

So,

you want an assessment for...

ADHD

a guide for students by an invigorated agitator



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What is ADHD and do I have it?

Attention Deficit Hyperactivity Disorder (ADHD) is a badly-named way of thinking about some peoples' brains and nervous systems. People call it a 'disease', 'problem', 'learning difficulty', 'disorder', 'disability' and all sorts, and whilst not to diminish these words it is often important to consider how ADHD is a form of neurodiversity.

The crux of this idea is that ADHD is a difference, not (just) a disease. Additionally, everyone with ADHD has different traits. For example, many people are not noticeably hyperactive. Also, the visibility or impact of traits can change over time.

Neurodiversity: a way of understanding humans as having diverse neurology types (brains and nervous systems) due to natural variations that have been essential to human evolution - not as diseases.

There tend to be five main areas of difference that ADHD brains have compared to what we're taught about standard - or neurotypical - brains:

1. Differences in **attention**, usually meaning extremes of total focus or constant distraction alongside difficulties organising, prioritising and starting tasks (usually called 'executive function disorder')
2. Differences in **body clock cycles, motivation and nervous activity** often leading to racing thoughts, a constant need for stimulation (causing the infamous fidgeting) and ever-changing sleep patterns
3. Lowered levels of **impulse control** which are typically most noticeable in social or emotional conflicts as well as situations that require creativity
4. Differences in **emotions** which may be alongside **secondary mental health conditions** or other **neurodiverse conditions**
5. A range of unique brain changes to compensate for the smaller and inactive regions of ADHD brains, examples of which are commonly: **enhanced logic, multiple developed forms of reasoning, high social intelligence, intuitive resourcefulness, energy bursts, multi-tasking skills, photographic memory, advanced imagination and abilities to empathise.**

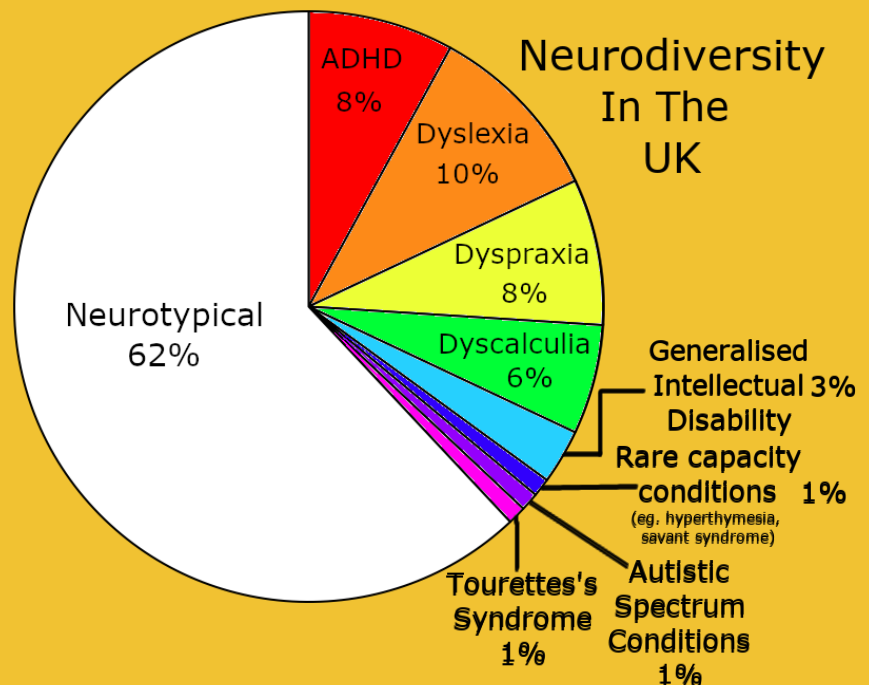
These can manifest as talents. The unique changes arise in a manner analogous to how people with impaired senses find their other senses grow as a result of relying on them, creating novel connections.

Finally, many people with ADHD have other neurodiverse or developmental health conditions since **ADHD is itself a genetically transmitted developmental condition.**

Some examples of co-occurring developmental health conditions might be: joint hypermobility; autoimmune disorders; IBS; allergies and intolerances; speech impairments; visual and hearing impairments; (often mild) cerebral palsy; sensory processing differences and tics.

On top of how prevalent neurodiverse conditions are in the general population, it's often surprising to learn how high the overlap is between conditions! **We are not alone.**

Condition	Co-occurrence with ADHD
Dyslexia	1 in 2 with ADHD have dyslexia and vice versa
Dyspraxia	1 in 2 with ADHD have dyspraxia and vice versa
Tourette's Syndrome	9 of 10 with Tourette's have ADHD
Autistic Spectrum Conditions	2 in 3 with ADHD have autistic traits, 8-fold more likely to meet full criteria for autism



Where to learn more about ADHD

This only scratches the surface of ADHD! There is so much more to learn, about how ADHD runs in families, how ADHD is a sleep disorder, the link between ADHD and trauma, how ADHD impacts mental health, the history of medicalisation and medication, why ADHD is underdiagnosed in the UK, how ADHD celebrities and cultural figures are everywhere and all kinds of coping strategies. Some good places to start learning are:

- ADHD Aware <https://adhdaware.org.uk/>
- How To ADHD https://www.youtube.com/channel/UC-nPM1_kSZf91ZGkcqy_95Q
- This Tumblr post <http://neurodiversitysci.tumblr.com/post/139769513631/>
- Delivered From Distraction by Dr Ed Hallowell <http://www.drhallowell.com/books/>
- Facebook group for University of Cambridge students with ADHD or questioning
Optionally join <https://www.facebook.com/groups/286817838816877/> and ask the admin, CUSU's Disabled Student's Officer for the secret (not closed) 'Cambridge ADHD/ADD Support Group' or email disabled@cusu.cam.ac.uk or ask the DRC!

Different types of ADHD diagnosis

There are three types of ADHD diagnosis. Each has a different process, average time-span, cost and outcomes.

1. NHS medical diagnosis: free, time-consuming (from a few months to a few years), leading to options for medication
2. Private educational diagnosis: £400, no medication options
3. Private medical diagnosis: £700-1300, medication options

Getting a diagnosis: NHS medical

An NHS assessment is often a long process. Overall it usually takes **between a few months and few years** to get assessed. The advantage is that once you have an NHS assessment, there's not much more 'proof' you'll ever need. Also it's free. Here's how it works:

1. Get a referral to the Adult ADHD Clinic by your GP.

- This should ideally be a **1-appointment visit** to your GP.
- You can **take along an ADHD symptom list with examples** from your life and should leave the meeting with a referral.
- If your GP **refuses to refer**, it may be because of blocks to a referral which you should get them to specify, such as rejection from the Clinic due to them thinking it's mental health rather than ADHD. There are **ways to challenge a rejection** if it's on these terms: contact an advocate. If it's due to the GP's own thoughts, the simplest solution is to **ask again and/or change GP**.
- A GP is **NOT** qualified to say you **DO** have ADHD and therefore **NOT** qualified to decide you **DON'T** have ADHD. They **MUST** refer you unless there is an official reason not to refer!
- More details on the **Adult ADHD Clinic in Cambridge** including their referral criteria can be found at their website:
<http://www.cpft.nhs.uk/services/adult-adhd-clinic.htm>
- The **medical list of Adult ADHD symptoms** can be found here:
<https://aadduk.org/symptoms-diagnosis-treatment/symptoms/>

2. The Adult ADHD Clinic will send you a pack of questionnaires to fill out and return after some time, usually within 1-2 months of receiving your referral, which you have to return. There are: [1] 2 self-assessments of childhood and adulthood symptoms respectively; [2] 1 assessment to be completed by someone who has known you closely within the last 6 months; [3] 1 assessment to be completed by family (or someone who has known you since early childhood); [4] 1 autism screening questionnaire and [5] a form asking for a medical history and personal information. There's quite a limited window on returning these, so it's imperative to be swift or you have to start again!

3. When you return your forms, the Adult ADHD Clinic will contact you to make an appointment which will happen usually within 3-6 months based on availability.

4. Attend the appointment with any evidence and get assessed. You can bring examples of symptoms with anecdotes from childhood and adulthood, extra evidence such as school reports, as well as any prior diagnoses such as an educational psychologist's assessment report.

5. After this, if you're diagnosed, there's a 6 month or more wait for a medication appointment, where you can start treatment under supervision of a psychiatrist if you want.

Getting a diagnosis: educational

An educational assessment for ADHD means arranging with a psychologist to look for strengths and weaknesses in different areas of learning, cognition and reasoning.

The results of a broad range of tests are used to construct an individual 'profile' which can be used as evidence to suggest a Specific Learning Difficulty (SpLD). However since ADHD is a medical condition that impacts learning, this process is not regarded as a medical diagnosis by a doctor and cannot be used to access medication.

Educational diagnoses can also identify co-occurring SpLD conditions such as dyslexia, dyspraxia and visual stress.

The results of an educational assessment can be used to enable academic (and workplace) adjustments, such as extra time in exams or specialist mentors. This also qualifies you for Disabled Students' Allowance, a type of government funding which can be used to buy assistive technology such as mind-mapping software or personal printer/scanners, if you apply for it.

At the University of Cambridge, educational diagnoses are arranged with Dyslexia Assessment and Consultancy (<http://www.workingwithdyslexia.com/>) via the Disability Resource Centre (DRC) (<https://disability.admin.cam.ac.uk>).

Appointments can be made in London, where the assessment group are based, or in Cambridge at the DRC where they visit regularly. It should be possible to arrange an assessment **within a month or two**. Assessments cost **£400** and are sometimes funded.

Here are the steps to take:

- 1. Contact your Tutor** at your college and ask if they will be able to fund the **£400** cost of an assessment with the DRC. Many colleges agree to pay this, but some will not, and some will partially fund or only reimburse a receipt.
- 2. Contact the DRC** and explain you are seeking an assessment for ADHD. They will offer you a screening which will be an appointment to discuss the symptoms of ADHD and what options you have for assessment. An opinion from the experienced DRC workers can be helpful, though you can ask to skip this and arrange the assessment with Dyslexia Assessment and Consultancy straight away if you prefer, which can be faster.
- 3. Contact Dyslexia Assessment and Consultancy** and pay for an appointment. Return their pre-assessment forms, attend the assessment, then the review session with the DRC when you get your assessment report back to put in place academic adjustments and discuss the next steps.

Getting a diagnosis: private medical

There are a range of private psychiatrists and clinics who can assess for Adult ADHD. It is important to contact the service and check what kinds of assessment you will get as well as the full costs of all steps involved including follow-up meetings and prescription costs, if you want to start medication. The total cost usually exceeds £700.

After a private diagnosis and starting medication privately it is sometimes possible, once your dose is stable, to transfer the prescription from the private service to your GP. This is called a shared-care agreement. Your GP has to agree to this in advance - and whilst this varies in different locations, the NHS policy in Cambridge is to refuse shared-care for ADHD and only allow GPs to take over prescriptions for adults who have pursued an NHS diagnosis followed by NHS medication services. This means you will typically have to complete the whole NHS diagnosis route anyway if you want prescriptions free of charge. Additionally, even if a GP does agree to shared-care with a private group, they can only issue or stop your prescription and are not qualified to adjust your dose, change medication type or restart your dose if they terminate medication, meaning you may need to pay for private services again. Still, it is always worth asking!

Some colleges fund or partially fund a private medical assessment for ADHD but this is notably rare, as it is a bit of a legal minefield to get involved in diagnosis of medical conditions. A few students have had success with applying to the Uni's Crane Fund (Crane's Charity) to get a private assessment. Contact your Tutor to discuss options!

Here are steps to a private assessment and medication:

- 1. Contact a private assessor and determine a plan. An example of an assessor in Cambridge is Cambridge ASD and ADHD Clinic (<https://cambridgeadhdclinic.com/>). This is not written here as a recommendation, but as an example to serve as an education into what an assessor's website, protocols and prices might look like. Different services will use different methods: many are valid but it's worth noting that the DIVA 2.0 is perhaps the 'gold standard' of ADHD assessment in terms of validating your diagnosis to services such as the NHS.**
- 2. Complete any forms your assessor requires and have one or more appointments with your assessor. This usually all takes place within one or two weeks from contact.**
- 3. Get your results and discuss any follow-up.**

4. Attend your first **follow-up** to begin medication, if desired. Follow-ups usually cost between **£100-300** and can usually be arranged within a week of diagnosis. There may be a further cost, between **£20-100**, for your first monthly prescription.
5. Attend the mandatory **2nd and 3rd follow-ups** to titrate your dosage, which happen a month and two months after you start medication. You may need repeat prescriptions which will have new prescription charges.
6. If your dosage is stabilised a month after your 3rd follow-up, you can transfer to 'shared care' at this stage with your GP's agreement. If not, it may be possible to obtain longer 2-month, 6-month or yearly prescriptions from your service, depending on their practice, which will result in less prescription costs.

Private costs and worked example

Stage	Typical cost	Example:	
Assessment	£700-1000	Assessment	£850
Follow-up	£100-300	1st follow up and prescription	£100 + £80 + £22.50
Cost to write prescription	£50-200	2nd and 3rd follow-ups and prescriptions	£100 + £80 + £22.50 + £100 + £80 + £22.50
Prescription charges	£20-100	<u>6-month prescription</u>	<u>£100 + £80 + £89</u>
		Total for first year	£1726.50

Breaking down the DIVA 2.0

The **Diagnostic Interview for Adults with ADHD (DIVA 2.0)** is the current 'gold standard' of ADHD assessment used by clinical psychologists in the NHS to assess adults for ADHD (alongside supporting evidence such as self-report scales). It is a **10 part face-to-face interview** administered in one sitting, usually over a couple of hours. **This is what happens at the diagnostic assessment, your first meeting at the Adult ADHD Clinic.**

Some people prefer to **examine the diagnostic assessment beforehand** so that they can understand what is being asked of them, however strictly speaking it is **seen by psychologists as bad practice** and weakening the assessment conclusion if someone knows the interview contents in advance, so **people often refrain from telling their assessor** that they are familiar with the DIVA 2.0. Conversely, others prefer to go into the assessment without having seen the DIVA 2.0 in advance as intended, and they may think that this provides a more robust sense of closure for them if they are then diagnosed.

Personally I did not examine the contents in advance. I am aware that many choose to and I think it is everyone's own choice - there's not really a right or wrong answer.

Here is a quote on this controversy from a student who looked at the DIVA 2.0 in advance:

“It was really useful for me to know what was coming up before the interview - I find situations like that stressful. The symptoms section, in particular, seemed to be completely at the whim of the assessor and I didn’t want to miss out on a diagnosis I’d waited months for just because I wasn’t getting across to the psych how distractible I am or something silly. I also suspect I might be mildly on the autistic spectrum and didn’t want to mess up by failing to understand what the questions are really looking for.”

Here is a quote from a student who chose not to look at the DIVA 2.0 in advance:

“I was tempted to, but I was worried I’d start outright lying just to meet the assessment criteria - or even to avoid a diagnosis. It had really been on my mind! I gathered from a friend that I would have to be unambiguous with my answers (for a change!) and not downplay my symptoms - other than that I wanted the decision to be all on them. It helped me accept the diagnosis more quickly after, I think.”

A link to the DIVA 2.0 can be found here:

http://www.divacenter.eu/Content/VertalingPDFs/DIVA_2_EN_FORM%20-%20invulbaar.pdf

Trivia: the DIVA 2.0 acronym comes from the full German name
Diagnostisch Interview Voor ADHD
bij volwassenen (2nd edition)

DIVA 2.0: stage by stage

In short, to be diagnosed with ADHD someone must meet all 5 criteria in the DIVA 2.0 and have supporting evidence OR a valid reason for lacking supporting evidence.

Here is a quick summary of the 5 criteria:

[A] childhood and adulthood symptoms of inattention, hyperactivity and impulsivity; [B] experiencing symptoms before age 7 (6 and below); [C and D] childhood and adulthood domains of impairment; [E] ruling out other psychiatric disorders as explanations.

To investigate these criteria, the diagnostic assessment has 10 stages: [1] asking about childhood and adulthood symptoms of inattention; [2] asking about childhood and adulthood symptoms of hyperactivity and impulsivity; [3] asking about the age symptoms began; [4] asking about impairment in childhood and adulthood; [5] looking at past and current mental health; [6] looking at past and current family and social history; [7] looking at past and current health and development history; [8] looking at alcohol and substance use; [9] looking at past and current criminal and forensic records; [10] looking to see that you are in a mental state conducive to giving a reliable interview.

Stage 1 and 2: Criterion A

The interview starts with the psychologist asking for adulthood and childhood examples of inattention, then hyperactivity and impulsivity. In each case they will ask about a specific symptom and look for examples. The assessor is looking for **reliable anecdotes and examples** and it is up to them whether they **judge your account as worthy or not**, paying attention to relevance and severity.

There are 9 symptoms of inattention, and 9 of hyperactivity/impulsivity.

To pass Criterion A, you must have **6 or more symptoms of inattention in both childhood and adulthood OR 6 or more symptoms of hyperactivity/impulsivity in both childhood and adulthood OR both.**

Most people prepare for this section by **preparing anecdotes** from childhood and adulthood of each symptom. This means a **total of 36 anecdotes.**

After collecting these examples, they will also ask whether you **feel/felt like you experienced these symptoms generally more than people your age as both a child and adult.**

Interview Questions

Inattention	Hyperactivity/Impulsivity
Do you often fail to give close attention to detail, or do you make careless mistakes in your work or during other activities?	Do you often move your hands or feet in a restless manner, or do you often fidget in your chair?
Do you often find it difficult to sustain your attention on tasks?	Do you often stand up in situations where the expectation is that you should remain in your seat?
Does it often seem as though you are not listening when you are spoken to directly?	Do you often feel restless?
Do you often fail to follow through on instructions and do you often fail to finish jobs or fail to meet obligations at work?	Do you often find it difficult to engage in leisure activities quietly?
Do you often find it difficult to organise tasks and activities?	Are you often on the go or do you often act as if “driven by a motor”?
Do you often avoid (or do you have an aversion to, or are you unwilling to do) tasks which require sustained mental effort?	Do you often talk excessively?
Do you often lose things that are needed for tasks or activities?	Do you often give the answer before questions have been completed?
Are you often easily distracted by external stimuli?	Do you often find it difficult to await your turn?
Are you often forgetful during daily activities?	Do you often interrupt the activities of others, or intrude on others?

Stage 3: Criterion B

After looking at your symptoms, the assessor will attempt to determine when these symptoms began. For an diagnosis to be given, it is expected that symptoms began before the age of 7, as in ages 6 or earlier.

Firstly you will be asked if you always remember having your symptoms. Secondly, you will be asked what age you remember these symptoms beginning and be asked to give examples.

It is important to note here that you are not being asked whether your symptoms are as severe, or as visible, or as impactful in childhood as they are in adulthood. You are being asked if you simply had the symptoms at these early ages.

Stage 4: Criterion C and D¹

The assessor will attempt to find the **negative impact** that symptoms have on your life. To be diagnosed, ADHD must **negatively impact and significantly impair** functioning in at least **two domains in childhood AND at least two domains in adulthood** in a way that can't be explained by other factors. For the strongest evidence, these should be **matched domains** between childhood and adulthood, but this is **not necessary for diagnosis**.

There are **5 possible domains of impairment** in adulthood and childhood. In each case the assessor is looking for typical types of impairment owing to ADHD symptoms (specifics can be found in the full DIVA 2.0 document). They will seek **examples** as well as the general sense that this has been **moderately impairing** in these contexts.

Possible domains of impairment

Childhood	Adulthood
Education	Work or education
Family relationships	Romantic relationships and/or family relationships
Social relationships	Social relationships
Free time and hobbies	Free time and hobbies
Self-confidence and self-image	Self-confidence and self-image

¹ Criterion C is awarded for evidence of symptoms in two domains, and Criterion D for evidence of these symptoms causing impairment.

Stage 5, 6, 7, 8 and 9: Criterion E

The assessor will look to see if a mental health condition instead explains your symptoms better than ADHD. They will favour an explanation of your symptoms as a mental health condition over giving a diagnosis of ADHD.

The clinical psychologist will ask about mental health, reviewing your medical history as detailed on your NHS records. They will question you on any history you have. It is up to you to describe your mental health. If they are looking at current or past periods of poor mental health, it can be helpful at this stage to answer questions by clearly stating how your mental health relates to your ADHD symptoms if you feel that is relevant. For example, answering “I have a low mood when I cannot sustain focus on my long-term goals at university” or “I get anxious when I am disorganised and late to social occasions”. It is entirely their discretion as to how they evaluate your mental health.

After, they will look at family and social history, with a mind to informing how they interpret your ADHD symptoms and mental health. It may be up to you to volunteer whether anyone in your family has ADHD or shows traits of ADHD.

Next, they will look at your health and developmental history such as the age you started talking, any allergies or chronic illness. Again, they may use this information to re-interpret their ideas about your mental health or ADHD symptoms. For example, if a period of severe back pain coincided with onset of depression, they may be less likely to see your ADHD symptoms as a result of ongoing or relapsing depression.

Subsequently, they will look at any history of alcohol or substance use. This is generally used to limit their confidence in a mental health or ADHD diagnosis. For example, volunteering “I used to heavily use cocaine, which coincided with the period I experienced manic episodes and was assessed for bipolar disorder” would make them less likely to see a past bipolar diagnosis as the main source of your ADHD symptoms.

Following on, they will look at any criminal history, engagement in criminal rehabilitation services or any attendance to services for those at risk of offending. This will once again be used to re-interpret their ideas about your mental health or ADHD symptoms, favouring the notion that a criminal history tends to be reflective of mental health conditions rather than ADHD, but simultaneously that ADHD can help explain some patterns in criminal history such as repeated use of illegal drugs.

Stage 10: reliability check

The psychologist reports your mental state to ensure that your faculties at the time of interview enable you to give reliable information: they check your appearance and behaviour for signs of abnormality as well as your speech. They may ask about mood, affect (emotions), sleep or appetite. They may further check that you are not having any delusional thoughts, no hallucinations in perception and that you are oriented to time and place. Finally they will report on your attention throughout the process and comment on your insight (understanding of the interview). This stage can all happen without any involvement on your behalf and mostly occurs without incident. The main complications that could prevent a diagnosis would be an acute mental health episode or proof of being intoxicated at the interview.

Supporting evidence

The psychologist will collect school reports, any educational diagnoses and information from your family or others who provided your pre-interview questionnaire and decide if these support or refute a diagnosis. They will typically make a diagnosis so long as there is supporting evidence of childhood symptoms from a parent, guardian or set of school reports alongside supporting evidence of adulthood symptoms from a partner, colleague or friend.

Lack of supporting evidence

A lack of supporting evidence, or evidence that contradicts the diagnosis, such as a parent submitting a low score for ADHD symptoms on the pre-assessment questionnaires will require a valid reason to explain.

For example, you may not be able to return a form with childhood symptoms if you are not wishing or able to contact any appropriate family members or guardians. Likewise, the psychologist may contact the person who filled out the childhood or adulthood pre-interview questionnaires in order to clarify, if their evidence contradicts the result or gives an more middling score. On this basis they may choose to seek a second opinion, issue a provisional diagnosis (which means you are treated as having a diagnosis but this may be reviewed after attending treatment) or decide that they can confidently diagnose without supporting evidence.

Conclusion

If you pass Criteria A-E, the reliability check and have supporting evidence (or an exception) then you will be diagnosed with ADHD. You will get a sub-type based on how you pass Criterion A (inattentive type, hyperactive/impulsive type or combined type). You may also get a co-diagnosis of mental health conditions or 'traits of' mental health conditions.

What can I do whilst waiting for help?

Waiting for an ADHD diagnosis or medication appointment can take a **long time!** Many people get an educational diagnosis to help provide closure as well as to begin academic adjustments whilst waiting for their medical diagnosis so they can try medication.

In the meantime, there is no reason to think of yourself as not having ADHD just because you're yet to get a doctor's diagnosis. There are all kinds of treatments and coping strategies for ADHD which you can access without a diagnosis. Most notably, **ADHD-specific Cognitive Behavioural Therapy (CBT)** is often as helpful or even more helpful for ADHD when compared with medication.

Some ideas include...

- Installing ADHD-friendly apps and technology
- Joining an Adult ADHD support group in person or online
- Changing up your diet, exercise and sleep habits
- Beginning a meditation, yoga or tai chi practice
- Developing or redeveloping a creative outlet
- Raising your consciousness around ADHD
- Healing from shame, low self-esteem and identity damage that has resulted from growing up with undiagnosed ADHD
- Building a support network and interconnected life