

ADHD Guidance – September 2013

This guidance has been developed from the SASC convened ADHD Consensus Meeting chaired by Prof Philip Asherson held at Oxford University in May 2013 and subsequent consultations from a range of interested parties.¹

Evidence for Attention-Deficit/Hyperactivity Disorder (ADHD) has been subject to some confusion within DSA regarding who can diagnose this condition and when further medical evidence should be requested.

Previous guidance stated that ADHD required a medical diagnosis by a doctor; usually a child and adolescent psychiatrist, a paediatrician, paediatric neurologist or a general practitioner, trained in the diagnosis and treatment of ADHD. However, there are a number of students every year who report and present with very great difficulties with attention span, concentration, forgetfulness and organisation, resulting from ADHD. As a consequence they are struggling with their studies. In many cases they have not been previously diagnosed, or were diagnosed during childhood with no further information on their current diagnostic status. The waiting lists for medical referrals are variable and very long in many parts of the country; and some regions still do not provide a diagnostic or treatment service for adults with ADHD.

ADHD is a neurodevelopmental disorder that is characterised by features of both a mental health condition and a specific learning difficulty. As noted in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), ADHD

- is characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with normal functioning or development;
- is present in multiple settings (e.g., home, school, work);
- symptoms interfere with, or reduce the quality of social, academic or occupational functioning.

Hyperactive-impulsive symptoms are less common in adults, who may present predominantly with problems of inattention. Educational performance is a specific difficulty for almost all individuals with ADHD,

¹ The minutes of that meeting and participants are available on the SASC website.

related to the attention deficits that characterise the disorder. As it impacts on learning, ADHD should therefore be regarded as a specific learning difficulty.

SASC recommends that practitioner psychologists and specialist teacher assessors **who have relevant training**² can identify specific learning difficulties and patterns of behaviour that together would strongly *suggest* a student has ADHD; and in this situation they can make relevant recommendations for support at Further and or Higher Education institutions.

Such diagnostic assessments should be accepted by SFE in support of an application for Disabled Students' Allowance.

It is expected that a conclusion that ADHD is present should only be arrived at by an individual who has undertaken **appropriate training** and the necessary expertise. Reports should provide details of the basis for the diagnosis and recommendations for the level/type of educational support required. It is also a requirement that the report provides advice on how to seek medical advice and, if needed, access to psychological therapies.

A diagnostic report should provide evidence of:

- presence of inattention and/or hyperactivity-impulsivity in childhood;
- inattentive and/or hyperactive-impulsive symptoms in more than one domain (e.g. in education and everyday life);
- the negative impact of such symptoms, particularly with reference to educational performance;
- positive achievement data;
- the administration and reporting of a diagnostic interview (e.g. DIVA, CAADID)
- awareness that ADHD is frequently associated with other specific learning difficulties (particularly dyspraxia [DCD] and dyslexia) and

² For example training should include: the nature of ADHD; interplay of ADHD and other medical conditions/mental health issues; manifestations of ADHD and what might alert an assessor to carry out recognised screening scales; taking a detailed developmental history; use of diagnostic interview for ADHD; psychometric tests and what they might reveal; distinction between ADHD and other SpLDs; appropriate recommendations in an educational setting; the pathway forward.

a range of mental health issues (e.g. low self-esteem, anxiety, depression, drug/alcohol misuse)

- qualitative observations of performance throughout the assessment to more finely sift information and attribute the cause. For example, it is so easy to attribute a poor short term memory score to intrinsic difficulties with memory when in fact it can be as a result of attention difficulties (and vice versa).
- whenever possible, corroboration of symptoms and educational difficulties by contact with informant (e.g. face-to-face or telephone review with parent) and/or review of school reports.

To identify ADHD, SpLD assessors should:

- A. Use screening instruments: to screen for ADHD
- B. Undertake a structured diagnostic interview (e.g. DIVA/CAADID interviews³): Evaluate each of the 18 DSM items both currently and retrospectively, and the additional criteria required for the diagnosis of DSM-5 ADHD⁴
- C. Gather a detailed history with a particular emphasis on developmental and childhood history , screening for other disorders, family history, social development, educational development⁵
- D. Evaluate impairments/needs: Matching symptoms to impairments is an essential part of the diagnostic process. These will not be restricted to the academic arena alone; assessors would expect to see moderate to severe impact in other domains. (Note: some individuals can display symptoms without impairment.)

³ Experienced assessors could follow their own scheme, so long as they enquire about all the criteria used to define ADHD in DSM-5. Using DIVA is a way to ensure this is done systematically recommended. The alternative would be to have a form so that the assessor can tick off each of the item requirements after conducting his/her own interview.

⁴ The other items include several symptoms before age 12, impairment in two domains, not better explained by another condition.

⁵ Documenting of a life history should, when ADHD is suspected, cover the following key educational activities: the individual's experience of reading, essay writing, revision, exams, and lectures, with particular care given to attentional issues, procrastination, time management and ease of distractibility. When there is a significant practice element (e.g. music students), attitudes towards taking part in regular, repetitive exercises should also be investigated. As poor sleep patterns also impact on educational attendance sleep difficulties - if any - should also be documented.

E. Collect collateral/informant account:

- history and description of ADHD symptoms and impairments in childhood (e.g. usually from parent for account of childhood symptoms/difficulties)
- review of school reports if available
- informant/partner account of current symptoms and impairment
- informant rating scales for DSM-5 ADHD can be used to record current and childhood symptoms

(**Note:** identification can be made if collateral evidence is not available given adequate information from the student)

F. Psychometric tests: These are not predictive of the disorder, but they can be useful to support conclusions and identify specific areas of cognitive performance impairments (e.g. general cognitive ability, response speed/variability & inhibition, working memory, measures of verbal and visual abilities).

G. Consider the presence of other specific learning difficulties e.g. dyslexia, DCD/dyspraxia and dyscalculia e.g. asking relevant questions or using screening tools.

It should be made clear in assessors' reports that they have taken a careful history and collected direct additional evidence as noted above.

A history showing impairments across domains is very important. Understanding both strengths and weaknesses is fundamental to helping individuals cope and leads to strategies and altering behaviour. To make the diagnosis of ADHD, there should be a significant impact of the symptoms of ADHD on performance and/or quality of life in several aspects of everyday life as well as in education.

If the assessor believes ADHD to be present, then he/she should:

- (1) Ensure that he/she remains within his/her professional boundaries of training and expertise when offering advice and counselling to the student and that his/her professional

indemnity insurance or equivalent company insurance contractual agreements remain unaffected.

- (2) Report evidence for the presence of ADHD and possible other SpLDs that may be present; and make relevant educational recommendations.
- (3) In cases where the student does not already have a medical diagnosis of ADHD, advise that one can be requested via their GP/student medical service.
- (4) Advise students that the medical route may open up the way to being offered specific medications for ADHD that can help to control impairing levels of inattention, hyperactivity, impulsivity and associated emotional lability.
- (5) Advise students that the medical route may open up the way to being offered an NHS referral to a suitably qualified psychologist (behavioural/cognitive) who could help them with changing unhelpful thought patterns and behaviours. (This is important as many students think that the medical route will result only in their being offered medication).
- (6) Signpost students to local support groups and/or universities' disability support groups, including national Patient Organisation websites information (e.g. AADD-UK and ADDISS). In view of the experience with delays in accessing NHS services in relation to ADHD this would provide the possibility for peer support and further information in more timely fashion whilst waiting for a medical diagnosis.
- (7) Notwithstanding (3) above, be aware that symptoms of possible ADHD may, in fact, be signs of other medical complaints and to recommend generally to students to seek a consultation with their GP/student medical services, particularly if the student appears to be distressed or medically ill.

Assessors should include a statement that assessment findings confirm the presence of specific learning difficulties that are likely to affect the student's ability to cope with academic demands in college. If the assessor considers that the specific learning difficulties result from the interference of ADHD symptoms on performance this should be specifically stated. If the assessor considers that ADHD is present they should state this.

Additional guidance for assessors will be available on the SASC website after a period of research and consultation.

Although it is implied, it should be noted that this guidance should not preclude medical evidence from a suitably qualified health care professional.