



# ADHD: DSM-5-TR DIAGNOSTIC CRITERIA AND BIBLICAL REFERENCE GUIDE

(APA, 2022; Adapted for Clinical Counseling and Biblical Application)

## I. DSM-5-TR Diagnostic Criteria for ADHD

### A. Core Definition

A persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development, characterized by (1) and/or (2):

#### 1. (1) Inattention

- a. Often fails to give close attention to details or makes careless mistakes.
- b. Often has difficulty sustaining attention in tasks or activities.
- c. Often does not seem to listen when spoken to directly.
- d. Often does not follow through on instructions or fails to finish duties.
- e. Often has difficulty organizing tasks and activities.
- f. Often avoids or is reluctant to engage in sustained mental effort.
- g. Often loses things necessary for tasks or activities.
- h. Is often easily distracted by extraneous stimuli (including internal thoughts).
- i. Is often forgetful in daily activities.

#### 2. (2) Hyperactivity and Impulsivity

- a. Often fidgets with or taps hands or feet or squirms in seat.
- b. Often leaves seat when remaining seated is expected.
- c. Often feels restless or unable to relax.
- d. Often unable to engage in leisure activities quietly.
- e. Is often “on the go,” acting as if “driven by a motor.”
- f. Often talks excessively.
- g. Often blurts out answers before questions are completed.
- h. Often has difficulty waiting their turn.

- i. Often interrupts or intrudes on others' conversations or activities.

### **Additional Diagnostic Criteria**

- B. Age of Onset: Several symptoms were present before age 12 years.
- C. Cross-Situational Presence: Symptoms present in two or more settings (home, school, work, etc.).
- D. Impairment: Clear evidence that symptoms interfere with or reduce quality of social, academic, or occupational functioning.
- E. Exclusion: Symptoms do not occur exclusively during schizophrenia or another psychotic disorder and are not better explained by another mental or substance-related disorder.

### **Presentations**

- 1. Combined Presentation – Both inattention and hyperactivity/impulsivity criteria met.
- 2. Predominantly Inattentive Presentation – Only inattention criteria met.
- 3. Predominantly Hyperactive/Impulsive Presentation – Only hyperactivity/impulsivity criteria met.

## **II. Pharmacologic Treatment**

- 1. Stimulants (First-Line): Block dopamine and norepinephrine reuptake (DAT/NET inhibition).
- 2. Nonstimulants (Second-Line or Adjunct): Used when stimulants are contraindicated or ineffective.
- 3. Adjunctive / Comorbidity-Focused: Address coexisting anxiety, depression, or impulse control issues.

## **III. Biblical Counseling Intervention**

- 1. Difference not Disease! Pick your work well!
- 2. Motive for change. 2 Corinthians 5:9 Can I serve God better?
- 3. Planning for change! The Franklin Planner, Day timer, or the equivalent.

4. Attention & Focus – Proverbs 4:25–27: “Let your eyes look directly ahead...” – Teach intentional focus; direct attention toward godly goals. Arranging the room. Reducing distractions.

5. Movement may be essential, but Self-Control & Impulsivity – Proverbs 25:28: “Like a city broken into... is a man who lacks self-control.” – Illustrates vulnerability when impulses are ungoverned. Plan movement at intervals.

3. Diligence & Perseverance – Proverbs 6:6–9: “Go to the ant... observe her ways.” – Encourages initiative and steady work. Procrastination is always a disadvantage!

4. Speech & Impulsive Talk – James 1:19: “Quick to hear, slow to speak, slow to anger.” – Promotes thoughtful communication. Learn focused listening.

5. Wisdom & Decision-Making – Proverbs 3:5–6: “Trust in the Lord... do not lean on your own understanding.” – Directs reliance on divine wisdom.

6. Anxiety, Rest, & Hope – Philippians 4:6–7: “Be anxious for nothing... the peace of God will guard you.” – Transforms worry into prayerful peace.

7. Identity & Transformation – Romans 12:2: “Be transformed by the renewing of your mind.” – We can become what script says we are.

#### IV. Summary

DSM-5-TR defines ADHD as a neurodevelopmental disorder involving inattention and/or hyperactivity-impulsivity that impairs functioning. It is far more likely to simply be a difference in learning and living.

***Psalm 90:12*** *So teach us to number our days that we may apply our hearts to wisdom!*