

Cleveland State University ADHD Policy

Introduction

Accurate diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) is both important and nuanced. An accurate diagnosis of ADHD can be life-changing for many individuals, especially in academics as the struggles that define ADHD are particularly relevant in this realm. Both medical and behavioral interventions with individuals who have been accurately diagnosed as having ADHD have consistently demonstrated that they can have a tremendous impact in helping students through multiple areas of life, including academics.

As helpful as accurate diagnosis and subsequent treatment of ADHD can be, inaccurate diagnosis and treatment can be incredibly damaging to individuals. This is especially true when treatment involves psychostimulants, a potentially dangerous class of medications that, when used improperly and/or when used by individuals without ADHD, can have disastrous, even fatal consequences. Likewise, false positive diagnoses that lead to accommodations in classes and/or high stakes testing can create undue advantages and disadvantages for students that can have a substantial impact on their academic and post-academic careers.

Unfortunately, although accurate diagnosis of ADHD is critically important, especially in a post-secondary setting, ADHD is also very difficult to diagnose accurately. This is the case for a variety of reasons, including but not limited to the following:

1. Symptoms of ADHD are similar to those found in many other psychological and behavioral disorders (e.g. mood disorders, anxiety disorders, substance-use disorders, dissociative disorders, etc.)
2. Symptoms of ADHD are similar to those produced by many environmental factors (e.g. lack of sleep, relationship changes, academic and employment changes, recent substance use, and various other life stressors)
3. Individuals tend to have difficulty accurately assessing their own cognitive abilities (e.g. they may greatly overestimate or underestimate their abilities in the realms of attention, memory, organization, etc.)
4. There is often substantial incentive to receive a diagnosis of ADHD (e.g. accommodations in classes and high stakes tests, access to drugs that can be used recreationally, etc.) which often leads to malingering and/or exaggeration of symptoms of ADHD. Because information about ADHD and its symptoms are generally well known and easy to access, successful faking of symptoms of ADHD is not difficult for many.

With this information in mind, Cleveland State University (CSU) has established the following guidelines to aid in the accurate identification of individuals with ADHD. These guidelines are primarily informed by the best practice recommendations for disability documentation developed by the Association on Higher Education and Disability (AHEAD), the recommendations of the Consortium on ADHD Documentation, and the practices of several other institutions of post-secondary education.

The following guidelines for supplying documentation establishing a diagnosis of ADHD apply to cases in which individuals are seeking accommodations and/or psychostimulant medication through CSU.

Documentation Guidelines

1. A Qualified Professional Must Conduct the Evaluation

Professionals conducting evaluations and giving diagnoses of ADHD must have training in the diagnosis of psychiatric disorders as well as specific training in the diagnosis of ADHD. The following categories of professionals are generally considered qualified to diagnose ADHD provided that they have advanced training in the differential diagnosis of ADHD in adolescents and/or adults: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors.

2. Documentation Must Be Current

Documentation must establish the current impact of ADHD on an individual's functioning. Therefore, evaluations generally must be completed within the last three years and specifically address the individual's current level of functioning and how ADHD impacts that functioning.

3. Documentation Must Be Comprehensive

Documentation must include all of the following:

- a. Evidence of Early Impairment – Because symptoms of ADHD first manifest *prior to the age of twelve*, evidence of symptoms prior to this age is required. This evidence may be obtained via objective, historical information that demonstrates the existence of symptoms prior to the age of seven. Such information may be derived from school transcripts, report cards, teacher observations, psychoeducational testing, and/or third party interviews.
- b. Evidence of Current Impairment - Evidence of current impairment that addresses specific manifestations and impact of the disorder must be provided.
- c. Diagnostic Interview - A diagnostic interview is essential to the accurate diagnosis of ADHD, and should include the following: history of presenting problem that includes evidence of ongoing impairment, developmental history, family history, relevant medical history, relevant psychosocial history, academic history, review of prior

psychoeducational test reports, employment history, and description of functional limitations that are specific to the academic setting.

- d. Rule Out of Alternative Diagnoses or Explanations – Ruling out of other explanations for ADHD-related impairments is crucial. Many symptoms of ADHD can be mimicked by numerous other psychiatric disorders, life stressors, and lifestyle choices. Furthermore, individuals with ADHD often meet the criteria for the diagnosis of another psychiatric disorder. Therefore, rule out of alternative diagnoses and/or explanations for ADHD-related symptoms is crucial for accurate diagnosis and effective treatment. The process of ruling out alternative diagnoses/explanations should be documented and include means via which alternatives were assessed/explored.
- e. Relevant Testing – Neuropsychological and psychoeducational assessment is important in determining the current impact of an individual’s ability to function, especially in academic settings. Therefore, some neuropsychological or psychoeducational assessment is required for the accurate diagnosis and successful treatment of ADHD. Checklists and/or surveys can serve to supplement the assessment, but these means are not adequate for the diagnosis of ADHD. Therefore, **at least one non-self-report measure must be used when diagnosing ADHD.**
- f. Identification of DSM Criteria – A diagnostic report must include a review and discussion of the most current DSM criteria for ADHD, both as they apply to the individual currently and historically.
- g. Documentation of a Specific Diagnosis – The report must include a specific diagnosis of ADHD based on the most current DSM criteria. The diagnosing professional must use direct language and avoid vague terms such as “suggests”, “is indicative of”, or “attention problems”.
- h. An Interpretative Summary – A written summary based on comprehensive evaluation is required. It should include, at minimum, a demonstration of ruling out alternative explanations for symptoms related to ADHD, how symptoms of ADHD have played a role across the lifespan and across settings, the nature and extent of current impact of ADHD, and reasoning behind specific requests for accommodations and/or treatment.

4. Recommendations Must Be Specific and Must Include a Clear Rationale

Professionals should describe the nature and degree of impact, if any, of the diagnosed ADHD on specific major life activities, especially activities that impact academic performance. The report should include specific recommendations to help ameliorate this impact, such as specific accommodations, psychosocial and medical interventions, etc. A detailed explanation as to why each recommendation was made and should reference specific functional limitations that are due to ADHD.

Frequently Asked Questions:

1. Can someone at CSU provide an evaluation for ADHD?

No. Currently, CSU does not have the assessment tools to provide an evaluation for ADHD.

2. Where can I get an evaluation for ADHD?

There are several providers in the community that perform ADHD evaluations. Please contact the CSU Counseling Center at 216-687-2277 for a list of professionals in the community that perform ADHD evaluations.

3. How much does an evaluation for ADHD typically cost?

Cost for ADHD evaluations vary substantially, but they typically cost roughly \$500 - \$1,000.

4. Does insurance cover ADHD evaluations?

Some insurance companies provide some coverage for ADHD evaluation. Please check with your insurance company for more information on the coverage of ADHD evaluations.

5. What does the CSU Counseling Center offer in terms of treatment for ADHD?

Although the CSU Counseling Center does not diagnose ADHD, the Counseling Center does offer ADHD consultations. These consultations can provide education about ADHD and its treatment, help you determine if it is worthwhile to undergo an evaluation for ADHD, and answer any ADHD-related questions that you might have. The CSU Counseling Center also has a psychiatrist who can provide medication for ADHD that is documented. Likewise, counselors at the Counseling Center can provide you with behavioral treatment to help manage and reduce symptoms of ADHD.

Please call the Counseling Center at 216-687-2277 if you are interested in any of the options above.

6. What does CSU's health and wellness services offer in terms of treatment for ADHD?

Professionals at CSU's health and wellness services may be able to provide medication for ADHD that is documented. If you are interested in this option, please call health and wellness services at 216-687-3649.

7. What does CSU's disability services offer in terms of accommodations for ADHD?

CSU's disability services can help provide you with accommodations relating to ADHD that is documented. You can contact disability services at 216-687-2015.