

CHRONIC CARE MANAGEMENT PLAN

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) OVERVIEW

What is ADHD?

ADHD is one of the most well-recognized childhood developmental problems.¹ This condition is characterized by inattention, hyperactivity, and impulsiveness. It is now known that these symptoms continue into adulthood for about 60 percent of children with ADHD. This translates into 4 percent of the U.S. adult population, or 8 million adults. Students with ADHD may have difficulty following directions, remembering information, concentrating, organizing tasks, or completing work within time limits. If these difficulties are not managed appropriately, they can cause associated behavioral, emotional, social, vocational, and academic problems.

While researchers may disagree about the age of childhood onset in diagnosing ADHD, all agree that ADHD is not an adult-onset disorder and must be verified from childhood. An assessment of ADHD symptoms and behavior from childhood may include any or all of the following:

- A questionnaire to determine school/home behavior
- School report cards, if available, to look for comments about behavior problems, poor focus, lack of effort, or underachievement relative to the student's potential
- Discussion with the parents to determine symptoms
- A complete history from the student with the symptoms; he or she may self-report symptoms in childhood
- The developmental history would be consistent with ADHD, including evidence of problems with peers, other delays such as bed wetting, school failure, suspensions, or special interventions such as sitting in front of the class, etc.

A strong family history of ADHD may also be informative, given the strong genetic component of the disorder. A variety of assessment tools are commercially available to make an informed diagnosis. The Connors Rating Scale is the most commonly used and is available through Pearson Assessments (<http://www.pearsonassessments.com/tests/crs-r.htm>).

Treatment

In the past, individuals with ADHD were first offered stimulant drugs. Studies show that approximately two-thirds of adults with ADHD who are given these medications show significant improvement in ADHD symptoms. However, there are some difficulties in using stimulants to treat ADHD in adults. Stimulants are controlled substances, and it is not uncommon for students with ADHD to have problems with substance abuse. Short-acting stimulants may wear off quickly, and compliance can be problematic with multiple-day dosing. In addition to medication, behavioral treatments are a useful adjunctive intervention.

ADHD may be treated with one or more of the following, with or without medication:

- Individual cognitive and behavioral therapy to enhance self-esteem
- Relaxation training and stress management to reduce anxiety and stress
- Behavioral coaching to teach the person strategies for organizing home and school activities
- Job coaching or mentoring to support better working relationships
- Family education and therapy

Food and Drug Administration (FDA) Advisory

In May 2006, the FDA directed manufacturers of stimulants and related medications to revise product labeling for doctors to reflect concerns about adverse cardiovascular and psychiatric events.² These changes were based on recommendations from the FDA Pediatric Advisory Committee and the Drug Safety and Risk Management Advisory Committee. To help patients understand these risks, an additional part of this revised labeling process is the creation of a Patient Medication Guide for each individual product. The medicines that are the focus of the revised labeling and new Patient Medication Guides include the following 15 products, all of which are commonly used to treat ADHD:

¹ WebMD. Mental Health: Attention Deficit/Hyperactivity Disorder, 2007. Available at: <http://www.webmd.com/add-adhd/mental-health-adhd>.

² Source: U.S. Food and Drug Administration.

Attachment B

- Adderall (mixed salts of a single entity amphetamine product) Tablets
- Adderall XR (mixed salts of a single entity amphetamine product) Extended-Release Capsules
- Concerta (methylphenidate hydrochloride) Extended-Release Tablets
- Daytrana (methylphenidate) Transdermal System
- Desoxyn (methamphetamine HCl) Tablets
- Dexedrine (dextroamphetamine sulfate) Spansule Capsules and Tablets
- Focalin (dexmethylphenidate hydrochloride) Tablets
- Focalin XR (dexmethylphenidate hydrochloride) Extended-Release Capsules
- Metadate CD (methylphenidate hydrochloride) Extended-Release Capsules
- Methylin (methylphenidate hydrochloride) Oral Solution and Chewable Tablets
- Ritalin (methylphenidate hydrochloride) Tablets
- Ritalin SR (methylphenidate hydrochloride) Sustained-Release Tablets
- Ritalin LA (methylphenidate hydrochloride) Extended-Release Capsules
- Strattera (atomoxetine HCl) Capsules

The Patient Medication Guides for each product can be found at <http://www.fda.gov/cder/drug/infopage/ADHD/default.htm>.

Prior to the initiation of stimulant therapy, the prescribing physician should obtain a detailed cardiovascular history, including family history; conduct a physical examination; and consider obtaining an electrocardiogram. Consultation with a cardiologist is not routinely indicated.

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of ADHD. [To be obtained from applicant's physician or other health provider.]

1. Classification of ADHD:
- _____ Primarily Inattentive
 - _____ Primarily Hyperactive/Impulsive
 - _____ Combined Subtype

Degree of ADHD symptoms:

- _____ Mild intermittent—symptoms absent with medication, and no pressure
- _____ Mild persistent—symptoms more than twice a week, less than daily
- _____ Moderate persistent—daily symptoms, but can usually ignore
- _____ Severe, persistent—continual symptoms, even with compliance

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations, including dates, reason for admission, and discharge plans related to the disclosed diagnosis.

9. What is the current status? List associated conditions such as tic disorder or Tourette syndrome.

10. a. What is the applicant's prognosis with medication?

10. b. What is the applicant's prognosis without medication?

Applicant Name: _____ **Date:** _____

11. When was last appointment? _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific illness?

16. List any precipitants that could induce increased symptoms.

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call _____
Admission Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on students past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goal toward employability.

Mark each item with an X that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation, including EKG if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Provide student with sleep hygiene brochure, if appropriate (http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/)
<input type="checkbox"/>	Refer to TEAP, if appropriate
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of ADHD: <ul style="list-style-type: none">• ADHD coping skills• Compliance with therapy and/or medical appointments• Medication compliance if needed• Managing ADHD symptoms in the employment setting Refer to Web site http://www.add.org for support with ADHD management
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented.
	Encourage active participation in CSS and Social Skills Training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living.
	Participate in review of accommodations with the Disability Coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills.
	Work with the Career Transition Specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and Career Transition Specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or Center Physician to provide student with adequate supply of medication(s) at departure
	Consult with the Disability Coordinator and review accommodation needs for future employment and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES	
	Educate instructors to be sensitive to any changes in behavior that might signal lack of concentration, impulsivity, hyperactivity, or distraction by return of symptoms
	If student requests separate study space or room for test taking because of distractibility in the presence of others, comply if possible
	Review preferred seating with student, to allow student to minimize distracting symptoms
	Provide education of other students for symptoms noticed by others, to minimize negative reactions and to promote acceptance of people who may be somewhat different from them
	Provide opportunities for short breaks out of classroom, if requested
	Shorten assignments, if the student cannot concentrate for long periods of time before getting distracted by symptoms of the disorder. Once shorter assignments are mastered, gradually lengthen assignments until they reach normal level, to assist study skill development
	With student's permission, consult with mental health consultant and student to develop any special modifications of educational or vocational strategies that may be needed to help overcome residual symptoms (e.g., use of ear plugs if in a noisy environment that might distract from finishing assignments), and a mechanism to practice skills needed for work environment
	Manage symptoms. If student appears distracted or restless, check with student/HWC to see if the student took prescribed medication and if not, provide pass to health and wellness center for student to see HWM.