

Brief Intake

Previously diagnosed with ADHD

- Perform a standard Brief Intake to determine needs. Have student complete a Release of Information (ROI) to obtain past records of diagnosis and treatment. If there are clinical concerns about the validity of the diagnosis (recent diagnosis, for example), co-occurring conditions (substance abuse, depression, for example) or problems that could be related to ADHD (poor study skills, relationship problems, for example) that require further assessment and psychotherapeutic treatment, set up a One-hour Intake appointment. For a routine transfer of prescription care, consult with the psychiatrist on-call about a direct referral to psychiatry. No prescriptions will be written without confirmation of treatment from the previous provider.

Request for New ADHD Assessment

- Perform a standard Brief Intake and rule out any obvious explanations for current problems (depression, anxiety, substance abuse, for example). If further evaluation for ADHD seems warranted:

One-Hour Intake Appointment(s);

- Perform a standard One-hour Intake with a focus on symptoms and problems related to ADHD. Inform the student that additional appointments will likely be necessary to complete the assessment.
 - Careful clinical interviewing is the mainstay of diagnosis. Information needs to be obtained from 2 basic areas:
 - Developmental history
 - Current symptoms and impairment
 - Administer at least one of the following rating scales
 - Quick-Check for Adult ADHD Diagnosis (clinician-directed interview)
 - Adult ADHD Self-Report Scale (ASRS) v1.1 (self-report scale)
 - CAARS (Self Report)
- Accurate historical recall of childhood symptoms is critical for diagnosis and clinicians should inquire about the following:
 - Academic performance (grades, tutoring, for example) in elementary school through high school, and college as applicable.
 - Whether family members have been diagnosed with ADHD (and at what ages) or other psychological conditions.
 - If parents or other relatives who knew the student during childhood are available, they should be asked to recount their recollections of the patient's academic performance and behavior.
 - The following scales can help guide the interview
 - Mass General Interview-Adapted for Parent or Adult Corroboration (semi-structured interview)
 - CAARS: (Observer)
 - Academic records can be obtained by the student and reviewed if further details are needed, parental history is unclear or unavailable, or the entire developmental history is ambiguous.
 - Since the condition was not diagnosed earlier, the clinician should attempt to develop a plausible explanation as to how and why it may have been overlooked, or what factors were present that allowed for successful compensation in spite of symptoms.

- Clinicians should ask the student for real-life examples of how the symptoms adversely impact day-to-day functioning at home, work, school, and in social settings.
 - Students should be asked how long others have recognized their symptoms.
 - Input from informants or significant others, performance evaluations from work, if available are helpful.
- Many of the symptoms of ADHD are nonspecific and overlap with other psychiatric conditions. Thus, the differential diagnosis of ADHD must involve careful consideration of other conditions that include symptoms that are similar to or may be comorbid with ADHD. These include: Major Depression, Bipolar Disorder, Generalized Anxiety Disorder, Personality Disorders, Substance abuse or dependence.
- Diagnostic summary
 - Clinicians need to recognize that symptoms are not the sole determinant of a diagnosis of ADHD. Establishing a childhood onset of symptoms, assessing chronic and pervasive impairment in major life activities in at least 2 settings, and ruling out alternative explanations for the symptoms are the key components of the assessment.

If the diagnosis of ADHD remains unclear:

- A complete history, detailed self-report, including information from informants or past records, and rating scales are keys to an accurate diagnosis. However, since each information source has its limitations, a diagnosis is not always clear.
- If after the One-hour Intake the clinician is unclear about the presence or absence of an ADHD diagnosis, further detailed assessment is indicated. This could be done by the clinician or through consultation from another C&CS clinician.
 - The ADHD interviews listed below provide greater diagnostic clarity
 - Adult ADHD Clinical Diagnostic Scale (ACDS v 1.2) (semi-structured interview)
 - Mass General Interview for Adult ADHD (semi-structured interview)
 - The following tools can evaluate potential coexisting conditions
 - Psychoeducational/LD testing
 - John Hopkins Substance Abuse Screen
 - Well-Being Check List (behavioral and physical health screen)

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