# Case Study 1 - Jack

Jack is a 7 year old male Grade 1 student who lives in Toronto with his parents. He is the only child to two parents, both of whom have completed post-graduate education. There is an extended family history of Attention Deficit/Hyperactivity Disorder (ADHD), mental health concerns as well as academic excellence.

Jack is an intelligent and caring young boy who presents with significant potential to excel academically. In his spare time, Jack enjoys spending time with his friends, and participating in physical activities such as swimming, running and skating. He also enjoys participating in social events, and is often invited to play dates and birthday parties. It is noteworthy that he did not know his address or home phone number, could not print his surname, and recognized only a few pre-primer words.

While Jack interacts well with peers his own age, his parents note that he can be easily led and influenced by others. They also report that Jack gets upset when he does not receive recognition or feels that he has been ignored. His teacher notes that he sometimes acts 'socially immature', and that he often demonstrates attention-seeking behaviour.

Jack describes difficulties with focusing, and sitting still in class. He recognizes that he is able to 'hyper focus' on some activities of interest, however he often has difficulty sustaining his attention at school. His parents and teacher indicate that Jack is restless, and often requires reminders to help him stay on task. He is described as "constantly running around" and presenting with difficulties listening and following instructions. Jack's teacher indicates that he often blurts out answers and interrupts other students in the classroom. Jack recognizes this tendency in himself, but says that he 'can't stop' in spite of his best intentions.

Jack has always had challenges falling asleep, and sometimes finds that he wakes up in the middle of the night. When he wakes up he finds that he has a difficult time getting back to sleep - sometimes staying awake for as long as an hour and a half.

His mother reports difficulties at home with following routines and remembering instructions. His parents describe emotional reactivity as well as confrontational behaviours demonstrated both at home and at school. His teacher notes that Jack is very defiant towards listening to instructions, but generally interacts well with his peers. He is easily frustrated and emotionally impulsive - Jack has had several incidents of hitting, crying outbursts, and inappropriate behaviour. Behavioural concerns with aggression, lying, arguments, and disruptive behaviour were noted in pre-school program at age 4.

## Case Study 2 - Nancy

Nancy is a 13 year old Grade 8 student currently living at home in Toronto with her two parents and older sister. She was referred to Springboard Clinic for an evaluation to further understand her focusing concerns and her current learning profile of strengths and concerns.

Nancy reports that she enjoys arts and crafts, and participating in social media websites such as "Tumblr." At times, she experiences mood fluctuations and irritability; she noted that anger and frustration tend to be connected with her sadness. Drawing, listening to music, and swimming help her to relax.

Since first entering school, Nancy has experienced difficulties with school work completion, inattentiveness and distractibility, disorganization, impulsivity and mood fluctuations. Nancy's teachers describe her as a hard-working, cooperative student, but they indicate that homework responsibilities have been an issue. They also note that she is a very reluctant reader, and has consistently scored lower than average on reading comprehension and vocabulary tests. Psychoeducational testing indicated average cognitive abilities.

Nancy states that she is struggling to meet expectations at home and at school, complete academic work, and communicate effectively with others who do not share her interests. Nancy indicates that she often becomes anxious when she is asked to speak in public, or to spend time with people she does not know. Her parents note that Nancy has difficulties making new friends and taking risks - she "longs to get invited, but won't make the first move." She experiences ongoing sleep difficulties, primarily with settling into routines at night.

Her parents report increased anxiety around school participation this year. Nancy reports feeling nervous when going to school because of presentations and homework. She describes hating school and experiencing difficulties completing her work on time because "she can never focus." Her parents note concerns with negative body image and self-talk.

Her older sister has been identified as "gifted" and appears to be highly motivated academically and almost "driven" to excel in all her life domains. (She later was diagnosed with a serious eating disorder). Both her parents are university graduates. Her father is a hard-working financier who stays fit, running marathons. Nancy's mother is currently a full-time homemaker.

There is an extended family history of alcoholism, marital relationship instability and possible ADHD / LD characteristics.

# Case Study 3 - Brian

Brian is a bright and articulate 19-year-old student who is currently in his second year of university. He is living in an apartment with two other young men of a similar age, with whom he is good friends. He was referred to the clinic by his parents, who seek to better understand his attention profile and learning challenges.

Brian has spent the last two summers working as a camp counsellor where he describes being well-liked by both his peers and campers. He notes that he has recently been experiencing anger outbursts with his girlfriend, who he has been seeing for the past year. While they have many common interests, he finds that he sometimes lashes out at her when feeling frustrated.

He is challenged by low motivation and is struggling with perceived academic underachievement. Brian is creative and intelligent, but has been disappointed by his academic performance in the last year. Last semester he was placed on academic probation - this was a large motivator for him coming into the clinic. Brian reports a tendency to "shut down" when he becomes overwhelmed by stress. He attributes this tendency as the reason he performed poorly on his last set of exams, and why he was placed on academic probation.

There is evidence of escalating behavioural challenges since Grade 9. Brian also reports that he struggles with feelings of internal restlessness, an inconsistent ability to concentrate, and difficulty with time management. He indicates that he has always had a difficult time concentrating in class, and that his mind has a tendency to wander. He states that at times his immediate reaction to anger and frustration is to become verbally defensive and irritable. He sometimes breaks things if he is really angry or gets into arguments with his girlfriend.

Brian admits to having a daily dependence on marijuana. He states that this smoking helps to "calm" his mind and to decrease the perceived "non-stop" restlessness of his thoughts. While he has been trying to cut back on his marijuana usage, he smokes half a pack of cigarettes per day, and reports some concern that he has begun replacing marijuana with alcohol use. "Binge" drinking with friends is increasing.

His parents are concerned, especially when he had previously been successful academically and socially in secondary school when he was living at home.

## Case Study 4 - Susan

Susan is a 36 year old female, currently living at home with her husband of 11 years and two young children, ages 2 and 4, in Toronto. She recently resumed working after taking four years off after the birth of her first child. Susan is experiencing increased levels of stress as she tries to balance the challenges of parenting with the academic demands of her career as a dietician.

Susan reports a longstanding history with poor attention. She was identified in grade school as requiring special accommodations and support from her teachers, but was never diagnosed with a confirmed learning disability. She used ear plugs when studying in school. Her difficulties with focusing and time management have continued into adulthood, affecting her ability to effectively manage her finances and to balance her work/family time relationship.

She has been able to cope by creating "pressure" to engage her focus, but this has resulted in symptoms of anxiety, depression, feelings of guilt, and loss of self-esteem. Susan worries that by focusing her energies on managing her work responsibilities, she is neglecting other areas of her life, particularly her children.

Susan is concerned with perceived underachievement and inefficiency at her place of employment. She struggles with procrastination, and has difficulty with organization. Due to the increased demands and responsibilities she now faces in the home, Susan finds that she is not able to focus on work-related duties the way she used to. As a result, she has been disappointed by her recent performance at her place of work.

Susan is an intelligent and engaging communicator, but she feels overwhelmed by her current responsibilities and worries that she is not performing to her real potential. She sometimes feel paralyzed by stress, and reacts by retreating into herself rather than by asking for help.

She says that she needs a life "GPS" to function - "I feel confused." Recent stresses include her stepfather and her cat are both severely ill with cancer. She has been on an anti-depressant for 8 years from her psychiatrist. She demonstrates no hyperactivity, but is challenged to stay focused to even read a book.

# Case Study 5 - Bob

Bob is a 44 year old male who was referred by his family physician for assessment of his emotional and behavioural challenges. He currently lives with his wife of ten years, and his two young children, ages 5 and 6.

There is an extended family history on both sides of academic excellence, occupational underachievement, substance abuse, ADHD, cardiac incidents and significant mental health concerns. Staying healthy is a priority for Bob: during university he was on the varsity basketball team. Since taking on a more important role at his company, however, Bob feels that he has not been able to devote the same amount of time exercising to stay "fit".

Bob has\_experienced significant health and emotional difficulties in his family life. He describes a very loving relationship with his wife, amidst extremely elevated levels of stress and significant home life transitions. He is currently working as an executive, and notes that his job is extremely demanding and stressful. He often feels like a "sham" - "I fly at the last minute."

Bob presents with strong indications of inattention and impulsivity. He reports experiencing longstanding history of vocational difficulties associated with interrupting others, failing to meet deadlines and fulfilling his own work potential. His perceived anxiety regarding his self-esteem and self-control results in his inability to maintain self-control or to achieve his personal goals.

Starting in childhood, Bob reportedly experienced difficulty sustaining his attention on tasks, particularly homework. He was a "daydreamer" and recalled experiencing difficulty listening to others. While he has been successfully professionally, he admits that he procrastinates and accomplishes much of his work at the last minute.

Bob demonstrates risk associated behaviours: he smokes marijuana nightly to help him relax, and smokes 16-20 cigarettes a day. He also does not see regular sleep as a priority - Bob regularly stays up all night when preparing for important meetings at work. He has borderline hypertension.

He describes himself as being introspective, emotional, and often experiencing internal volatility with a range of emotions. He and his wife note that his irritability and frustration sometimes lead to impulsive outbursts. While he always apologizes to his wife after such incidents, he notes that the frequency of the outbursts and their severity have put a severe strain on their relationship.

Bob learned easily at school, requiring little effort to succeed. He was tested as gifted in Grade 3 but often seemed to underachieve.

Family history is positive for ADHD. His mother was diagnosed in her 60's and suffers from obesity and hoarding.

# Case Study 1 - Results

### Diagnosis:

Jack presents with a diagnosis of Attention-Deficit/Hyperactivity Disorder, combined type. He also presents with Oppositional Defiant Disorder.

#### **Treatment:**

#### A. Behavioural Intervention:

Jack has participated in a coaching program that focuses on strategies for managing his focus in multiple environments, as well as with self-regulation and control. He has been working on a capacity building program to promote health behaviour change and improved performance. Accommodations with the school have been implemented to improve Jack' ability to manage instructions, ask for help when he needs it, and take responsibility at home and at school

#### B. Medical Intervention:

In the time since his diagnosis one year ago, a trial of stimulant medication has been conducted. The medication type and dosage have been adjusted several times in order to find the best balance:

- Biphentin
- Vyvanse
- Strattera
- Concerta

Patient Name:	

# **Case Analysis**

Patient Strengths:	Parent / Patient Concerns:
<b>3</b>	
Age of Onset: (before age 13 yrs)	
Evidence of Impairment:	
1. Academic / Vocation:	
2. Physical:	
i.e. sleep, nutrition, exercise, substance use	
3. Social:	
i.e. communication, relationships	
4 Frantismali	
4. Emotional: i.e. self esteem, anxiety, depression	
,,	
Evidence of Collaborative Information: YES	NO
Child Tools:	Adult Tools:
□ SNAP 26/90	□ ASRS
□ WIFRS - Parent	□ WIFRS - Self
□ WIFRS - Self	□ WIFRS - Informant
□ WSR - Parent	□ WSR - Self
□ WSR - Self	□ WSR - Informant
□ WSR - Informant	□ DIVA □ CUYOS Apvietu
	<ul><li>□ CUXOS Anxiety</li><li>□ CUXOS Depression</li></ul>
Eamily History	□ CUXOS Depression
Family History: I.e. mood, substance, focus	

# **Primary Diagnosis**

Treatment Strategies  A. Behavioural:  Le. caffeine, nicotine, substance use, sleep, melatonin, exercise, environmental support  B. Pharmaceutical:  C. Additional Options:  ECG  ECG  Sleep Study	Timery Diagnosis
A. Behavioural: i.e. caffeine, nicotine, substance use, sleep, melatonin, exercise, environmental support  B. Pharmaceutical:  C. Additional Options:  ECG Sleep Study	Comorbidities to Consider:
A. Behavioural: i.e. caffeine, nicotine, substance use, sleep, melatonin, exercise, environmental support  B. Pharmaceutical:  C. Additional Options:  ECG Sleep Study	
A. Behavioural: i.e. caffeine, nicotine, substance use, sleep, melatonin, exercise, environmental support  B. Pharmaceutical:  C. Additional Options:  ECG Sleep Study	
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<ul><li>□ ECG</li><li>□ Sleep Study</li></ul>	b. Pharmaceutical:
<ul><li>□ ECG</li><li>□ Sleep Study</li></ul>	
<ul><li>□ ECG</li><li>□ Sleep Study</li></ul>	C Additional Ontions:
□ Sleep Study	
□ Consultant Referral	□ Consultant Referral
i.e. Psychiatry, Social Work	
☐ Communication i.e. School / Employer / Partner	

# Best Practices for ADHD Across the Lifespan: Evaluation Form

Family Physician :	☐ Yes	□ No					
Type of Practice (check	all that apply):						
☐ Full Time ☐ Solo ☐ Office ☐ Urban	☐ Part Time ☐ Group ☐ Hospital ☐ Suburban		□ Both □ Rural				
Strongly disagree - 1	Disagree - 2	!	Neutral - 3	Agre	ee - 4	Strongly	y Agree - :
The Program							
The program was relevant to family medicine.		ne.	1	2	3	4	5
The program met the stated objectives.			1	2	3	4	5
The program met my expectations.			1	2	3	4	5
The program met my learning objectives.			1	2	3	4	5
I was able to interact with other participants.		6.	1	2	3	4	5
The program was credible and non-biased.		1	2	3	4	5	
The program was well organized.		1	2	3	4	5	
There was adequate time.		1	2	3	4	5	

The Speaker				
	Was consistent with stated objectives	Information was presented clearly	Information was relevant to practice	Discussion time was adequate
Dr. Ainslie Gray	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Comments about the Speaker:

Describe two particularly strong features about this program:
1.
2.
Describe two things that you would like to see changed:
1.
2.
List two ways that you will change your practice because of this program:
1.
2.
Did you perceive any degree of commercial bias in any part of the program?
□ Yes □ No
If yes, please describe:
Topics you would like to see addressed in the future:
Topics you would like to see addressed in the ruture.
Did you feel any topics were not relevant to your practice? If yes, please describe:
You have come to the end of the session evaluation form. Thank you for completing this survey.