

**Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Statement to the Occupational Information Development Advisory Panel**

January 20-22, 2010

Dallas, Texas

**Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**<sup>1</sup> is a national non-profit voluntary health organization with 12,000 members, and 70,000 email constituents. CHADD was founded in 1987, as a response to the frustration and sense of isolation experienced by parents of children with AD/HD. Since its founding, CHADD's mission has been to improve the lives of individuals affected by AD/HD by providing education, advocacy and support for individuals with AD/HD, their families, and the professionals who work with them.

***CHADD***

The majority of CHADD's members are families of children with AD/HD or adults with AD/HD. About 1,200 CHADD members are professionals providing clinical, research, and other services to individuals with AD/HD. As a membership-based organization, CHADD has over 200 chapters and 300 "Parent-to-Parent" certified teachers throughout the United States. *Parent to Parent: Family Training on AD/HD* is a program that was developed over the course of two years to provide educational information and support for individuals and families dealing with AD/HD and learning to navigate the challenges of AD/HD across the lifespan. The curriculum was developed by parents who have lived the experience of having a child with AD/HD, but have also had access to the best researchers and practitioners. The entire course takes about 14 hours of time and participants receive extensive materials to support them, including articles, reference materials, handouts, and homework assignments.

In addition, CHADD produces the bi-monthly '*Attention*' magazine, hosts an annual conference and is the home of the National Resource Center on AD/HD (NRC).<sup>2</sup> The NRC is a public-private partnership established by the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities to act as the nation's clearinghouse on science-based information about all aspects of AD/HD.

***Attention-Deficit/Hyperactivity Disorder***

The American Psychiatric Association's Diagnostic and Statistical Manual IV-Text Revision (DSM-IV-TR) provides the criteria used by doctors, mental health professionals, and other qualified clinicians when making a diagnosis of AD/HD. The DSM-IV-TR states that the "essential feature of Attention-Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development" (APA, 2000, p. 85). The DSM-IV-TR, defines attention as the "ability to focus in a sustained manner on a particular stimulus or activity. A disturbance in attention may be manifested by easy distractibility or difficulty in finishing tasks or concentrating on work" (APA, 2000, p. 820).

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<sup>1</sup> More information on CHADD is available at <http://www.chadd.org/>.

<sup>2</sup> More information on the NRC is available at <http://help4adhd.org/>.

Recent reports by the Centers for Disease Control and Prevention find that parent's report that AD/HD affects 7.8 percent of children and as many as two-thirds of children with AD/HD have at least one co-occurring disability, with up to 50 percent having a co-occurring learning disability (CDC, 2005; Barkley, 2008). More than 70 percent of children with AD/HD will continue to experience symptoms of AD/HD into adolescence, and almost 50 – 65 percent will exhibit AD/HD characteristics as adults (Barkley, 2008). Recent evidenced-based research documents that 5 percent of adults in the United States have AD/HD (Barkley, 2008).

### ***Applicability of Occupational Information Development Advisory Panel to AD/HD***

The Occupational Information Development Advisory Panel (OIDAP) is charged with providing the Social Security Administration (SSA) with “independent advice and recommendations on plans and activities to replace the Dictionary of Occupational Titles currently used in the Social Security Administration’s disability determination process.” (OIDAP, n.d.). As stated in the OIDAP report, “SSA’s medical-vocational process and policy for assessing an individual’s residual functional capacity (RFC) and ability to work are tied to DOT constructs, definitions, and measures” (OIDAP, 2009, p. 8). It is for this reason that CHADD has decided to submit comments to OIDAP.

### ***Impact of AD/HD on Occupational Functioning***

Individuals with severe AD/HD have consistently been found ineligible for SSA benefits due to misinformation about the prevalence and potential extent of impairment in adults. This inaccuracy can be partially explained by the fact that the DSM-IV-TR includes AD/HD as a disability primary diagnosed in children, although it is now established in recent research literature that AD/HD also impacts adults (Barkley, 2008; Biederman, J., & Faraone, S.V., 2006). Furthermore, AD/HD is not included as a specific disorder in SSA’s medical listings (OIDAP, 2009). The presence of, or more accurately the absence of, the ability to sustain attention and engage in executive functioning skills are integral and necessary functions to being substantially and gainfully employed in the national economy.

Current evidence-based research documents the significant impact AD/HD can have on adults in regards to their employment outcomes. Adults with AD/HD when compared to their nondisabled peers are 2-4 times more likely to be terminated from a job (Barkley, 2008; Barkley, 2006), 52 percent more likely to change jobs (Barkley, 2008), work more part-time jobs (Barkley, 2008; Biederman, 2006; De Quiros, 2001), have lower job status (Barkley, 2008; Kessler, 2006; Biederman, 2006), and earn monthly incomes that are 20 – 40 percent less than their peers (Barkley, 2008; Kessler, 2006; Biederman, J., & Faraone, S.V., 2006; Biederman, J., & Faraone, S.V., et. al., 2006). The World Health Organization has found that 10.1 days of work are lost due to AD//HD (Kessler, 2006). In addition, adults with AD/HD also tend to be absent 22 more days a year (Kessler, 2006; de Graff, 2008). Furthermore, adults with AD/HD are more likely to have difficulty managing large workloads (Biederman, J., & Faraone, S.V., 2006), following instructions, meeting deadlines, and getting along with coworkers (Biederman, J., & Faraone, S.V., 2006; Barkley, 2008). The severity of an adult's AD/HD is negatively correlated with the employer’s lower ratings of workplace performance (Barkley, 2008). The more severe of self-reported symptoms of AD/HD, the more likely that the employer will rate the workplace performance of the employee as being negative.

### ***Importance of OIDAP Recommendation to Adults with AD/HD***

The OIDAP has made significant progress towards meeting its charge. CHADD fully supports the recommendation that a new occupational information system (OIS) be created to replace the Dictionary of Occupational Titles for SSA's disability adjudication system and that the new system includes the data elements as recommended by the OIDAP. Specifically, CHADD supports the OIDAP recommendation that a new content model and classification system encompass and integrate the categories of Person-Side, Job-Side, and Person-Job Link, as defined by the OIDAP.

In regards to the *Data Element Recommendations for Mental/Cognitive Demands of Work*, CHADD supports the OIDAP recommendation that the category of psychological abilities be divided into three broad categories including: neurocognitive functioning; initiative and persistence; and self-management. Specifically within these categories, CHADD supports the inclusion of Attention and Distractibility, and Processing Speed and Executive Functioning as necessary categories in the element of Neurocognitive Functioning, and Attendance/Punctuality, Initiative, Interpersonal Functioning, Response to Criticism as necessary categories in Initiative and Persistence. As discussed above, adults with AD/HD may exhibit marked deviations in their ability to perform any or all of these elements in the employment context.

Furthermore, the OIDAP's report states that a new OIS "must enable SSA to evaluate an individual's ability to perform work rather than to obtain work" (OIDAP, 2009, p. 11). As documented above, many adults have no difficulty with their ability to obtain work, but instead are significantly impaired in their ability to maintain continuous full-time employment, and improve their job status due to their disability. An underlying condition of being able to be substantially gainfully employed in any position, is the ability of the individual is to able sustain attention long enough to perform the required job tasks in a timely and accurate manner. Therefore, CHADD supports OIDAP's recommendation that further research is conducted on the mental/cognitive demands of work, and encourages OIDAP to recommend further research on the importance of attention as an underlying cognitive function that impacts both the mental/cognitive and interpersonal/temperaments in the domains of the "world of work" (OIDAP, 2009, p. 18). Specifically, CHADD recommends that OIDAP consider adding a layer between Level 4 and Level 3 of the person-side factors that recognizes the critical importance of sustained attention and attention to executive functioning skills as integral and necessary functions for all of the tasks contained in Level 4. For example, the ability to read or compute math has little meaning in the employment context, if the person is unable to sustain attention to attend to the task in a timely and accurate manner.

CHADD thanks the OIDAP for all of its work to date, and appreciates the opportunity to have input into the development of a new OIS that will replace the Dictionary of Occupational Titles used in SSA's disability adjudication process.

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