

Add-on Therapy for ADHD Example:

General Example

Service: Add-on Psychotherapy

Start time: 0900 End time: 0920

General Patient Observation: A/O x4, visibly agitated but able to engage in the therapeutic process with redirection.

Goal: Develop strategies to improve emotional regulation and reduce intensity of emotional outbursts

1. **Problem Addressed:**

- **DSM:** Patient exhibits frequent emotional dysregulation characterized by heightened emotional reactivity and difficulty returning to baseline, resulting in strained interpersonal relationships and workplace conflicts.
- **Patient Awareness:** “I don’t know why I get so angry so fast. It’s like I can’t stop myself, and then I regret it later.”

2. **Medical Necessity:**

- Uncontrolled emotional dysregulation due to ADHD has led to progressive interpersonal conflicts and risk of job termination, negatively impacting functional status and psychosocial well-being.

3. **Therapy Objective:**

- Learn and practice self-regulation techniques to identify triggers and manage emotional responses effectively.

4. **Intervention:**

- Utilized psychoeducation on the impact of ADHD on emotional regulation and introduced the STOP technique (Stop, Take a breath, Observe, Proceed) as a grounding strategy. Guided patient through a role-play exercise to practice using the STOP technique in a hypothetical workplace conflict.

5. **Response to Intervention:**

- Patient stated, “I never thought about pausing before reacting. This makes sense. I think I can try this at work when I feel myself getting upset.”
- Prognosis: Cautiously optimistic with consistent practice of learned skills.

Session Homework: Patient will use a daily emotional tracking journal to document triggers, intensity of emotions (1-10 scale), and coping strategies used. Patient will practice the STOP technique at least once daily and reflect on its effectiveness.

Add-on Therapy for ADHD Example:

19yr old male college student with ADHD and weekly cannabis use

Service: Add-on Psychotherapy

Start time: 0900 End time: 0925

General Patient Observation: A/O x4, emotionally regulated to engage in the therapeutic process.

Goal: Sustain attention and concentration for consistently longer periods of time.

1. **Problem Addressed:**

- **DSM:** Patient at risk for academic failure secondary to chronic procrastination and inability to manage time effectively.
- **Patient Awareness:** "I really need to figure out how to get my work done without getting distracted all the time."

2. **Medical Necessity:**

- Progressive loss of academic performance with risk for negative educational outcomes secondary to effects of ADHD diagnosis and cannabis use.

3. **Therapy Objective:**

- Learn and implement skills to reduce procrastination and improve time management.

4. **Intervention:**

- Utilized CBT techniques to introduce cognitive restructuring and time management tools. Guided the patient in creating a structured daily planner and using a timer to manage study sessions.

5. **Response to Intervention:**

- "This feels like something I can actually stick to. It's nice to have a plan laid out."
- Prognosis: Guarded

- **Session Homework:** Patient will practice using the daily planner and self-monitoring techniques to enhance focus and reduce procrastination.

Add-on Therapy for ADHD Example:
47 yr old female single mother with co-morbid GAD.

Service: Add-on Psychotherapy

Start time: 1100 End time: 1120

General Patient Observation: A/O x4, cooperative and engaged in the therapeutic process.

Goal: Improve emotional regulation and reduce impulsivity.

1. **Problem Addressed:**

- **DSM:** Patient experiences frequent impulsive decisions leading to increased anxiety and stress in daily life.
- **Patient Awareness:** "I often find myself reacting without thinking, and it just adds to my stress."

2. **Medical Necessity:**

- Impulsive behaviors contributing to heightened anxiety and difficulty managing daily responsibilities.

3. **Therapy Objective:**

- Develop skills to recognize and manage impulsive urges effectively.

4. **Intervention:**

- Utilized DBT techniques to teach mindfulness and distress tolerance skills. Introduced the "STOP" strategy to help manage impulsive reactions.

5. **Response to Intervention:**

- "I think I can use this STOP method; it makes me feel more in control."

Session Homework: Patient will practice mindfulness exercises and the "STOP" strategy daily to manage impulsive urges.

Add-on Therapy for ADHD Example:

66 yr old Male with Stable Alcohol Use Disorder.

Service: Add-on Psychotherapy

Start time: 1400 End time: 1430

General Patient Observation: A/O x4, motivated and engaged in the therapeutic process.

Goal: Enhance organizational skills to support daily functioning and sobriety.

1. **Problem Addressed:**

- **DSM:** Patient struggles with maintaining an organized routine, impacting daily tasks and social activities.
- **Patient Awareness:** "I know I need to keep things organized to stay on track, but it's tough sometimes."

2. **Medical Necessity:**

- Organizational challenges affecting functional status and potentially impacting long-term sobriety.

3. **Therapy Objective:**

- Implement organizational strategies to improve daily routine and support sobriety.

4. **Intervention:**

- Utilized Solution-Focused Therapy to identify strengths and develop a personalized organizational system. Assisted the patient in creating a daily routine checklist.

5. **Response to Intervention:**

- "Having a checklist makes it easier to see what I need to do. It feels more manageable."
- Prognosis: Good

Session Homework: Patient will use the daily routine checklist and reflect on its impact on daily activities and sobriety.