University of St. Thomas
Health Services and Counseling
ADD/ADHD Guidelines

Students with suspected or diagnosed ADD/ADHD may present in different circumstances. These guidelines were developed to provide a unified approach for University of St. Thomas Health Services (HS), Psychological and Counseling Services, and Enhancement Services when evaluating and treating students that may have ADD/ADHD.

If the student reports that the ADD/ADHD diagnosis was established *before age 15* and they are currently treated with stimulant medications:
- Request records from previous provider to confirm diagnosis before age 15
- Student should continue to receive stimulant medication from most recent provider*
- HS can monitor vital signs, laboratory tests, and other exams when student is receiving stimulant medication from outside of the clinic
- HS prescriber may provide a onetime maximum of two weeks prescription for stimulants to bridge until student is able to receive prescription from most recent prescriber
- Recommend reassessment with comprehensive interview and neuropsychological testing** if deemed indicated by provider
- Refer to Enhancement Services asking for academic accommodations (651-962-6315)
- If the student has been off medication for ≥2 years: Consider referring the student for a comprehensive interview and neuropsychological testing** before initiation of stimulant medications

If the student presents with a new question about possible ADD/ADHD:
- Student should be referred for comprehensive interview and neuropsychological testing** before initiation of stimulant medications

If the student has been diagnosed with ADD/ADHD *after age 15*:
- Obtain records of comprehensive interview and neuropsychological testing** before prescribing
- If previous interview and neuropsychological testing** are inadequate then new comprehensive interview and neuropsychological testing is required
- Student should continue to receive stimulant medications from most recent *prescribing provider until above requirements have been met*
- HS can monitor vital signs, laboratory tests, and other exams when student is receiving stimulant medication from outside of the clinic
- HS prescriber may provide a onetime maximum of two weeks prescription for stimulants to bridge until student is able to receive prescription from most recent prescriber
If the student has additional mental health diagnoses:

- Mental health prescriptions should come from one clinic location.

Prescriptions:

- Stimulant prescriptions must be printed / written out on secure prescription paper/pad. Students should be informed that stimulants cannot be called or faxed to pharmacies.
- One pharmacy is to be established as the pharmacy for stimulant prescriptions for each student
- Students should be instructed to only carry the amount of stimulant medication required for the day and to keep prescriptions in a safe place where others are not able to access them.
- Students should be informed that, in general, lost or stolen prescriptions will not be replaced. However, prescribers may consider a limited replacement refill in special circumstances (e.g. prescription lost prior to a major exam)

Laboratory Examination:

The following laboratory examination may be considered prior to beginning a stimulant prescription:

- Electrocardiogram
- Liver function tests
- Thyroid stimulation hormone

*MN Pharmacies will honor written prescriptions from outside MN as long as the provider is licensed in their state and have a valid DEA number.

**Adequate neuropsychological testing should include a minimum of intelligence testing and a continuous performance test of attention such as the Conners’ or TOVA. ADD/ADHD checklists alone do not constitute either an adequate evaluation or adequate testing.
Assessment of Adult Attention Deficit Disorder

It is widely agreed that essential parts of a comprehensive assessment for Adult Attention Deficit disorder include a comprehensive clinical interview to establish onset of symptoms, to elicit evidence of chronic and pervasive functional impairment in major life activities, and to rule out alternative explanations for the student’s symptoms. Behavior rating scales are also widely accepted as being very helpful in clarifying whether the student exhibits ADD related behavioral problems at a level of frequency in their life consistent with this diagnosis. However, reliance on the self-report of students in a clinical interview or in completing behavior rating scales concerning the nature and time course of the development of their ADD related symptoms can lead to many false positive diagnoses – particularly in a time when students can easily educate themselves about ADD related symptomatology.

Neuropsychological testing is an objective and, therefore, necessary and useful adjunct to a clinical interview and behavioral rating scales in making an adult ADD diagnosis. Research and clinical experience suggests that most ADD students exhibit deficits in tests of sustained attention over time periods exceeding 10 minutes. Many ADD students also exhibit deficits in executive function, divided attention, sustained attention over shorter time frames, and working memory. Executive functions include response inhibition, planning, organization, self-monitoring, and cognitive flexibility. However, some adults with ADD do not exhibit some of these cognitive deficits and some ADD students of well above average intelligence in particular exhibit none of these deficits in testing.

Consequently, Adult Attention Deficit disorder is a difficult diagnosis to make and a high quality, effective ADD assessment needs to include all of the following elements:

1. A careful clinical interview to (a) clarify the time of onset of ADD symptoms, (b) determine if and how the ADD related symptoms have a significant adverse impact on the student’s ability to function in their school, work, and personal lives, (c) rule out other psychiatric disorders and conditions that might produce ADD related symptoms, and (d) clarify if the students meets DSM-IV adult ADD diagnostic criteria.

Examples of the content of such comprehensive clinical interviews are provided by Thomas Brown, Ph.D. and Russell Barkley, Ph.D. and are readily available.

2. Behavior rating scales to determine if the student has experienced ADD related symptoms at a level of frequency consistent with this disorder in childhood and adulthood.

Examples of such rating scales are the Barkley Adult ADHD Self-Report Forms for current and childhood symptoms, the Brown adult ADD Scales, and the Conners’ Adult ADHD rating scales.

3. A comprehensive neuropsychological test battery assessing some executive functions as well as working memory and sustained and divided attention. It is also very helpful to get at least an estimate of overall intelligence level to put other test performances in an appropriate context. Tests used to evaluate these different cognitive abilities include the following:
Intelligence
1. Full scaled IQ can be estimated from the Wechsler Abbreviated Intelligence scale or selected subtests from the Wechsler Adult Intelligence Scale (WAIS) III or IV

Executive Functions
1. Response inhibition – The Fells Kaplan Executive Function System (DKEFS) Color Word Inference Test or the Stroop Color Word Test
2. Planning/organization – the DKEFS Tower test, the Tower of Hanoi Test, or the Tower of London test
3. Abstract and conceptual reasoning – the Booklet Category test, the Short Category test, NAB Categories test, the DKEFS Sorting test, or the WAIS III or IV Matrix Reasoning test
4. Self-monitoring – errors made on the DKEFS Color Word Inference and Design Fluency tests, the Digit Vigilance test, the NAB Number and Letter, the D2 test of Attention, and Letter Cancellation test

Working Memory
1. Verbal working memory – the WAIS-III or IV Letter Number Sequencing test and Digit Span Backwards test, and the Salthouse Listening Span test
2. Spatial working memory – the WMS_III Spatial Span backward test
3. Learning trials of list learning tests of verbal memory – the California Verbal Learning test II, the Rey Auditory Verbal learning test, the Hopkins Verbal Learning test, and the WMS-III Word Lists
4. Learning trials of visual trail test of spatial memory – the Ruff-Light Trail learning Test

Tests of Sustained Attention over Shorter Time Frames
1. Visual attention – the WAIS-IV Coding (Digit Symbol) test, the Digit Vigilance test, the NAB Number and Letters test Part A, the Letter Cancellation test, the D2 test of attention, the letter Cancellation test, the WAIS-IV Cancellation test, and the Visual Search and Attention test
2. Verbal Attention – the Paced Auditory Serial Addition test (PASAT)

Tests of Sustained Attention over Longer Time Frames
1. Visual sustained attention – the Test of Variables Attention (TOVA), the Conners’ Continuous Performance Test, the Gordon Diagnostic System, and the Intermediate Variables of Attention (IVA) test visual condition
2. Auditory sustained attention – the Intermediate Variable of Attention (IVA) test auditory condition

Tests of Divided Attention
1. Verbal Attention – the Paced Auditory Serial Addition test
2. Visual Attention – the NAB Number and Letters test Part D
Frequently Asked Questions about Attention Deficit Disorder Assessment and Treatment

It is the policy of Health Services that students requesting treatment for attention deficit disorder have completed a comprehensive clinical evaluation that includes neuropsychological testing or provide documentation of diagnosis and treatment in childhood prior to initiating or continuing treatment. This handout addresses many of the common questions that students have about this process. If you still have questions about how to arrange for evaluation and treatment of ADD please feel free to Enhancement Services to discuss more details about your ADD concerns.

What is a comprehensive ADD evaluation?
A comprehensive ADD evaluation is a neuropsychological evaluation generally performed by a Ph.D. level licensed psychologist. After an initial interview (typically about 60 minutes in length), the psychologist decides upon a series of tests appropriate to further investigate the symptoms that you are experiencing.

The evaluation may be done over a series of days – i.e. the initial interview scheduled on one day, one block of testing 3-4 hours done on another day, and a second block of testing of 3-4 hours done on another day. A final meeting may be provided by some psychologists to review the results of the evaluation with you. An evaluation may also be completed in one day. For those evaluations, an initial interview is performed, and a block of 5 hours of more of testing may be completed on the same day.

I had an ADD evaluation done in my hometown. Can I submit that?
You are welcome to submit previous testing. However, it is common for these evaluations to fall short of the standards our psychiatry staff requires. Conversational interviews with your physician and/or taking a pencil/paper checklist do not meet the requirements of a comprehensive ADD evaluation. If your previous evaluation does not meet our criteria, you will be notified, and you may be referred to psychologists in the metro area who perform comprehensive ADD assessment.

I’ve been on ADD medication for several years now. I need a prescription to continue my medications as soon as possible.
A comprehensive ADD evaluation needs to be submitted in order for our psychiatry staff to consider prescribing your current medications. Please contact your previous prescriber to arrange for refills to bridge until an adequate evaluation has been accomplished. A prescription from a licensed physician in another state can be filled by a Minnesota pharmacy.

How do I complete a comprehensive ADD evaluation?
It is suggested that you first contact your health insurance provider to determine if this is a covered benefit under your plan. They can assist you with referrals to providers in the metro area community who can provide an ADD evaluation.
Who are local resources that can provide ADD evaluation?

- Nancy Hammond, PhD
  2469 University Ave. W
  Suite 220
  St. Paul, MN 55114
  651-644-0220

- Paul Marshal, LP, PhD
  825 Nicollet Mall
  Suite 1440
  Minneapolis, MN
  612-460-8502

What does an ADD evaluation cost?
A comprehensive ADD evaluation generally runs from $1,400 to $2,500. Many insurance companies do not cover the cost of ADD evaluation.

How long will it take to schedule an ADD evaluation?
During the school year, it can take several months to obtain an appointment with a psychologist for a comprehensive ADD evaluation.

How long will it take for the ADD evaluation results to arrive at the UST Health Service?
Following the evaluation and after signing a release of information at our office or at the office of the evaluating psychologist, the results of that evaluation are usually forwarded to us within two to three weeks.

I’ve completed my evaluation. What happens next?
Once the evaluation has been received you will be contacted by phone or letter to make an appointment with one of our psychiatrists, physicians or nurse practitioners. Our staff will review the ADD evaluation and decide whether it supports an ADD diagnosis. Even in the case that the evaluation does not suggest ADD, other treatable issues such as depression and anxiety may better explain your symptoms. Occasionally the evaluation may suggest that you would benefit from services that are not available in our clinic. In such cases, community resources that may meet your needs will be provided to you by the Health Services staff.