

Evaluation and Treatment of Attention Deficit/Hyperactivity Disorder (AD/HD) Policy
at Student Health Center, University of California, Irvine

Are you a student seeking AD/HD (Attention-Deficit/Hyperactivity Disorder) evaluation or medication?

Often, college students have trouble focusing, getting organized or completing work at times of increased stress, or a decrease in healthy habits, like poor sleep, decreased exercise, inappropriate caffeine use, or inadequate nutrition. If these problems have only started recently (e.g. after coming to undergrad or grad school), they are unlikely to be caused by AD/HD. AD/HD begins in childhood with evident impairments and is not simply a response to stress. Because AD/HD begins at an early age, information from parents, physicians and collateral sources is often essential in making a clinical diagnosis.

- ✗ ***If you are unable to provide documentation which verifies that you have exhibited symptoms which caused functional impairment before the age of 12 years (according to DSM-5-TR criteria)*, you will NOT have met criteria for an AD/HD diagnosis. Your workup will stop here.***

Please read all of the following important information carefully about our services for AD/HD at SHC.

FAQ: Frequently Asked Questions

- 1. If I have never been diagnosed with AD/HD before, can I get diagnosed at the Student Health Center's Psychiatry service?**

It depends. If you are ONLY looking for a diagnosis of AD/HD, NO: Student Health Center does not provide services for new AD/HD evaluation or testing. You CAN get a referral to a community provider. If you have never been diagnosed or treated for AD/HD, or been diagnosed but have no medical records available please contact our Insurance Office (949-824-2388) to be referred to a provider in the community.

If you understand that AD/HD is a diagnosis of exclusion, meaning there are many other factors such as depression, anxiety, healthy habits, and healthy expectations influencing your focus/attention, and that your psychiatrist will want to address and treat these first, it is possible. If your concentration and focusing impairments persist after other existing conditions have been appropriately addressed, treated, and resolved (which may take >90-365 days), then depending on your individual case, it is possible that you may emerge with an atypical diagnosis of AD/HD. You will still be asked to complete full diagnostic criteria evaluation specific to AD/HD at UCI Student Health Center (see below).

- 2. If I have been diagnosed with AD/HD in the past, can I continue my care at the Student Health Center?**

A. It depends. See steps A – F. If you have been diagnosed and/or treated previously for AD/HD, Student Health Center requires complete documentation of the diagnostic evaluation and treatment provided by your previous treating physician or other licensed professional. You will need to contact your previous provider to send your records to SHC well in advance of being scheduled. (You may have to pay a fee to your provider). Please note:

- ✓ **Thorough medical records pertaining to your diagnosis and treatment for ADHD are REQUIRED (must be legible and in English).**

Evaluation and Treatment of Attention Deficit/Hyperactivity Disorder (AD/HD) Policy
at Student Health Center, University of California, Irvine

- X A brief summary letter from your previous provider may not be adequate documentation and cannot be a substitute for your medical records.
 - X Prescriptions, empty pill containers, parents' notes or any other similar "evidence" of previous ADHD diagnosis and treatment are considered inadequate documentation of diagnosis and treatment of ADHD.
 - X ***If you are unable to provide documentation which verifies that you have exhibited symptoms which caused functional impairment before the age of 12 years (or before the age of 7 years, DSM-IVTR), you will NOT have met criteria for an ADHD diagnosis. Your workup will stop here.***
- B. All documentation must be received and reviewed before medication is prescribed. There will be an administrative fee for record review which is usually not covered by health insurance plans. This could take up to four (4) weeks, so please plan ahead.
- C. If the documentation is approved, you will be contacted and an appointment will be scheduled with a member of our psychiatric staff.
- D. If a psychostimulant is prescribed, you will be asked to complete and sign a psychostimulant medication agreement that will become a part of your medical record at SHC. You will also be entered into a national registry which tracks controlled substance prescribing. Failure to abide by this agreement, or concerns alerted by the registry will result in psychostimulant medications not being prescribed or refilled.
- E. If the documentation is not approved, we will contact you to review the following options:
- If you are unable to provide adequate documentation for the diagnosis of AD/HD, you will be referred to a community provider.
 - You can contact your current provider for additional required documentation.
 - You can continue care with your current provider.

IMPORTANT - You will need to work with your current prescriber during this process to ensure you have an adequate supply of medication.

- F. Additionally, SHC might refuse to prescribe AD/HD medications if after your initial appointment we determine, based upon our clinical judgment, that the prior diagnosis is incorrect. Many other problems such as depression, anxiety, or substance abuse can cause symptoms that might resemble ADHD.

MEDICAL RECORDS SHOULD BE SENT TO:

STUDENT HEALTH CENTER
UNIVERSITY OF CA, IRVINE
501 STUDENT HEALTH
IRVINE, CA 92697-5200
ATTN: MEDICAL RECORDS

3. Can I see a community provider/psychiatrist for my concerns about AD/HD AND ALSO see a SHC Psychiatrist for any other mental health conditions?

Evaluation and Treatment of Attention Deficit/Hyperactivity Disorder (AD/HD) Policy
at Student Health Center, University of California, Irvine

X NO. Because there are complex factors and interactions of your mental health, executive functioning, physical health, and socioemotional wellness, it is unethical for two psychiatrists (or two competing prescribers of psychotropic medication) to be involved in your care. Standards of care and ethical practices are that one psychiatric prescriber manages the entirety of your psychiatric prescribing. Again, you **CAN** be referred to a community provider.

Further Information for Community Providers and Prospective/Existing Patients

4. Why does it seem so complicated to obtain a new diagnosis of AD/HD?

- In order to qualify for a diagnosis of AD/HD, you not only need to have experienced **symptoms**, but your symptoms must have caused you impairments. Impairments *would have* emerged prior to age 12 years old. Although there are times where your impairments may have gone undetected, this is rare, and also questions *how impairing* your experience was. Even if you qualify as “high-IQ,” the evidence-based research literature shows that you still would have demonstrated symptoms and impairments in and throughout your youth.
- While talking therapies and certain skills management can help with AD/HD, one of the more powerful treatments specific to AD/HD are medications which have high risk for developing **misuse** and **dependence**. One of the last things we want to do is to put you at risk for **substance use disorder**, or inappropriately prescribe these medications.
- As a college student, you are at the **highest public health risk for nonmedical use** (up to 58-80% of misuse, diversion) for AD/HD, especially if you have no prior validated diagnosis. A desire to be more productive, enhance academic work, or unrealistic expectations of attention, concentration, and performance enhancement are understandable but do not warrant prescribing, and they also compromise academic integrity and your health (e.g. “academic doping”).
- We also know that a diagnosis of AD/HD is often a lifelong condition, and it carries some risks to your life expectancy, including your driving record and auto insurance premiums.
- Our psychiatry resources are limited, and a best practice work up can be time- and labor-intensive. Since you have access to your full network of insured providers, including SHIP community providers, these community resources help us all meet our access to care, productivity, and best practice standards.

5. **What documentation and extra collateral information do I need to be prepared to do for a NEW diagnosis of AD/HD?** At Student Health Center’s Psychiatry and Mental Health Service, your provider may consider AD/HD only **after all other appropriate** psychiatric conditions are treated for a sufficient duration of time, with effective, available evidence-based treatments. Evidence of standard-of-care work up at UCI SHC must include documentation of:

a. **Comprehensive Diagnostic Evaluation**

Evaluation and Treatment of Attention Deficit/Hyperactivity Disorder (AD/HD) Policy at Student Health Center, University of California, Irvine

A comprehensive diagnostic interview includes but is not limited to a variety of sources, a history of present symptoms and their impact of significant impairment over time, developmental and family history, a full mental health review of systems, a full medical and medication history, relevant psychosocial history, thorough academic history of elementary, secondary and postsecondary education (including old report cards, transcripts and standardized test scores), relevant employment and legal history, and prior therapies/treatments

b. Collateral History

i. Evidence of early impairment.

1. *Sometimes, this may be your immediate family members.*
2. *Everyone has at least two teachers from before 8th grade who have known you in an educational environment. You will need to alert two of these people that we will require collateral history from them about you, sign valid authorizations for release of information for them, and we will speak with them as part of your diagnostic work up.*
3. *You also should have a record of your past grade/report cards and results of your past standardized (e.g. state) test scores. You will need to be prepared to produce copies of these.*

ii. Evidence of current impairment in two or more settings.

iii. A comprehensive diagnostic interview¹

c. Comprehensive Neuropsychology Assessment

- ✓ While there is **no one test** or **battery of tests** which confirm a diagnosis of AD/HD, it is important to **rule out** any learning disorder or additional executive functioning disorder, which can occur in up to 35% of people.
 - Your SHIP benefit for Neuropsychology Assessment is a special benefit exclusive to SHIP. Often, obtaining a comprehensive neuropsychological assessment can cost you **thousands** of dollars without SHIP. You **do** have to pay toward your SHIP annual **deductible** to obtain comprehensive neuropsychological assessment. Non-SHIP insurers often will not cover these assessments because they *should have been previously* identified by your pediatrician, primary care provider, and/or K-12 school district.
- X Note that even if your external neuropsychology assessment may declare a diagnosis of AD/HD, we may disagree with its conclusions. In this case, you will be referred to a community psychiatry provider.
- ✓ Use of an objective ADHD rating scale that is completed by self-report **by the patient and at-least two (2) third-party sources from someone who has known the patient well since at-least the age of 12 years**, OR a comprehensive documentation of DSM-5 criteria AND documentation of collateral history from at least two (2) third-party sources from someone who has known the patient well since the age of 12 years. **Additional authorization will be required to speak with at least the two (2) third-party sources.** Note that Internet checklists are not sufficient and do not meet best practice standards.
- ✓ *Evidence of alternative diagnoses or explanations being ruled out.*
- ✓ **Comprehensive Aptitude Tests**, (e.g. *Weschler, Woodcock-Johnson, Kaufman, Stanford-Binet, but not abbreviated, brief scales*) including normed standard scores, percentiles and subtest. We are sensitive to the concerns about these tests, but they do

Evaluation and Treatment of Attention Deficit/Hyperactivity Disorder (AD/HD) Policy
at Student Health Center, University of California, Irvine

provide helpful objective data, and your assessor is encouraged to utilize the many available tests and subtests which take into account culture, language, and diversity.

- ✓ **Comprehensive Achievement Tests**, (e.g. Stanford, Weschler, including normed standard scores, percentiles or AE/GE, and subtests)
 - ✓ **Executive Functioning Tests/Tests of Information Processing**
 - ✓ **Validity Test (e.g. TOMM, WMT)** **required** inclusion for testing done after age 12 years
- X **If you are unable (or unwilling) to provide documentation and authorization for at-least 2 collateral sources who can verify that you have exhibited symptoms before the age of 12 years, DSM 5**, you will NOT have met criteria for an ADHD diagnosis. Your workup will stop here. You will not be scheduled at the Student Health Center, and your care will be referred to the community.

6. What documentation needs to be sent for transfer of Care/Continuation of Care for ADHD?

Also see FAQ #2. Complete documentation of the diagnostic and evaluation and treatment provided by your previous treating physician(s) or licensed professional(s) including:

- ✓ **Thorough medical records are REQUIRED.**
- ✓ **Medical records must show evidence of early impairment and current impairment in two or more settings starting from ages 7-12 years** (can include IEP (Individual Education Plan qualifying and most recent assessments), or neuropsychology documentation; Medical Records = records generated by a primary care, or psychiatric physician provider, or psychiatric-mental health nurse practitioner)
- ✓ **Records must show continuity from the point of diagnosis and be recent up to the point of transfer of care**
- X *Summary letter from your previous provider cannot be accepted in lieu of medical records. A summary letter, while helpful, will need to be accompanied by medical records.*
- X *Prescriptions, empty pill containers, parents' notes or any other similar "evidence" of previous AD/HD diagnosis and treatment are considered inadequate documentation of diagnosis and treatment of AD/HD.*

All documentation must be received and reviewed before an appointment will be scheduled. Since this is a time and labor-intensive process, there will be an administrative fee charged for this document review regardless of the outcome.

If the documentation is approved, you will be contacted to schedule an appointment for a comprehensive diagnostic interview¹.

¹A comprehensive diagnostic interview includes but is not limited to a variety of sources, a history of present symptoms and their impact of significant impairment over time, developmental and family history, a full mental health review of systems, a full medical and medication history, relevant psychosocial history, thorough academic history of elementary, secondary and postsecondary education (including old report cards, transcripts and standardized test scores), relevant employment and legal history, and prior therapies/treatments

All students who are prescribed stimulant medication will be asked to complete and sign a psychostimulant medication agreement that becomes a part of the medical record. Failure to abide by this agreement will result in psychostimulant medications not being prescribed or refilled. Students prescribed nonstimulant medications will be asked to complete and sign regular patient education and consent material and will be held to all patient standard of care practices at SHC.

Evaluation and Treatment of Attention Deficit/Hyperactivity Disorder (AD/HD) Policy at Student Health Center, University of California, Irvine

If the documentation is not approved, you will be contacted to review the following options:

- If you are unable to provide adequate documentation and wish to receive services at SHC, we will require additional ADHD work up and testing (see FAQ #5)
- You can continue your treatment with your current provider
- We can refer you to a provider in the community
- You can contact your current and previous providers for appropriate documentation with your written permission

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University of California Practices for the Documentation and Accommodation for Students with Attention-Deficit/Hyperactivity Disorder (Dec 1995, Feb 2001)