University of Southern California

Attention Deficit and Hyperactivity Disorder (ADHD) Policy

I. Purpose: To provide high quality care to USC students with Attention Deficit Hyperactivity Disorder and guidance to students and their parents for the USC protocol and procedures for receiving care for ADHD Services

II. Policy:

A comprehensive, integration of services from USC Disability Services and Programs (DSP) and University Park Health Center (UPHC), which includes both Student Counseling Services (SCS) and Student Medical Services (SMS), that will assist USC students in identifying the appropriate resources for the diagnosis and treatment of ADHD. Students seeking assistance regarding their possible ADHD concerns can seek help at either DSP and/or UPHC. However, each facility has its own policies and scope of intervention.

a. Disability Services and Programs: Students seeking accommodations, study skills, and time management assistance typically go to DSP for services.
b. University Park Health Center: Students seeking medications for the treatment of ADHD can receive help at both UPHC Medical Services and at UPHC Student Counseling Services.
    i. Student Medical Services: Medications will be prescribed by the UPHC – Student Medical Services only at the physicians' discretion for students who are deemed to be medically stable and have adequate documentation of prior diagnosis and treatment. The practitioners at the medical services of the UPHC do not provide the clinical evaluation needed for the diagnosis and treatment of ADHD. (Appropriate documentation requirements listed below).
    ii. Student Counseling Services: Students seeking clinical evaluation and/or counseling support may schedule an appointment with a counselor at SCS in order to start the evaluation process. Students wanting medication in conjunction with counseling can be referred to SCS psychiatry staff for a psychiatric evaluation. SCS also can help students with ADHD in being successfully referred to off-campus providers who do full evaluations including test batteries, prescribe medications, and provide coaching and therapy.

III. Scope:

Disability Services and Programs (DSP):

a. Evaluates documentation or, in absence of documentation, advises student on documentation requirements. Requirements include appropriate documentation by a practitioner qualified to conduct ADHD evaluations. That documentation should be based on evaluations that were conducted **within the last three years.**
b. Provides referral information for evaluations off-campus, if needed

c. Determines reasonable academic accommodations in consultation with student, and develops *Faculty Accommodation Letter (FAL)*
d. Responds to student needs for academic and other accommodations, as appropriate
e. Encourages students to access other services **(**UPHC counseling and/or medical services), if indicated
f. With consent, transmits evaluation and documentation to the UPHC electronic record.

University Park Health Center –Student Medical Services (SMS):

a. Continues, adjusts or discontinues medication as needed
b. Encourages students to access other services (SCS, DSP, Occupational Therapy, and outside referrals), if indicated.
c. Refers patients with complex treatment issues to SCS or other specialist in field of ADHD.

University Park Health Center -Student Counseling Services (SCS):

a. Provides initial evaluation for ADHD
b. Provides counseling, treatment or referral as indicated
c. Provides psychiatric assessment, treatment, consultation and/or referral, if indicated
d. Encourages students to access other services (DSP, SMS, Outside referral), if indicated
e. Provides referral for additional testing and assessment if necessary to complete the evaluation.

IV. Procedure:

In order to help USC students to identify appropriate resources for the diagnosis and treatment of ADHD, the following procedures will be followed at University Park Health Center:

Medical Services practitioners do not provide the clinical evaluation needed for the diagnosis and treatment of ADHD, nor do they initiate medical services in the previously untreated student. If a patient wants a medical practitioner at UPHC – Medical Services to prescribe an ADHD medication, the patient must provide adequate documentation: a clinical evaluation report that includes information meeting DSM-IV criteria for the ADHD diagnosis, as well as any associated diagnoses; and a description of the course of treatment so far.

If a student presents to UPHC –Student Medical Services for ADHD treatment:

a) If the student presents to UPHC -Medical Services with **adequate documentation** the student may, at the physicians' discretion:
    i) Receive medication, if she/he complies with individual medical treatment plan.

ii) Be referred to SCS.
iii) Be referred to outside services.

b) If the student presents to UPHC Medical Services with **inadequate documentation**;
    i) The student will be referred to SCS or a community provider for evaluation and treatment.
    ii) The student may, at the physicians' discretion, receive **one time** (maximum 30 days) refill of ADHD medication

Students wanting a clinical evaluation for ADHD will be referred to UPHC – Student Counseling Services and scheduled for an initial clinical interview. A plan for treatment will be developed that may include on campus and/or off campus psychiatric resources. Once a clinical record of diagnosis and successful treatment is established, a patient then may obtain continued pharmacotherapy from a Medical Services practitioner, who may consult with Student Counseling Service staff as needed.

If a student presents to UPHC -Student Counseling Services for ADHD treatment:

a) The student will be scheduled for an initial evaluation.
    i) During the initial evaluation the student will be evaluated for concerns ADHD and all other relevant mental health issues which may impact the student's functioning. *(Please note that the initial evaluation may require more than one session to complete.)*
    ii) Students with a prior diagnosis of ADHD will be requested to bring any documentation of their diagnosis to the evaluation.
    iii) Students referred from UPHC –Medical Services will be requested to sign a release form to release relevant treatment information to their referring or treatment physician who will complete a disposition form.
b) If the initial evaluation results are adequate to support a diagnosis of ADHD:
    i) The student may be referred to an outside psychiatrist.
    ii) The student may be referred back to their referring UPHC – Medical Services practitioner, if student is stable.
    iii) The student may be referred to the one of the psychiatrists at SCS only while he/she is in-treatment with a therapist at UPHC-Student Counseling Services.
    iv) The student will be referred to DSP in order to be advised of University based support and accommodations.

c) If evaluation results do not support an ADHD diagnosis: SCS will advise student of options, including:
    i) Referral for a full psychoeducational assessment.
    ii) Referral to outside psychiatric services.
    iii) Short-term individual therapy or group counseling to help with their

emerging concerns and issues, and associated psychiatric treatment, if needed.

V. Documentation:

a) Adequate Documentation must include:

I. A recent report from the evaluator. Since accommodations are based on the current impact of the disability to the student, **documentation must be based on evaluation conducted with in the last three years.**

II. The qualifications of the diagnostician. Professionals diagnosing ADHD must have comprehensive training in differential diagnosis and direct experience with adolescents and adults with ADHD. The following professionals are considered qualified: clinical psychologists, neuropsychologists, psychiatrists, and other qualified medical/mental health professionals.

III. Evidence of the current impairment. Assessment should consist of more than just a self-report. It should include a history of attentional symptoms, including evidence of ongoing impulsive, hyperactive or inattentive behavior that has significantly impaired functioning over time.

IV. Possible alternative diagnoses and/or explanations. The assessment should explore alternative diagnoses including psychiatric and medical disorders as well as any educational or cultural factors which may impact the individual and result in behaviors similar to ADHD.

V. A clinical and/or diagnostic battery. The assessment should contain a comprehensive clinical evaluation and/or standardized clinical measures for inattention, hyperactivity and impulsivity as delineated in the DSM-IV. Any quantitative information needs to be in standard scores and/or percentiles.

VI. A diagnostic report and summary. A specific diagnosis of ADHD based on the DSM-IV diagnostic criteria should be provided. The report must also identify in clear, direct language, the substantial limitation of a major life function presented by the ADHD. Specific recommendations for accommodations based on significant functional limitations must be supported by the assessment.

VII. The printed name, signature, title, professional credentials/license number, address, phone number and fax number of each evaluator involved as well as the date(s) of testing/evaluation, all on official letterhead.

b) Examples of inadequate documentation for obtaining a prescription or accommodations include:

(i) Prior prescription or medication bottles

(ii) Brief letters or medical records from prior providers which do not contain all seven criteria listed in section (Va) above.

(iii) Report of psychological testing or brain imaging studies which do not include a clinical evaluation.