Assessment of Adult Attention Deficit Disorder

It is widely agreed that essential parts of a comprehensive assessment for Adult Attention Deficit disorder include a comprehensive clinical interview to establish onset of symptoms, to elicit evidence of chronic and pervasive functional impairment in major life activities, and to rule out alternative explanations for the student’s symptoms. Behavior rating scales are also widely accepted as being very helpful in clarifying whether the student exhibits ADD related behavioral problems at a level of frequency in their life consistent with this diagnosis. However, reliance on the self-report of students in a clinical interview or in completing behavior rating scales concerning the nature and time course of the development of their ADD related symptoms can lead to many false positive diagnoses – particularly in a time when students can easily educate themselves about ADD related symptomatology.

Neuropsychological testing is an objective and, therefore, necessary and useful adjunct to a clinical interview and behavioral rating scales in making an adult ADD diagnosis. Research and clinical experience suggests that most ADD students exhibit deficits in tests of sustained attention over periods exceeding 10 minutes. Many ADD students also exhibit deficits in executive function, divided attention, sustained attention over shorter time frames, and working memory. Executive functions include response inhibition, planning, organization, self-monitoring, and cognitive flexibility. However, some adults with ADD do not exhibit some of these cognitive deficits and some ADD students of well above average intelligence in particular exhibit none of these deficits in testing.

Consequently, Adult Attention Deficit disorder is a difficult diagnosis to make and a high quality, effective ADD assessment needs to include all of the following elements:

1. A careful clinical interview to (a) clarify the time of onset of ADD symptoms, (b) determine if and how the ADD related symptoms have a significant adverse impact on the student’s ability to function in their school, work, and personal lives, (c) rule out other psychiatric disorders and conditions that might produce ADD related symptoms, and (d) clarify if the student meets DSM-IV adult ADD diagnostic criteria.

Examples of the content of such comprehensive clinical interviews are provided by Thomas Brown, Ph.D. and Russell Barkley, Ph.D. and are readily available.

2. Behavior rating scales to determine if the student has experienced ADD related symptoms at a level of frequency consistent with this disorder in childhood and adulthood.

Examples of such rating scales are the Barkley Adult ADHD Self-Report Forms for current and childhood symptoms, the Brown adult ADD Scales, and the Conners Adult ADHD rating scales.

3. A comprehensive neuropsychological test battery assessing some executive functions as well as working memory and sustained and divided attention. It is also very helpful to get at least an estimate of overall intelligence level to put other test performances in an appropriate context. Tests used to evaluate these different cognitive abilities include the following:
Intelligence
1. Full scaled IQ can be estimated from the Wechsler Abbreviated Intelligence scale or selected subtests from the Wechsler Adult Intelligence Scale (WAIS) III or IV

Executive Functions
1. Response inhibition – The Fells Kaplan Executive Function System (DKEFS) Color Word Inference Test or the Stroop Color Word Test
2. Planning/organization – the DKEFS Tower test, the Tower of Hanoi Test, or the Tower of London test
3. Abstract and conceptual reasoning – the Booklet Category test, the Short Category test, NAB Categories test, the DKEFS Sorting test, or the WAISIII or IV Matrix Reasoning test
4. Self-monitoring – errors made on the DKEFS Color Word Inference and Design Fluency tests, the Digit Vigilance test, the NAB Number and Letter, the D2 test of Attention, and Letter Cancellation test

Working Memory
1. Verbal working memory – the WAIS-III or IV Letter Number Sequencing test and Digit Span Backwards test, and the Salthouse Listening Span test
2. Spatial working memory – the WMS_III Spatial Span backward test
3. Learning trials of list learning tests of verbal memory – the California Verbal Learning test II, the Rey Auditory Verbal learning test, the Hopkins Verbal Learning test, and the WMS-III Word Lists
4. Learning trials of visual trail test of spatial memory – the Ruff-Light Trail learning Test

Tests of Sustained Attention over Shorter Time Frames
1. Visual attention – the WAIS-IV Coding (Digit Symbol) test, the Digit Vigilance test, the NAB Number and Letters test Part A, the Letter Cancellation test, the D2 test of attention, the letter Cancellation test, the WAIS-IV Cancellation test, and the Visual Search and Attention test
2. Verbal Attention – the Paced Auditory Serial Addition test (PASAT)

Tests of Sustained Attention over Longer Time Frames
1. Visual sustained attention – the Test of Variables Attention (TOVA), the Conners Continuous Performance Test, the Gordon Diagnostic System, and the Intermediate Variables of Attention (IVA) test visual condition
2. Auditory sustained attention – the Intermediate Variable of Attention (IVA) test auditory condition

Tests of Divided Attention
1. Verbal Attention – the Paced Auditory Serial Addition test
2. Visual Attention – the NAB Number and Letters test Part D