstrom¹, and Patricia A. Foels¹

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% of ADHD documentation meeting basic dx standards:

1 - 14%
 [27, 28]

Current Perspectives

Assessment of ADHD Documentation From Candidates Requesting Americans With Disabilities Act (ADA) Accommodations for the National Board of Osteopathic Medical Examiners COMLEX Exam

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Abstract
Purpose: Every year increasing numbers of candidates request special accommodations for high-stakes medical licensing examinations, due to ADHD, on the basis of the Americans with Disabilities Act (ADA). This poses significant challenges for both the applicant and the medical boards and has significant financial, legal, and ethical implications. The purpose of this survey is to review all applications requesting ADA accommodations on the basis of ADHD submitted to the National Board of Osteopathic Medical Examiners (NBOOME) COMLEX exam. **Method:** The authors review all 50 requests for special accommodations, on the basis of ADHD, submitted to the NBOOME between 2005 and 2007. All requests are reviewed by the investigators independently and then cross-checked to determine interrater reliability. **Results:** Of all applicants, only 14% (7/50) provide sufficient documentation to support a diagnosis of ADHD. Interrater reliability is high. **Conclusions:** The majority of applicants who request special testing accommodations on the basis of ADHD do not provide adequate documentation to the medical boards to support the diagnosis.

Keywords
 disability, ADHD, high stakes exams, accommodations

Introduction

Every year ever-increasing numbers of candidates are requesting special accommodations of high-stakes testing agencies and certifying boards on the basis of the Americans with Disabilities Act (ADA) of 1990. Equally increasing are the number of candidates claiming disability as a result of a psychiatric diagnosis, especially ADHD (Brackelhoff & Swanson, 2007; Elliot, Arnold, Bressan, Sahn, & Rosequist, 2007; Rossner, 1983; Wolf, 2003). This situation has created a significant challenge not only to the candidates to adequately document their disability but also to the entities responsible for testing to maintain the integrity of their exams while complying with federal law. The process of granting special accommodations is a sensitive matter with public health implications. It must be compliant with the federal law, objective, and fair to the candidates, and must not compromise the integrity of the examinations or the board administering the test.

ADA is a civil rights law that ensures equal opportunity for people with disabilities. The ADA prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others to have such impairment. The ADA does not specifically name all of the impairments that are covered (U.S. Department of Justice, 2008). Last year Congress passed the "ADA Amendments Act of 2008" to expand the

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 DOB 1/21/02
 DATE 10/5/15

ERASB-RESISTANT BACKGROUND, "ILLEGAL" FAINTOGRAPH, AND REFILL INDICATOR

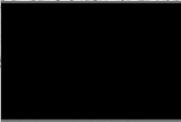
R To school
 has a Diagnosis
 of ADHD.

He needs to be on
 504 plan including
 extra time for testing
 If you have
 any questions
 please call me.

Refill NR 1 2 3 4 5
 MAY SUBSTITUTE
 MAY NOT SUBSTITUTE




PRESCRIPTION





PROFESSOR (SEE NUMBER)

Patient Name  Date 7/1/15

Address _____

City _____ State _____ Zip _____ Age _____ Sex M F

R  is under my care.
 It is medically necessary
 for her to have
 extended time
 during tests

LEP Preferred Language _____
 Print Medication Instructions Other





Accommodation determinations

- What accommodations are supported?
 - Any request for documentation ... is reasonable and limited. [79, 80]
- The questions we ask:
 - Does the evidence verify that the disorder is severe enough to be a disabling condition relative to most people in the general population? [79, 80]
 - Does the provided evidence support the need for the requested accommodation?



Accommodation determinations

- **Strengths and weaknesses**
 - Ipsative: relative to an individual's general level of functioning
 - Normative: relative to most people

A statement of a strength or a weakness means little unless you know how the ability/skill compares with a reference group.



Case study

Neurobehavioral assessment

Date of service: 2018

Chronological age: 16

Grade 11

“Jane Doe was referred for evaluation by her parents owing to their concerns about her cognitive development. She reported having difficulty concentrating and trouble completing school work in a timely fashion.”

“She attended nursery school uneventfully and then entered public school for kindergarten in Georgia where her family lives. She continued in public school through fifth grade and entered private school in 6th grade. She has never had difficulty learning in school and has always been a competent student although during the past year she complained of having trouble with chemistry and English. Her parents noted that Jane sometimes has trouble applying what she knows to solving problems. Jane has reported feeling that she needs more time to complete academic work.”



Age Standard Scores/Percentiles (%)

Wechsler Adult Intelligence Scale-IV

Verbal Comprehension		Perceptual Reasoning	
Similarities	13/84%	Block Design	13/84%
Vocabulary	13/84%	Matrix Reasoning	14/91%
Information	13/84%	Visual Puzzles	11/63% (15/95%)
Working Memory		Processing Speed	
Digit Span	09/37%	Symbol Search	09/37%
Arithmetic	13/84% (14/91%)	Coding	10/50%

Verbal Comprehension = 116/86%
Perceptual Reasoning = 115/84% (123/94%)
Working Memory = 105/63% (108/70%)
Processing Speed = 97/42%
Full Scale I.Q. = 112/79% (115/84%).

Wechsler Individual Achievement Test-II

Word Reading = 113/81%
Reading Comprehension = 117/87%
Oral Reading Fluency = 102/55%
Oral Reading Accuracy = 97/42%
Oral Reading Rate = 103/58%
Math Problem Solving = 117/87%
Numerical Operations = 128/97%
Math Fluency-Addition = 90/25%
Math Fluency-Subtraction = 101/53%
Math Fluency-Multiplication = 104/61%
Sentence Combining = 120/91%
Sentence Building = 112/79%
Sentence Composition = 119/90%
Essay Word Count = 153/99%
Essay Theme Development = 131/98%
Essay Composition = 148/99%.

Nelson-Denny Reading Test
(Grade Standard Scores/Percentiles/Grade Equivalent)

Standard Time	Extended Time
Comprehension 223/80%/14.9	221/78%/14.7 (Extended Time Reduction), 235/93%/17.1% (Comparison with Standard Time Peers)
Reading Rate 188/33%.	

Gordon Diagnostic System

Vigilance Test: Number Correct = 98/45%, Commissions = 106/66%.

Behavior Rating Inventory of Executive Function (Parent T. Scores)

Inhibit = 44/47%
Shift = 57/79%
Emotional Control = 82/98%
Initiate = 68/96%
Working Memory = 69/95%
Plan/Organize = 56/80%
Organization of Materials = 53/68%
Monitor = 57/79%
Behavioral Regulation = 64/92%
Metacognition = 63/87%
Global Executive Composite = 64/92%.

Controlled Oral Word Association Test: 106/66%.

Diagnostic Interview.





Case study

“She performed in the average range on a different visual problem-solving task which also required her to work under time pressure to identify the components of two-dimensional designs of increasing complexity (Visual Puzzles) although her performance on this measure would have been far stronger (and in the superior range) had she been permitted more time.”





Case study

- Diagnostic Formulation
- Jane is an intellectually capable young woman with relatively strong academic skills with the exception of the rate at which she is able to decode when reading for comprehension (SLD in reading) and her rate of computation (SLD in math). Furthermore, she displayed clear evidence of a significant attention deficit hyperactivity disorder, inattentive type (ADHD-PI), characterized by distractibility, poor sustained attention, weak working memory, a slow rate of information processing, and considerable executive dysfunction.





Case study

- Recommendations
- should be identified under section 504 owing to her slow rate of reading and her attention deficit hyperactivity disorder. Accordingly, she is eligible for accommodations in all academic settings including:
 - (1) extended time at all examinations up to 50% more time than is usually permitted (including on standardized tests such as the SAT's);
 - (2) the opportunity to take examinations in a distraction-free environment;
 - (3) study guides provided by instructors for all examinations and extended projects;
 - (4) the opportunity to submit written assignments 24 hours beyond their usual due date without penalty providing has requested this accommodation from the instructor beforehand;
 - (5) the use of a calculator for all mathematical assessments and assignments;
 - (6) frequent feedback on request to from instructors regarding her academic progress.





Case study

- Dear testing agency:
- I am writing regarding your denial of accommodations to my patient, Jane Doe. In your denial letter, you stated that “We NEED MORE INFORMATION to make a determination regarding your requests...” I will provide further information although any competent neuropsychologist could examine my tests results and identify the reasons for the request for accommodations.



Case study



- Her General Ability index on the WAIS-IV was 117 or in the 87th percentile compared to her age-matched peers. Yet her processing speed on the same test was 97 (20 scaled score points lower) and in the 42nd percentile.
- On an untimed measure of mathematical problem solving, she performed in the 87th percentile which, again, is consistent with her intellectual ability (GAI = 117, 87th percentile). On an untimed computation measure, she did even better and was at the 97th percentile.
- However, if we examine her computation speed (Mathematical Fluency), we find her in the 25th percentile for addition, the 53rd percentile for subtraction, and the 61st percentile for multiplication.





Case study

- On an untimed reading comprehension measure, she scored in the 87th percentile, consistent with her GAI. However, her oral reading fluency when comprehension was not an issue was only in the 55th percentile.
- Moreover, on a timed standardized reading comprehension test, her silent reading rate was only in the 33rd percentile while her comprehension fell to the 80th percentile entirely due to her inability to finish the test within the time allowed. When given additional time, she did complete the task and, if compared to grade-matched peers who worked under standard time conditions, her score improved to the 93rd percentile.
- Note: *On the NDRT, only 62% of the Grade 16 normative group were able to complete the entire test in the time provided, and only 87% were able to complete even three-quarters of the test under normal time conditions. [110]*





Case study

- I would hope that the College Board would look more carefully at my evaluations in the future. My recommendations are based on a careful consideration of the test results which are relatively objective. I would also hope your reviewers take the time to educate themselves more thoroughly in psychometrics and statistics so that they can see when a difference in scores within a domain is significant and when it is not.
- **PSAT scores:**
 - Total: 95th %ile
 - R/W: 98th %ile
 - M: 91st %ile



Take home points

- ADHD is a difficult diagnosis to make.
- Self-reported sx do not discriminate ADHD from other disorders or typical functioning.
- Symptoms are not impairment, and impairment is required.
- Objective data is critical.
- Substandard ADHD diagnostic practices are common.



Take home points

- Diagnosis is not disability.
- To be a disability, ADHD must result in substantial limitations “relative to most people in the general population.”
- Accommodations are regularly recommended without supportive evidence.
- Accommodations should be linked to strengths and weaknesses, not diagnosis.
- Institutions are encouraged to retain independent experts to review disability documentation and accommodation requests [44]



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Thank you.

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Questions?





Take home points

It is time for the field to recognize that “flexible threshold” is all too often a euphemism for an arbitrary decision-making algorithm designed to provide a diagnosis for anyone who can afford to pay for a psychoeducational or neuropsychological assessment. [44]