

# **EXHIBIT 1**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

A.F.,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Case No.: 2:23-cv-01241
	)	
ASSOCIATION OF AMERICAN	)	
MEDICAL COLLEGES,	)	
	)	
Defendant.	)	

**DECLARATION OF ALLYSON G. HARRISON, PH.D.**

I, Allyson G. Harrison, declare as follows:

1. Unless otherwise stated, this declaration is based on my personal knowledge.
2. I am a clinical psychologist, licensed to practice in the province of Ontario, Canada. I have been doing clinical work both privately and in a university counselling setting since 1990. Among other activities, I have maintained a private practice in clinical neuropsychology since 1992; I was an Instructor for undergraduate and graduate level psychology courses at Queen's University, in Kingston, Ontario, from 1998 through December 2022; and, from 2003 through December 2023, I served as the Clinical Director of the Regional Assessment & Resource Centre at Queen's University, a government-funded center that provides neuropsychological and psychoeducational assessments to any student accepted into or currently enrolled in a postsecondary institution in the province of Ontario. A true copy of my curriculum vitae is attached as Exhibit A.

3. Since 1990, my clinical practice has focused almost exclusively on the assessment and treatment of adolescents and adults with neurodevelopmental disorders such as Learning Disabilities and ADHD.

4. I have spent a significant part of my professional career researching issues that relate to the provision of accommodations in the college and university context, and on high-stakes standardized tests. As reflected on my CV, this research has resulted in the publication of numerous peer-reviewed papers, as well as several book chapters.

5. I have personally conducted or overseen several hundred evaluations of individuals to determine whether they have one or more mental impairments and, if so, what steps might be appropriate in response to those impairments. To the best of recollection and belief, I have recommended the provision of academic or testing accommodations in most of those instances.

6. I have also served as an outside consultant to several U.S. and Canadian entities that administer high-stakes standardized tests, with regard to requests for testing accommodations from prospective examinees.

7. In March 2023, I was asked by the Association of American Medical Colleges to review documentation relating to a prospective examinee's request that she be reconsidered for 50% extended test time on the Medical College Admissions Test. At the request of counsel, I refer to that examinee here as "A.F." I was provided with all documentation that A.F. and her counsel had submitted to AAMC in support of A.F.'s request for accommodations.

8. A true and correct copy of the report that I provided to AAMC in response to this request, dated March 30, 2023, is attached as Exhibit B.

9. Subsequent to providing my report to AAMC, I have been provided with the following additional documents that I understand were provided to AAMC by A.F. or her counsel or that have been filed by Plaintiff in this case:

- a. An Addendum to Dr. William Benninger's March 2023 Psychological Report on A.F., dated April 13, 2023.
- b. Various BAARS, CAARS and BRIEF Rating Forms completed by A.F. and one or more Observers and related documents, which Dr. Benninger apparently relied upon in preparing his March 2023 Psychological Report.
- c. The results from a portion of the WAIS-IV digit span test and the WAIS-IV vocabulary test that were presumably administered by Dr. Benninger (I note that they were administered in an manner that did not follow the stated procedures for giving and scoring those tests).
- d. A letter dated April 18, 2023 from Dr. Kathleen A. Costlow, supporting A.F.'s request for accommodations on the MCAT.
- e. An undated letter from A.F.'s Father.
- f. An undated letter from A.F.'s Mother.
- g. A supplemental personal statement from A.F. (also undated).
- h. An undated Declaration of A.F.
- i. An undated Declaration of Dr. Benninger.
- j. An undated Declaration of Dr. Costlow (but a faxed date of May 4, 2023)
- k. A document from Dr. Benninger dated June 3, 2023, identified as a "Response to AAMC-MCAT Accommodation Analysis dated 05/03/2023 Re: [A.F.]"
- l. A.F.'s SAT and AP score reports.

10. None of the documents referenced above change any of the opinions that I provided in my March 30, 2023 report to AAMC (Exhibit B to this Declaration).

11. Paragraph 14 of the Declaration of Dr. Benninger referenced above states that “A.F.’s academic success and success outside of school have no bearing on her need for the ‘extra time’ accommodation.” Paragraph 9 of the above-referenced Declaration of Dr. Costlow contains the identical statement. I strongly disagree with this statement. Information regarding how an individual has performed in academic settings -- including, in particular, other standardized testing situations -- provides important and directly relevant information regarding the functional impact that a given impairment has on that individual, the need for accommodations, and what accommodations, if any, might be needed. If past performance was achieved with accommodations, that fact of course also informs the analysis and should be considered. Likewise, if past academic performance and performance on other standardized tests was achieved with no accommodations, that information is relevant and appropriately considered.

12. Paragraph 6 of the above-referenced Declaration of Dr. Costlow states as follows:

Based upon my education, experience, and training, as well as my evaluation and testing of A.F., I can reasonably state to a degree of medical certainty A.F. has significant functional difficulties associated with her anxiety which impairs her ability to read, concentrate, and answer questions. This disability substantially limits her ability to read, retain what she reads and concentrate as compared to most people in the general public.

Dr. Costlow does not state in her Declaration what testing she did with A.F., and I am unaware of any documents that evidence any formal or objective testing by Dr. Costlow.

13. Putting aside the self-report of A.F. and her parents, none of the documents that I have reviewed would support Dr. Costlow’s assertion that A.F.’s anxiety “limits her ability to read, retain what she reads and concentrate as compared to most people in the general public.”

14. Paragraph 9 of the above-referenced Declaration of Dr. Benninger is very similar to Paragraph 6 of Dr. Costlow's Declaration. It states as follows:

Based upon my education, experience, and training, as well as my evaluation and testing of A.F., I can reasonably state to a degree of medical certainty A.F. has significant functional difficulties associated with her ADHD symptoms, including Executive Function impairments which impair her ability to remember what she read and concentrate. This disability substantially limits her ability to retain what she read and concentrate as compared to most people in the general public.

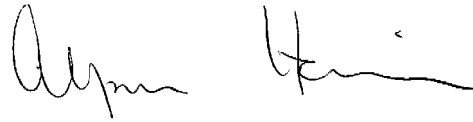
Although not stated, I assume that the "testing" referred to by Dr. Benninger is the testing discussed in his March 2023 Psychological Report. I have carefully reviewed that testing. For the reasons stated in my March 2023 report to AAMC, the limited testing undertaken by Dr. Benninger does not support the conclusion that A.F. is substantially limited in her ability to read written content such as the MCAT, relative to the general population. And, again putting aside the self-report of A.F. and her parents, none of the documents that I have reviewed would support Dr. Benninger's statement that A.F.'s "ADHD symptoms, including Executive Function impairments" limits her ability to "concentrate as compared to most people in the general public."

15. Based upon my careful review of all the documentation in this case, it is my opinion that A.F. is not substantially limited in reading, concentrating, or any other ability that is relevant to taking the MCAT exam, when her abilities are compared to most people in the general population.

16. It is my understanding that, after I provided my report and recommendation to AAMC on March 30, 2023, AAMC again reconsidered A.F.'s request for extra testing time based upon additional documentation submitted to AAMC by her counsel. It is my further understanding that, after getting input from another external professional, AAMC approved 25% extra testing time for A.F., in addition to the accommodations that it had previously approved. It continues to be my opinion that no extra testing time is needed or warranted for A.F., even when one considers (as I have) the additional documentation provided by A.F.'s counsel in support of her most recent

reconsideration request. In all events, however, the accommodations that AAMC has now approved for A.F. are, in my opinion, more than adequate to ensure that she can take the MCAT in an accessible manner and without being at a disadvantage relative to other examinees because of her diagnosed impairments.

I declare under penalty of perjury that the foregoing is true and correct, this 8th day of June, 2023.

A handwritten signature in black ink, appearing to read "Allyson G. Harrison". The signature is written in a cursive, flowing style.

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Allyson G. Harrison, Ph.D.

# **EXHIBIT A**



# ALLYSON G. HARRISON, PH.D.

## PSYCHOLOGIST

234 WILLINGDON AVE • KINGSTON, ONT. • K7L 4J1  
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### CURRICULUM VITAE

#### EDUCATION

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- 1992 Ph.D., Clinical Psychology, Queen's University,  
Kingston, Ontario
- 1986 M.A. in Clinical Psychology, Queen's University,  
Kingston, Ontario
- 1984 Completed Coursework for M.A. in Special Education,  
University of Toronto (Ontario Institute for Studies in  
Education).
- 1983 B.Sc. (Honours) Biology/Psychology, Graduated with  
High distinction, University of Toronto

#### EMPLOYMENT EXPERIENCE

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- March 27, 2023-present Research Psychologist, Regional  
Assessment & Resource Centre,  
Queen's University, Kingston
- May 1, 2016-2022 Associate Professor  
Department of Clinical Psychology  
Queen's University, Kingston
- May 1, 2003-Dec 2022 Clinical Director & Clinician,  
Regional Assessment & Resource  
Centre, Queen's University,  
Kingston
- May 1, 1997-2003 Learning Disabilities Specialist,  
Student Counselling Service,  
Queen's University, Kingston
- 1998-Dec 2022 Instructor for Undergraduate &  
Graduate level Psychology courses,  
Queen's University, Kingston:

- Advanced Practicum Placement (1998-2022)*
- Advanced Assessment (adult) (2001-2019)*
- Abnormal Psychology (2007)*
- Child Neuropsychology (2004-5)*
- Introductory Psychology (1998-1999)*

May, 1992-present	Part-time private practice, clinical neuropsychology
1997-1998	Neuropsychological Consultant, Health Recovery Clinic, Toronto, Ont.
1996-1997	Neuropsychologist, Health Recovery Clinic, Toronto, Ont.
Oct. 1994-1996	Learning Disabilities Specialist, Access Center, Ryerson University, Toronto, Ont
Sept.1990-April,1995	Learning Disabilities Specialist, Student Counselling Service, Queen's University, Kingston
1988-1990	Counsellor, Student Counselling Service, Queen's University, Kingston
1988-1994	Course Instructor Introductory Psychology, Queen's University, Kingston

GRADUATE TRAINING (INTERNSHIPS)

Sept.-April 1987-88      Clinical Internship, Queen's Student  
Counselling Service, Kingston, Ont.

April-Sept.1987      Neuropsychological Internship,  
Baycrest Geriatric Hospital (Edith  
Kaplan & Guy Proulx, supervisors)  
Toronto, Ont.

PUBLICATIONS

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## PAPERS

- Harrison, A.G., & Edwards, M.J. (in press). The ability of self-report methods to accurately diagnose Attention Deficit Hyperactivity Disorder: A Systematic Review. *Journal of Attention Disorders*.
- Harrison, A. G., Beal, A. L., & Armstrong, I. T. (2023). Predictive value of performance validity testing and symptom validity testing in psychoeducational assessment. *Applied Neuropsychology: Adult*, 30(3), 315–329.
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- Lovett, B.J., Harrison, A.G., & Armstrong, I.T. (2022). Processing speed and timed academic skills in children with learning problems. *Applied Neuropsychology: Child*, 11(3), 320–327.
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- Harrison, A.G., Harrison, K.A., & Armstrong, I.T. (2022). Discriminating malingered Attention Deficit Hyperactivity Disorder from genuine symptom reporting using novel Personality Assessment Inventory validity measures. *Applied Neuropsychology: Adult*, 29(1), 10–22
- Lovett, B.J., & Harrison, A.G. (2021). Assessing Adult ADHD: New Research and Perspectives. *Journal of Clinical and Experimental Neuropsychology*, 43(4), 333–339.
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- Lovett, B.J., & Harrison, A.G. (2021). De-Implementing Inappropriate Accommodations Practices. *Canadian Journal of School Psychology*, 36(2), 115-126.
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- Harrison, A.G., & Armstrong, I.T. (2020). The license plate test performance in Canadian adolescents with learning disabilities: A preliminary study. *Applied Neuropsychology: Child*, 9(4), 360-366.
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- Grossman, M., Best, M., Harrison, A.G., & Bowie, C. (2019). Comparison of the neurocognitive profiles of individuals with elevated psychotic or depressive symptoms. *Early Intervention in Psychiatry, 13*(4), 928-934
- Harrison, A.G., Nay, S., and Armstrong, I.T. (2019). Diagnostic accuracy of the Conners' Adult ADHD Rating Scale in a postsecondary population. *Journal of Attention Disorders, 23*, 1829-1837.
- Harrison, A.G., & Stewart, M. (2019). Diagnostic implications of the double deficit model for young adolescents with dyslexia. *Dyslexia, 25*, 345– 359.
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- Harrison, A.G. (2017). Clinical, Ethical, and Forensic Implications of a Flexible Threshold for LD and ADHD in Postsecondary Settings. *Psychological Injury and Law, 10*(2), 138-150.
- Harrison, A.G. & Armstrong, I.T. (2016). Development of a symptom validity index to assist in identifying ADHD symptom exaggeration or feigning. *The Clinical Neuropsychologist, 20*(2), 265-283.
- Harrison, A.G., Holmes, A., Silvestri, R., & Armstrong, I.T.

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Harrison, A.G., Flaro, L. & Armstrong, I.T. (2015). Rates of effort test failure in children with ADHD: An exploratory study. *Applied Neuropsychology: Child*, 4(3), 197-210.

Harrison, A.G., Armstrong, I.T., Harrison, L.E., Lange, R.T., & Iverson, G. L. (2014). Comparing Canadian and American Normative Scores on the Wechsler Adult Intelligence Scale-Fourth Edition. *Archives of Clinical Neuropsychology*, 29, 737-746.

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Harrison, A.G., Lovett, B.J. & Gordon, M. (2013). Documenting Disabilities in Postsecondary Settings: Diagnosticians' Understanding of Legal Regulations and Diagnostic Standards. *Canadian Journal of School Psychology*, 28 (4), 303-322.

Harrison, A.G., Alexander, S. & Armstrong, I.A. (2013). Higher Reported Levels of Depression, Stress, & Anxiety are Associated with Increased Endorsement of ADHD symptoms by Postsecondary Students. *Canadian Journal of School Psychology*, 28(3), 243-260.

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- Harrison, A.G. & Wolforth, J. (2012). Findings from a Pan-Canadian survey of Disability Services Providers in Postsecondary Education. *International Journal of Disability, Community and Rehabilitation, 11(1)*.
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- Larochette, A. & Harrison, A.G. (2012). Word Memory Test Performance in Canadian Adolescents with Learning Disabilities: A Preliminary Study. *Applied Neuropsychology Child, 1(1), 38-47*.
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- Harrison, A.G. & Edwards, M.J. (2010). Symptom Exaggeration in Post-Secondary Students: Preliminary Base Rates in a Canadian Sample. *Applied Neuropsychology, 17*, 135-143.
- Harrison, A.G., Rosenblum, Y. & Currie, S. (2010). Examining unusual Digit Span performance in a population of post-secondary students assessed for academic difficulties. *Assessment, 17*, 283-293.
- Rosenblum, Y., Larochette, A., Harrison, A.G. & Armstrong, I. (2010). The relation between comprehensive assessment procedures and diagnostic stability in school aged children identified with learning disabilities. *Canadian Journal of School Psychology, 25*, 170 - 188.
- Larochette, A., Benn, K., & Harrison, A.G. (2009). Executive Functioning: A Comparison of the Tower of LondonDX and the D-KEFS Tower Test. *Applied Neuropsychology, 16*, 275-280.
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- Harrison, A.G., Larochette, A, & Nichols, E. (2007). Students with Learning Disabilities in postsecondary education: Selected initial characteristics. *Exceptionality Education Canada, 17*, 135-154.
- Harrison, A.G., Edwards, M.J, and Parker, K.C. (2007). Identifying students faking ADHD: Preliminary findings and strategies for detection. *Archives of Clinical Neuropsychology, 22*(5), 577-588.
- Tombaugh, T., Rees, L., Harrison, A.G., & Smith, A. (2007). The effects of mild traumatic brain injury on speed of information processing as measured by the computerized test of information processing (CTIP). *Archives of*

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- Harrison, A.G. (2006). Adults faking ADHD? You must be kidding! *ADHD Report*, 14, 1-7.
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- Harrison, A.G., & Nichols, E. (2005). A validation study of the Dyslexia Adult Screening Test (DAST) in a post-secondary population in Canada. *Journal of Research in Reading*, 28 (4), 423-434.
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#### BOOK CHAPTERS

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- Harrison, A.G., & McCarron, M. (in press). Supports and Services for Students with Disabilities in Postsecondary Education in Canada. In Joseph W. Madaus and Lyman Dukes III (Eds.) *Handbook on Higher Education and Disability*. Northampton: Edward Elgar Publishing
- McCarron, M., Harrison, A.G., & Pollock, B. (in press). Preparing for Postsecondary Education in Canada as a Student with a Disability. In Joseph W. Madaus and Lyman Dukes III (Eds.) *Handbook on Higher Education and Disability*, Northampton: Edward Elgar Publishing
- Harrison, A.G., Lee, G., & Suhr, J. (2021). Use of Performance Validity Tests and Symptom Validity tests in Assessment of Specific Learning Disorders and Attention Deficit Hyperactivity Disorder. In Kyle Boone (Ed.).

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New York: Guilford Press.

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Freeman, J., Harrison, A.G. & Holtermann, E. (2012). Navigating the Postsecondary Landscape. In B. Wong & D. Butler (Eds.). *Learning about Learning Disabilities, 4th Ed.* Toronto: Elsevier.

*POLICY REPORTS, RESEARCH REPORTS, & BOOK  
REVIEWS*

Holmes, A., Harrison, A.G, Silvestri, R. & Armstrong, I.T. (2014). *Intellectual Disabilities within Canadian Postsecondary Educational Institutions: A Canadian Literature Review*. Ottawa. Human Resources and Skills Development Canada.

Holmes, A., Silvestri, R. & Harrison, A. (2011). *Employment Experience of Ontario's Postsecondary Graduates with Learning Disabilities*. Toronto: Higher Education Quality Council of Ontario.

Harrison, A.G., Holmes, A., Silvestri, R., & Medd, J. (2010) *Learning Disabilities at the Post-secondary Level in Canada: A Literature Review*. Ottawa. Human Resources and Skills Development Canada.

Harrison, A.G. (2009). Review of Clinical assessment of malingering and deception, 3rd edition. *Canadian Psychology, 50(4)*, 294-295.

Nichols, E., Harrison, A.G., McClosky, L. & Weintraub, L. (2002). *It's about belonging: Learning Opportunities Task Force report: 1997 to 2002*. Richmond Hill, Canada: Ministry of Training Colleges and Universities.

*PRESENTATIONS & POSTERS*

- Harrison, A.G., & Pollock, B. (2021). *COVID-Related Issues that May Mimic ADHD symptoms: Lessons Learned from a Virtual ADHD Screening Clinic*. Presentation at the 17th Annual CADDRA ADHD Conference, October 3, 2021.
- Harrison, A. G. (2020). *Understanding normal variability in human performance when making disability determinations*. Poster session presented at the meeting of the International Neuropsychological Society, Denver, CO., February.
- Angers, K., Lee, G.J., Harrison, A.G., & Suhr, J.A. (2018). *Indices of self-report validity in attention-deficit/hyperactivity disorder (ADHD) symptomatology and its relationship to self-reported functional impairment*. Presented at the International Neuropsychological Society meeting, Washington, D.C. , February
- Cook, C., Lee, G., Harrison, A.G., & Suhr, J. (2018). *Relationship of performance validity test failure to self-reported functional impairment in attention-deficit/hyperactivity disorder (ADHD)*. Presented at the International Neuropsychological Society meeting, Washington, D.C. , February
- Harrison, A.G. (2018). *No Kidding: Validity Testing in the Assessment of School-aged Children and Adolescents*. Invited workshop presented at the National Academy of Neuropsychology annual convention, New Orleans, LA., October.
- Harrison, A.G. & Suhr, J. (2017). *Detection of Noncredible Presentation in Learning Disorders*. Invited workshop at the annual American Academy of Clinical Neuropsychology conference, Boston, M.A., June.
- Harrison, A.G (2016). *Clinical implications of the Double Deficit model for adolescents with Dyslexia*. Invited presentation at *British Dyslexia International Conference*, Oxford, England, March.
- Harrison, A.G., & Armstrong, I.T. (2015). *Comparing Canadian and American Normative Scores on the Wechsler Intelligence Scale for Children-Fourth Edition*.

- Poster presented at *National Academy of Neuropsychology Annual Conference*, Austin, Tx, Oct.
- Harrison, A.G. (2014). *Development of a symptom validity scale to identify symptom overreporting*. Senior Researcher Presentation, CADDRA annual Conference-Research day, Toronto, Ont. October.
- Harrison, A.G. (2014). *Do Symptom Validity Tests falsely accuse Dyslexic students of feigning learning problems?* Invited presentation at British Dyslexia International Conference, Guildford, England, March.
- Harrison, A.G., & McCarron, M., & Armstrong, I. T. (2014). *Changes in Outlook for Students with Dyslexia After Completing the 'Online to Success' Transition Program*. Poster presented at British Dyslexia International Conference, Guildford, England, March.
- McCarron, M., Harrison, A.G., Armstrong, I.A., & Rynard, D. (2014). *Transitioning to higher education levels for students with Dyslexia*. Poster presented at British Dyslexia International Conference, Guildford, England, March.
- Harrison, A.G., Armstrong, I.T., Harrison, L., & Iverson, G. (2013). *Comparing the Canadian and American WAIS-IV normative systems in postsecondary assessment data*. Poster presented at *National Academy of Neuropsychology Annual Conference*, San Diego, Oct.
- Harrison, A.G., Armstrong, I.T., & Flaro, L. (2013). False positive identification of students with ADHD when using symptom validity tests. Poster presented at *National Academy of Neuropsychology Annual Conference*, San Diego, CA., Oct.
- Grossman, M., Harrison, A.G., & Bowie, C.R. (2013). Comparing the neurocognitive performance of students with high schizotypal traits to those with and without a learning disorder. Poster presented at the biennial meeting of the *International Congress on Schizophrenia Research, ICOSR*, Orlando, FL
- Harrison, A.G. (2012). *Evaluating Disability Documentation & Determining Appropriate Accommodations*. Presentation at *High Incidence Disabilities in Higher Education Conference*, Toronto, ON. May.
- Harrison, A.G. (2012). *Are They Faking or Is It Real?*

- Research on Symptom Validity Testing for Learning Disability and ADHD Assessment. Symposium presented at the *International Neuropsychological Society Annual Meeting*, Montreal, QC; February.
- Harrison, A.G. & Medd, J. (2011). Screening University Students for Possible ADHD: Think Horses Not Zebras. Award winning poster presented at *the CADDRA annual Conference*, Toronto, Ont. November
- Harrison, A.G. (2011). A Canadian context for the diagnosis of post-secondary students with specific learning disabilities. Symposium presentation, *Canadian Psychological Association Annual Conference*, Toronto, On.
- Harrison, A.G. & Armstrong, I. (2011). Examining unusual Digit Span performance in a sample of adolescent Dyslexics. Poster presented at the *European Symposium on Symptom Validity Assessment*, London, England. May.
- Harrison, A.G. & Suhr, J. (2010). The need for Symptom Validity Testing in Post-secondary Student Populations: Selected Case Study Examples. Poster presented at *National Academy of Neuropsychology Annual Conference*, October, 2010
- Larochette, A., Bowie, C.R, Harrison, A.G. (2009). Comorbid ADHD and Depression in Adults: Additive Effects on Neurocognition. Poster presented at *National Academy of Neuropsychology Annual Conference*, New York, NY., November, 2009
- Harrison A.G., & Edwards M. (2009). Word Memory Test Performance of Children with Reading Disabilities. Poster presented at *National Academy of Neuropsychology Annual Conference*, November, 2009
- Harrison, A.G. & Holmes, A. (2009). Mild Intellectual Disability. Research and Best Practices. Invited presentation at *College Counsel on Disability Issues Annual Meeting*, May, 2009
- Harrison A.G. & Edwards, M.J. (2008). How easily can post-secondary students feign symptoms of reading disabilities? Poster presented at *National Academy of Neuropsychology Annual Conference*, October, 2008
- Harrison, A.G. (2008). Identifying Students Feigning either ADHD or Dyslexia: Preliminary Findings and Strategies for Detection. Invited presentation at the *British Dyslexia Association International Conference*, Harrogate, UK, March,
- Harrison, A.G. & Wolforth, J. (2008). Dyslexia and other

Specific Learning Disabilities in Canadian Universities and Colleges: Are Disability Service Providers Confident about their Ability to Distinguish Students who really has a specific learning disability from those who do not? Presented at the *British Dyslexia Association International Conference*, Harrogate, UK, March,

Harrison, A.G. (2007). Identifying Students Faking either Dyslexia or ADHD: Preliminary Findings and Strategies for Detection. Invited paper at *The International Neuropsychological Society Mid-Year Meeting*, Bilbao, Spain, July

Harrison, A.G. (2006). Adults faking ADHD? You must be kidding! Invited Special Topics Presentation, *National Academy of Neuropsychology*, San Antonio, Tx, October.

#### TRAINING WORKSHOPS GIVEN

- ❖ Introductory Rorschach workshop, July 8-12, 2013. Kingston, Ont.
- ❖ Advances in the assessment of adolescents & adults with LD and ADHD. April 21, 2006, Ottawa, Ont.
- ❖ Advances in the assessment of adolescents & adults with LD and ADHD. November 21, 2005, Waterloo, Ont.
- ❖ Introductory Rorschach workshop. January 4-April 3, 2004. Kingston, Ont.
- ❖ Introductory Rorschach workshop. May 7-9, 2001. Kingston, Ont.
- ❖ Assessment and differential diagnosis of LD and ADHD in Adults. Kingston Psychiatric Hospital's annual professional development day, January 27, 2000.

## APPOINTMENTS

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- 2016 Appointed Associate Professor, Department of Psychology, Queen's University
- 2012-2015 Chair of the Investigations, Complaints and Reports Committee (ICRC), College of Psychologists of Ontario.
- 2012 Appointed Chair of the Grants Committee, Justin Eves Foundation for persons with Learning Disabilities.
- 2009 Editorial Board, Journal of Psychoeducational Assessment.
- 2007 Editorial Board, Canadian Journal of School Psychology.
- 2006-2008 Vice-Chair of Queen's University First Generation Committee
- 2002 Appointed Adjunct Professor, Department of Psychology, Queen's University, Kingston, Ont.
- 2002 Appointed to the Board of Directors, Justin Eves foundation for persons with Learning Disabilities.
- 1999-2003 Appointed to Promoting Early Intervention steering committee of the Provincial Ministry of Education, to develop standards and guidelines for early identification and assessment of children with congenital or acquired learning disabilities.
- 1997-2003 Appointed to Learning Opportunities Task Force, Ministry of Education and Training, to investigate transitional issues and barriers facing persons with neurologically based learning disabilities.
- 1995-97 Member of Learning Disabilities Association of Ontario (LDAO) committee advising the Ministry of Education on the development and implementation of a Learning and Employment Assessment Profile for Adults with learning disabilities (LEAP).
- 1994 Appointed Clinical Supervisor, Department of Psychology, Queen's University, Kingston, Ont.
- 1986-1990 Member of Principal's advisory committee on the needs of students with Disabilities, Queen's University, Kingston, Ont.



AWARDS & GRANTS RECEIVED

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- 2014 Mental Health Innovation Grant, Ministry of Training, Colleges & Universities, Ontario (\$400,000)
- 2013 Intellectual Disabilities in Postsecondary, Literature Review Canada Student Loan Program (\$25,000)
- 2010 Learning Disabilities Literature Review Grant, Canada Student Loan Program (\$25,000)
- 2008 Higher Education Quality Counsel of Ontario Research Award (\$75,000).
- 2008 National Academy of Neuropsychology Clinical Research Award (\$15,000)
- 2006 Advisory Research Committee Award, Queen's University. (\$3,000)
- 1995 Provincial Anti-harassment and Discrimination Committee Award to develop a Learning Disabilities education and awareness program for Universities and Colleges in Ontario (\$30,000)
- 1994-95 Principal's Development Fund Award, Queen's University.
- 1988-89 Ontario Graduate Scholarship
- 1987-88 Queen's Graduate Fellowship
- 1986-87 Ontario Graduate Scholarship
- 1985-86 R.S. McLaughlin Fellowship
- 1984-85 Queen's Graduate Fellowship
- 1983 G.A. Cox Gold Medal in Science, University of Toronto
- 1983 Scott Memorial Scholarship in Science, University of Toronto
- 1979-83 John D. Robins Memorial Scholarship, Victoria College, University of Toronto
- 1980 Ruby S. Atkin Prize in English and Science, Victoria College, University of Toronto

PROFESSIONAL MEMBERSHIPS

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- Canadian Psychological Association (CPA)
- College of Psychologists of Ontario
- National Academy of Neuropsychology (NAN)
- Canadian Association of Disability Service Providers in Post Secondary Education

# **EXHIBIT B**

Allyson G. Harrison, Ph.D., C.Psych  
234 Willingdon Ave  
Kingston, Ont.

March 30, 2023

Dr. Kathryn Bugbee, Ph.D.  
AAMC, MCAT Program  
655 K St NW  
Washington, DC

Re: Appeal by Ms. A [REDACTED] F [REDACTED]

Dear Dr. Bugbee:

Thank you for your request that I review the documentation provided by Ms. F [REDACTED] in support of her appeal of accommodation.

She was first diagnosed with ADHD in October 2022. Prior to this, it appears that she was given accommodations at Duke University at least as early as April 2021, although the basis for these earlier accommodations is not clear. Her psychiatric physician extender reportedly determined in October of 2022 that her client met the diagnostic criteria for ADHD based on interview and completion of questionnaires. Her client is also said to have a history of Generalized Anxiety and difficulty with emotional regulation. Despite this diagnosis, psychiatric physician extender notes that there is minimal documentation of dysfunction in academics during Ms. F [REDACTED]'s childhood.

Ms. F [REDACTED] asserts that she has struggled to process information since her youth, and that hyperactivity, impulsivity and inattention have plagued her all her life. Although she was diagnosed with an anxiety disorder in high school, she feels that her anxiety was actually due to undiagnosed ADHD. Dr. Benninger's report also suggests that Ms. F [REDACTED] has many Obsessive-Compulsive symptoms. She acknowledges doing well academically in high school but feels this is because her school did not often use pressured time conditions. Nevertheless she says that she scored below average in the class when required to take standardized tests (although specific classes are not identified). Reportedly, during her standardized testing she found it difficult to read the words on the page and claims she never finished the sections on time, especially sections like the reading and science sections of the ACT, as they included passage-based questions.

She says she struggled with test-taking in college, giving an example of a second year biology class where she fixated on a single problem for over 30 minutes and as a result left half of the test blank.

In her initial application, she requested 50% extra test time and a separate room in which to write. Reportedly, AAMC offered her only 60 minutes per hour of flexible breaks.

Ms. F█████ and her lawyer now argue that she must have her requested accommodations due to her diagnosed conditions, stating provision of 60 minutes of flexible break time is not sufficient. Based on her Other specified neurodevelopmental disorder, ADHD, working memory and other executive functioning impairments, and anxiety disorder, Mr. Goldstein argues that his client must be provided with extended test-taking time and a quiet, distraction-free location in which to write. Ms. F█████ says that without these accommodations she will not be able to show medical schools her full potential.

When taking practice MCATs she says that she is not able to finish all of the Critical Analysis and Reasoning section (and other sections, too). Without 50% extra time, she predicts that she will not be able to finish the high pressure timed MCAT and her score will not reflect her true abilities.

Until April of 2021, she had never previously been provided with any formal extra time accommodations (or academic accommodations of any sort). She completed high school and her first two years at Duke University without formal accommodations, and wrote the ACT and her AP exams without accommodations.

#### Analysis of information provided

In order to qualify for accommodations as a person with a disability, two things must be demonstrated. First, one must provide evidence that the individual actually meets all of the diagnostic criteria for a given disorder. This, however, is not sufficient. Simply having a diagnosis of a disorder does not guarantee provision of accommodations; one must also demonstrate how the disorder causes functional impairments that substantially interfere with the individual's ability to participate equally on a test such as the MCAT.

In carefully reviewing this file, it is not at all clear that she met all of the DSM-5 criteria for diagnosis of ADHD-Combined Type, that she has normative deficits in auditory working memory, or real-world deficits in executive functioning. The report does not formally diagnose an Anxiety disorder.

However, even if it were demonstrated conclusively that this young woman did meet the diagnostic criteria for a disorder of some type, a diagnosis in and of itself is not sufficient evidence of the need for accommodation. DSM-5 is very clear in stating that a diagnosis of a disorder is not proof that the individual meets the legal standard for a disability. Indeed, on pg. 25 of the DSM-5 it says "In most situations, the clinical diagnosis of a DSM-5 disorder does not

imply than an individual with such a condition meets legal criteria for the presence of a disability...Additional information is usually required beyond that contained in the DSM-5 diagnosis, which might include information about the individual's functional impairments and how these impairments affect the particular abilities in question.... assignment of a particular diagnosis does not imply a specific level of impairment or disability." As such, evidence must also be provided showing how her functional impairments substantially interfere with equal participation on timed evaluations such as the MCAT.

Ms. F [REDACTED] underwent a psychological assessment in January of 2023 for the express purpose of documenting her need for accommodations on the MCAT. She completed all tests when not on medication. While this is useful when determining the presence of a condition, it does not allow AAMC to determine how she will perform on the date of testing, when she will be taking her medications as prescribed.

The psychologist who diagnosed her with ADHD in 2023 has not, however, demonstrated that Ms. F [REDACTED] is substantially impaired in her ability to participate equally on the MCAT. He suggests that his client is impaired in a number of areas, but bases this on self-reported symptoms of ADHD and Executive functioning (the BRIEF) and on relatively lower (but still average) scores on a few unrelated subtests. However, research has shown that self-reported ADHD symptoms are minimally correlated with actual real-world functional impairment. Similarly, research also shows that scores on the BRIEF are only weakly associated with actual executive functioning problems in real-life. In other words, endorsement of symptoms is not proof of actual functional impairment in real-life activities.

This psychologist suggests that his clients estimated IQ is 130 based on one subtest from the WAIS-IV (Vocabulary). In point of fact, the WAIS-IV technical manual demonstrates that there is only a .72 correlation between obtained score on Vocabulary and full scale IQ, meaning that this one subtest is not a perfect proxy for overall intelligence. Similarly, Digit Span is correlated only .64 with full scale IQ. Furthermore, the manual explains that there is a low correlation between most people's Vocabulary score and their overall working memory ability (.36). Hence, the fact that Ms. F [REDACTED] performed less well on "Digit Recall" (which is not actually a WAIS subtest) is common; her reported score of 90 on this subscale is still within the normal or average range, as is her score on the memory for sentences subtest of the SB5. Many normal, nondisabled individuals have significant differences between their WAIS Vocabulary score on scores on these individual working memory subtests. Finally, the two subtests that are said to demonstrate significant impairment (Digit recall and memory for sentences) are measures of auditory working memory (testing immediate recall of information you hear without being able to see the information or write it down), something that is not evaluated or required on the MCAT.

Dr. Benninger gave Ms. F████ one untimed measure of academic achievement, the passage comprehension subtest of the WJ-IV, on which she obtained an average score. He then gave the Gray Oral Reading test, where she also scored in the average range. Again, given that this is an oral reading test and the MCAT is a silent reading test, it is difficult to understand how average performance on an oral reading measure would predict performance on the MCAT.

On a brief psychological screening measure, Ms. F████ denied currently experiencing any Anxiety symptoms. Instead, she reported extremely high levels of Obsessive-Compulsive symptoms as well as mild (subclinical) symptoms of inadequacy and depression.

While Dr. Benninger may have demonstrated that his client self-reports high symptoms of ADHD (at levels that have been associated with possible symptom overreporting), there is only a weak correlation between self-reported symptoms of ADHD and actual functional impairment. Dr. Benninger recommends the need for extra time due to her auditory working memory symptoms (although she performed in the average range) and inattentive symptoms. Inattention, however, has not been demonstrated as requiring extra test-taking time, but rather provision of a quiet space and extra breaks.

In order to better understand how her lifelong symptoms may have interfered with her academic performance we must therefore examine her past academic and test-taking history. By history alone, I cannot see how she has been impaired in her academic functioning or ability to participate equally on timed evaluations. She acknowledges that she did well in high school, graduating in the top 10% of her class. She attributes her success to the fact that her high school did not often have strict time limits on tests. However, even if this is accurate, there would still have been strict time limits placed on her in her AP classes and when writing the AP exams.

Her marks in the 15 high school AP classes she took were almost exclusively A or A+, with her lowest mark being an 88% in AP English Language and Comp XII and her highest being AP Physics C: Mechanics in which she earned 100%. These marks were all achieved without provision of extra time accommodations.

She was also awarded six AP credits (maximum allowed by Duke). The requirements for AP credits is that, in most cases, the student must have achieved a 5/5 (or in some cases 4 or 5/5) on the timed AP exams for each subject, something relatively few students can achieve. As such, when she had to write the timed AP exams without any extra time accommodation she was able to perform extremely well relative to most other people who took these exams.

Ms. F████ suggested that she never did well on standardized exams, citing significant problems she had on the reading and science sections of the ACT; however, her overall score on the ACT exams (written in February and April of

2018 when she was a Junior) were better than 89% and 93%, respectively, of college-bound seniors who took this test. Her reading scores were better than 57% and 63% of college-bound Seniors, and her science scores were better than 83% and 95% of college-bound Seniors, respectively. It is difficult to characterize this performance as demonstrating inability to participate equally, especially when she took the ACT during the spring term of her Junior year of high school and her performance was being compared with college-bound Seniors.

Prior to receiving accommodations at Duke University, she achieved all A's in her first semester and was on the Dean's list with distinction. In the spring term she again received all As (she chose to be graded as pass/fail in one course, which she passed). Her fall term marks were also all As (with one pass in a research practicum). Her cumulative GPA to that point was a perfect 4.0. All of these marks were obtained without extra time accommodation. As such, it is difficult to see how any of her reported symptoms have chronically interfered with her academic performance or equal test-taking ability.

### Conclusion

The purpose of accommodation is not to ensure that an individual is able to perform to the best of her ability, finish every question, or gain entry into a professional program. It is simply to ensure that the impairments that flow from a particular disability do not interfere with the individual's equal participation in an activity such as test taking. This is determined relative to most other people in the general population.

Ms. F [REDACTED] has previously been diagnosed with mental health disorders, and diagnosed more recently (2023) with an Other specified neurodevelopmental disorder, ADHD, and working memory and other executive functioning impairments. While I disagree that functional impairment has been demonstrated based on the self-reports and average performance on the single subtests administered by Dr. Benniger, Ms. F [REDACTED]'s history fails to demonstrate that the symptoms arising from any or all of these diagnosed conditions have either chronically or significantly interfered with her equal test-taking ability. Compared to the general population she has always performed at or above average even when taking tests under time limits, and data from her 2023 assessment fails to support that she is impaired in her actual reading or test-taking skills relative to most other people in the general population. It is therefore difficult to conclude that she requires extra time in order to participate equally when taking the MCAT.

Research has failed to support that those with even severe anxiety symptoms require extra time in order to access or retrieve information when under time limits. Similarly, research has failed to support the need for extra test-taking time to compensate for symptoms of ADHD. Even college students with well-documented reading impairments require only 25% extra time in order to have



equal access to timed tests. Hence, I do not feel that her documentation supports her need for 50% extra test-taking time. While this candidate may indeed have symptoms of ADHD, it does not necessarily follow that she requires extra test-taking time to participate equally on the MCAT. Her conditions may require her to take stop-the-clock breaks in order to calm down, refresh her attentional resources, manage her anxiety and hyperactivity, and employ learned strategies to cope with negative cognitions, but I cannot see that her actual, real-world performance on timed exams supports the need for extra test-taking time.

I trust that the information in this review will assist you in determining how best to deal with this request for reconsideration.

Yours truly,

Allyson G. Harrison, Ph.D., C.Psych.