

CASE STUDY

ADHD

Background
Vignette
17 year old male with no previous psychiatric history, but his grades have declined during high school and in the last two years has been cited for three traffic violations including a speeding a ticket and running a red light. He has experimented with cannabis use and his peer group has changed.
Current Interventions
<p>Medication None</p> <p>Psychosocial None</p>
Description of Parent Concerns
Upon an ADHD screening, parents report he has been losing things more often, is easily distractible, does not seem to listen when spoken to directly, is forgetful, and more careless mistakes with his schoolwork. Teachers were distributed the Vanderbilt scale and report similar symptoms of ADHD along with impairment in academic functioning.
Strategies
Strategy 1 – Assess and determine history of symptoms
After an exam and review of family, health and school history, it was determined that ADHD symptoms preceded any cannabis use and several ADHD symptoms were present prior to the age of 12. There are no medical or developmental factors causing the symptoms.
Strategy 2 – Diagnosis
<p>A diagnosis of ADHD, predominantly inattentive type was made.</p> <p>*Shared Decision-Making (SDM) – Recognition that a decision needs to be made.</p>
Strategy 3 – Treatment
<p>A stimulant was prescribed and during the senior year of high school grades improved, he got back involved in student council and athletic pursuits. Therapy was also implemented to help with decision-making, parent-child relationships, and importance of positive peer culture.</p> <p>*SDM – Exploring understanding and expectations, identifying preferences and negotiating options and concordance.</p>
Strategy 4
*SDM – Arrange follow-up to evaluate decision-making outcomes.
Strategy 5