

Intake for ADHD

- Interview client and discuss symptoms. Rule out other gross explanations (major depressive disorder, for example). Give Barkley nine item screening and discuss results (do not point out what ADHD is or isn't at this time). Do a brief history. Have client sign our LD/ADHD agreement. Have client sign a release so we can talk to his/her parent who is filling out the CAARS-Observer version and other documents. Also, it may be advisable to refer the student for a medical evaluation, especially if medical issues are noted in the history.

Assign tests for Client to complete before next session. Note that all materials are in an envelope in the file room with the other test protocols. It is better that the client do the tests assigned at the Testing Office.

- Conner's Adult ADHD Rating Scale long version (self rating) (CAARS-S).
- Have a significant other do the CAARS-O (Long Observer version), fill out the Observer History Form and the Barkley Nine Items Observer form. Have test documents delivered in an envelope by the client. Instructions are for the person to fill out the forms without the client present, seal the test in the envelope, and mail it back to us. The client should not look at the test results. Call this person and discuss the CAARS-O results with him or her over the phone if possible.
- PAI or MMPI (broad mental health screen). I prefer the PAI.
- Patient Health Questionnaire (PHQ). Actually a psychiatric screening tool for primary care physicians, the tests have high specificity. This test screens anxiety, somatic concerns, depression, eating disorders, substance abuse, stress, and impairment. A mania item has been added to the end.
- Client fills out history questionnaire (Massachusetts Medical Center Adult ADHD Clinic Structured Protocol - MMCAACSP) that has been converted to a questionnaire.
- HS-32 Mania screen (more useful for discerning exaggeration of symptoms than mania)
- You may want to administer the Word Memory Test (Marc will do this for you if you schedule a one hour appointment. Label the appointment "assessment" and put WMT in the description.)

Gather information from significant others after you obtain a release

- In addition to talking to the person who filled out the CAARS-O, Observer History Form and the Barkley Nine Items Observer form, talk to anyone else that knew the client throughout his or her childhood if possible. Gathering information of impairment that crosses life domains from observers is important.
- Obtain whatever records of previous ADHD problems if possible (including old report cards, teacher comments, job evaluations, employment records, previous assessments, etc.).

Session 1 (may take two sessions)

- Counselor has above test results in hand. The interview, where historical information is gathered and confirms impairment in multiple domains from multiple sources is key to the diagnosis of this disorder. Information that is self report only should be used with caution. Using the MMCAACSP forms above, interview the client carefully to see how ADHD symptoms cross life domains and time; also clarify issues from the other tests. If ADHD was not diagnosed when the client was a child, discern a plausible explanation as to why this was overlooked.
- Go over the test results with the client at this time. Complete the ADHD Impairment form. If it seems that the client has been exhibiting significant ADHD symptoms and associated impairment then the diagnosis of ADHD is appropriate. At least half the time some other disorder is co-morbid. It may be helpful to also rule out any sort of learning disorder or cognitive impairment via an LD assessment.

Accommodations and treatment

- If the student wants testing accommodations due to the adverse impact of ADHD, note that there is currently no published documentation that extra time is necessary on examinations due to ADHD (Barkley, 2008, personal communication).
- A distraction reduced examination environment may be helpful as an accommodation for persons with ADHD.
- Coaching/counseling is an essential component of treatment.
- Refer to Health Center or private physician for medication management.