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DSM-5TR Disorder Case Construction

Ally is a thirteen-year-old cisgender female who has trouble concentrating in school. She and her mother are at the counselor's office seeking help. The counselor will utilize the DSM-5TR to identify symptoms and establish a diagnosis.

Identifying Information

Ally and her mother live in Cleveland, TN, near Walker Valley High School. She is a thirteen-year-old girl who lives with her mother and stepfather. Her mother married her stepfather a few years ago. Before her mother married, she had remained single most of Ally's life, and they were always together. Her stepfather and mother argue regularly in front of her and are on the verge of divorce. Ally is her mother's confidant and support system. She is an only child and is homeschooled. She spends most of her day alone at home while her parents work. She spends time watching television, playing video games, and watching videos on her computer. For most of her life, she has had little structure and chooses to do what she wishes with her time.

Ally attends a co-op program two days a week with other students who are homeschooled. She struggles socially and regularly comes home frustrated by a difficult friend dynamic. She claims the other girls do not like her because they do not have the same interests, but her teachers say she struggles to communicate with groups and randomly interjects into conversations. Her mother says her grades have been suffering in the subjects that do not interest her. She has also caused disruptions in her church youth group by speaking out of turn and cutting off the teacher. She is usually bouncing off the walls and fidgeting.

Presenting Problem

The client has difficulty focusing on tasks and cannot sit still in class. She is easily distracted by things around her. She regularly makes mistakes and forgets her homework at school. She often loses important things such as her favorite stuffed animal or a treasured bracelet. She has countless hobbies that she started but never finished. Her room is full of unfinished knitting projects, paintings, and puzzles. She struggles to follow instructions and patterns. She interrupts class time by interjecting and not waiting her turn. She is constantly squirming in her seat and fidgeting with her hands.

The therapist recommends a diagnosis of Attention-Deficit/ Hyperactivity Disorder with combined presentation. Her symptoms are moderate. She exhibits the following indicators from the DSM-5TR for inattention: she makes careless mistakes in schoolwork and regular activities, struggles to maintain her attention during activities, does not listen when spoken to, does not follow through on instructions, has difficulty organizing tasks, avoids tasks that require sustained mental effort, loses things, is easily distracted, and is often forgetful in daily activities. She meets the following symptoms for hyperactivity and impulsivity: she regularly fidgets and squirms, leaves her seat when she should sit still, runs about and climbs at inappropriate times, is often unable to play leisure activities, is uncomfortable being still for extended periods of time, talks excessively, blurts out answers before questions have been completed, struggles to wait her turn, and interrupts others (American Psychiatric Association, 2022). Her symptoms have been present for many years and were onset before age twelve. Her inattentive symptoms are present in several settings including at home, school, and at church. Her symptoms greatly interfere with her social life and academic performance. She does not show signs of any other disorders.

Factors

Several factors have contributed to the development of ADHD. Predisposing factors

contributing to the problem's development include family stress and biological factors. Ally's mother was diagnosed with ADHD in adolescence. Her stepfather also struggles with inattention and hyperactivity but was never diagnosed with any disorders. Ally moved excessively as a child and had little to no community. She was bullied in elementary school, which led to added social difficulty. Another precipitating factor is her school schedule. She spends a lot of time at home alone and has few options for friends in her small school program. Her symptoms are perpetuated by her parent's lack of structure. She has unlimited access to screens and little parental motivation to complete her assignments. She also eats an unbalanced diet with excessive sugar, carbs, and caffeine. In contrast, Ally has strong extended family relationships and significant support from her church community. She has a high sense of self-awareness and is extremely intelligent. She is also resilient and compassionate toward others.

The therapist anticipates several barriers to Ally's treatment. Her school setting is not conducive to improving her focus. She does not have much structure and consistency between school and home. Her excessive screen exposure adds to her inattention. Social factors include that girls are expected to be quiet. She will face greater scrutiny due to gender stereotypes.

Summary

Ally's therapist recommends a combination of several treatments. She recommends family counseling which was shown to be effective by Morris-Rosendahl (2020). Also, she recommends CBT (Lundkvist-Houndoumadi et. al., 2016) for the client and a regulation plan (Noor et. al., 2023). In family counseling, the client and her family will learn mindfulness exercises that they can do together to facilitate healing (Gershy et al., 2017). Family counseling has been found to support the healing of children by teaching parents healthy strategies for improving their child's symptoms and the home environment (Morris-Rosendahl & Crocq,

2020). CBT has been found to be effective for children with anxiety disorders and ADHD. Their study directly traced the effectiveness of CBT to diminished ADHD symptoms (Lundkvist-Houndoumadi et. al., 2016). Similarly, another study found that creating a self-regulation plan resulted in positive outcomes for adolescents struggling with ADHD (Noor et. al., 2023). Mindfulness activities were found to be effective in a randomized trial for helping parents assist in their child's treatment for ADHD (Gershy et al., 2017).

The therapist and family worked together to create the following SMART goals. 1. Ally and her parents will create a weekly schedule that outlines her assignments and school by the end of the week. 2. Ally will create a self-regulation plan with her therapist by the end of her first CBT session. 3. She will ask her teacher the following day to change her assigned seat in class to closer to the board to help remove distractions. 4. She will develop three new coping mechanisms after three months of working with her therapist.

References

- American Psychiatric Association. (2022). *Desk reference to the diagnostic criteria from DSM-5-TR(tm)*. American Psychiatric Publishing.
- Gershy, N., Meehan, K., Omer, H., Papouchis, N., & Schorr Sapir, I. (2017). Randomized Clinical Trial of Mindfulness Skills Augmentation in Parent Training. *Child & Youth Care Forum*, 46(6), 783–803. https://doi-org.ezproxy.southern.edu/10.1007/s10566-017-9411-4
- Lundkvist-Houndoumadi, I., Thastum, M., & Hougaard, E. (2016). Effectiveness of an Individualized Case Formulation-Based CBT for Non-responding Youths with Anxiety Disorders. *Journal of Child & Family Studies*, 25(2), 503–517. https://doiorg.ezproxy.southern.edu/10.1007/s10826-015-0225-4
- Morris-Rosendahl, D. J., & Crocq, M. (2020). Neurodevelopmental disorders—the history and future of a diagnostic concept. *Dialogues in Clinical Neuroscience*, 22(1), 65-72. https://doi.org/10.31887/dcns.2020.22.1/macrocq
- Noor, H., Khan, I. N., & Bano, H. (2023). Effectiveness of Self-Regulation Training Plan for the Treatment of Adolescents with Attention Deficit Hyperactivity Disorder. *Pakistan Journal of Social Sciences (PJSS)*, 43(2), 177–189.

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- Rios-Davis, A., Sibley, M. H., Delgado, A., & Zulauf-McCurdy, C. (2023). Identifying Common and Unique Elements of Evidence-Based Treatments for Adolescent ADHD. *Journal of Child & Family Studies*, 32(2), 466–480. https://doi-

 $\underline{org.ezproxy.southern.edu/10.1007/s10826-022-02475-y}$