

SOCW-633

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Introduction

The following paper will discuss a fictional client who has a DSM-5 diagnosis of attention-deficit/hyperactivity disorder combined presentation. The paper will cover the identifying data of the client along with the presenting problem. This will further explore several factors that may play a part in the client's diagnosis.

Identifying Information

The client is an 8-year-old Caucasian male who is currently in the third grade in Ooltewah Elementary School. He comes from a two-parent household and has two younger siblings. Some of his favorite subjects include science, music, and physical education. His reading comprehension is fairly low, and he has been added to a special reading group to help address this. In his other courses, his grades are struggling but this does not deter him from being a happy child. He is quite popular in the school and has made friends with almost everyone. His teacher reports that he is extremely competitive and will be quite audibly and visibly upset if he loses.

Presenting Problem

In the classroom, the client is quite active and needs to be reminded several times to return to his seat as he will get up multiple times during the lesson to see what his classmates are doing. His teacher describes him as continually moving and does not stop talking. During tests and assignments, the client has difficulty paying attention and is quite easily distracted. The cafeteria staff have noted that the client will cut to the front of the line almost everyday and

needs to be reminded to stay in line order. The client's parents have described him as a very energetic happy kid and have reported that he loses everything he touches. When his parents ask him to do things, the parents say that he seems to be in his own world and is completely disconnected from what is going on. The parents do not feel that he has an issue and that he just needs to focus more since he can focus for hours at a time playing video games. Based on the NICHQ Vanderbilt Assessment Scale, the client also scored clinically high on both the parent and the teacher informant scaled. Based on the evidence, the client meets criteria for the DSM 5 diagnosis of attention-deficit hyperactivity disorder, combined presentation (314.01).

Factors

There are several factors that need to be taking into consideration when looking at this client. One of the first factors to look at would be the client's family history. Based on interviews with both parents, at least one sibling and a grandparent have been officially diagnosed with ADHD and another sibling has not been evaluated. According to the National Health Service in the United Kingdom, "ADHD tends to run in families, and, in most cases, it's thought the genes you inherit from your parents are a significant factor in developing the condition" (2018). Another key factor that plays a role in the client's life are the precipitating such as the client's classroom setting. In his classroom, the client has been seated with other students who are also disruptive and helps to keep the client energized throughout the class period. A perpetuating factor that the client faces are his parents' belief that he does not need help and is just, "acting his age." However, while these factors have helped to maintain the client's current state, he does have some protective factors that have helped him in addressing the problem. The school counselor and his special reading group have been attempting to help the client to learn different skills to be able to increase his focus and slow down.

Summary

For the client, there are several different interventions that could be plausible that would be able to address some of the core symptoms that he is facing and to help improve his grades in school. Research has shown that medication, exercise, mindfulness, cognitive-behavioral therapy, yoga, parent trainings, and psychoeducation can all help in managing ADHD symptoms (Evans, et. al., 2017; Feldman, et. al., 2018; Johns Hopkins Medicine, 2018; Tamm, et. al., 2017). So, while there are several different treatments available, I believe a combination of school-based therapy and medication would be the most beneficial for the client. As Feldman, et. al. discusses in their 2018 article, “Medication works primarily on core ADHD symptoms and should be considered for children aged 6 years and older.” So, with the use of medication, the main symptoms of ADHD would be reduced which could help the client to focus and be more present. However, by also utilizing cognitive therapies, such as mindfulness, it will help the client to learn new skills to be able to address the remaining symptoms that the medication may not address (Evans, et. al., 2017). This combined approach would most likely offer the best results for everyone involved in the client’s life.

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