

# ADHD Treatment Plan Template

By Brittainy Lindsey, LMHC, LPC | Clinically reviewed by Ehab Youssef, Licensed Psychologist

**Client (initials)**

**Date**

**Review date**

**Diagnosis (DSM-5-TR / ICD-10 code + presentation: F90.0 / F90.1 / F90.2)**

**Presenting problem & functional impairment (school / work / home / relationships)**

**Baseline measure (e.g., Vanderbilt, Conners, ASRS score + behavior frequencies) and target**

**Goal 1 (SMART)**

**Objectives (2–3, with timeframes: behavior + criterion + measurement source)**

**Interventions (e.g., behavioral parent training, token economy, CBT / Safren model, task chunking)**

**Evaluation (tool + frequency)**

## Treatment Plan Template (continued)

Add another copy of this page for each additional treatment goal.

### Goal 2 (SMART)

### Objectives (2–3, with timeframes: behavior + criterion + measurement source)

### Interventions (e.g., time management training, cognitive restructuring, behavioral activation)

### Evaluation (tool + frequency)

### Medication / prescriber coordination

### Accommodations (504 / IEP / workplace)

# Filled Example: ADHD, Combined Presentation, Child (F90.2)

By Brittainy Lindsey, LMHC, LPC | Clinically reviewed by Ehab Youssef, Licensed Psychologist

## Client

Ben, 8, 2nd grade | Diagnosis: ADHD, Combined Presentation (F90.2)

## Presenting problem

Leaves seat 5-6 times per class period, blurts answers, homework completion below 40%, escalating conflict at home over routines. Teacher reports 2-3 redirections per period.

## Baseline

Vanderbilt (parent + teacher forms): both significantly elevated on hyperactivity/impulsivity and inattention subscales. Target: below clinical cutoff on both forms within 12 weeks.

## GOAL 1: Remain seated during instruction for 20 consecutive minutes in 4 of 5 class periods within 8 weeks (baseline: 5 minutes).

Objectives: token earned per seated interval, tracked by teacher tally; intervals lengthened weekly as criterion is met.

Interventions: token economy (immediate reinforcement, thinned as behavior stabilizes); daily report card between teacher and parents; preferential seating and movement breaks; 504/IEP input.

Evaluation: teacher tally daily; Vanderbilt teacher form at weeks 6 and 12.

## GOAL 2: Complete 80% of assigned homework with one parent prompt or fewer within 10 weeks (baseline: under 40%).

Objectives: homework log kept by parents; behavioral contract reviewed weekly in session.

Interventions: behavioral contracting; task analysis and chaining ("start homework" broken into steps, each reinforced, prompts faded); weekly behavioral parent training covering positive reinforcement and consistency.

Evaluation: homework log weekly; parent-training adherence log (target: token system run on 6 of 7 days).

## Medication

Referred to pediatrician for medication evaluation; release on file. (Hypothetical; medication is prescribed only by a qualified prescriber.)

## Coordination

Teacher via daily report card; parents in weekly training; pediatrician re: evaluation. CPT 90834 (individual); parent-only training sessions billed 90846 where applicable.

## How to use

Complete one goal block per treatment target. Every objective needs a behavior, a number, a measurement source, and a date. For children, run the plan through the adults around the child: parent training, teacher coordination, reinforcement systems.

# Filled Example: ADHD, Predominantly Inattentive, Adult (F90.0)

By Brittainy Lindsey, LMHC, LPC | Clinically reviewed by Ehab Youssef, Licensed Psychologist

## Client

Dana, 34, marketing professional | Diagnosis: ADHD, Predominantly Inattentive Presentation (F90.0), diagnosed at 33

## Presenting problem

Missed deadlines (2-3 weekly), chronic lateness, task-initiation difficulty, harsh self-criticism ("I am so stupid for forgetting again"), overwhelm at workload. Partner reports frustration with forgotten commitments.

## Baseline

ASRS v1.1 Part A positive (inattention items elevated); two-week self-monitoring log confirms 2-3 missed deadlines weekly. Target: 0-1 missed deadlines per week and ASRS below cutoff within 12 weeks.

## GOAL 1: Reduce missed work deadlines from 2-3 per week to 0-1 per week within 10 weeks.

Objectives: all projects broken into subtasks in a single planning system with reminders; 5-minute daily planning ritual on at least 5 of 7 days, per app log, within 6 weeks.

Interventions: CBT for adult ADHD (Safren model): task chunking, time management training, transition alarms; behavioral activation for task initiation.

Evaluation: work log weekly; ASRS at weeks 6 and 12.

## GOAL 2: Reduce ADHD-related negative self-talk, logging at least 3 cognitive reframes weekly within 8 weeks.

Objectives: thought record between sessions; reframes reviewed weekly in session.

Interventions: cognitive restructuring targeting ADHD-related self-critical thoughts; psychoeducation on ADHD and shame; mindfulness and paced breathing before high-demand tasks.

Evaluation: thought record count weekly.

## Medication

Coordination with prescriber on stimulant/non-stimulant response, reported via ASRS and work log. (Hypothetical; medication is prescribed only by a qualified prescriber.)

## Coordination

Workplace accommodations discussion: written instructions, meeting notes, deadline check-ins. CPT 90837 where clinically indicated.

## How to use

For college clients, swap the occupational goal for an academic one (assignment completion, on-time submission). For combined presentation, add an impulsivity objective with its own log. Keep every between-session exercise attached to a specific objective.

## Generate diagnosis-aligned treatment plans from your session notes: [mentalyc.com/ai-treatment-planner](https://mentalyc.com/ai-treatment-planner)

All examples of mental health documentation are fictional and for informational purposes only.