

CURE Counseling & Assessment Training Centre via Teletherapy

Office: 770.252.3760 Fax: 678.298.7637

Web: www.curecounseling.com Email: office@curecounseling.com

Assessment Administration and ADHD Consultation via Teletherapy - \$179.00

Dr. C. Steven Shaffer, Ph.D., National "Board" Certified Counselor

Licensed Professional Counselor in Georgia and Missouri

Brown's Executive Function/Attention Scales

Assessing ADHD for Patient's Online via Video Teletherapy

Total Cost \$179.00 for a Video Session and Instant Assessment Results

Dr. C. Steven Shaffer is licensed in the states of Georgia and Missouri as a National "Board" Certified Counselor (NBCC), a Licensed Professional Counselor (LPC) and has a Ph.D. in Counseling Psychology. Dr. Shaffer has been counseling professionally since 2006. He has held over 40,000 therapy sessions for the medical community, including hundreds of the Brown's EF/A's, a low-cost assessment to screen for Attention Deficit Hyperactivity Disorder, based on the American Psychiatric Association's DSM-5 criteria. See the attached samples.

Multitudes of Primary Care Physicians have used Dr. Shaffer's services to aid in medication management for the benefit of their patients, as well as patient development in behavior modification. Now this Brown's EF/A assessment is available via Teletherapy! Dr. Shaffer will provide the Brown's EF/A online via a VIDEO SESSION and provide instant feedback to the patient, along with a thorough report that is available within 60 minutes that can be emailed or faxed to the patient and/or their PCP. Total cost is \$179.00. See contact information above.



Overview of the work of Thomas E. Brown, PhD, author and the creator of the Brown EF/A Scales.

Quickly assess DSM-5 symptoms of ADHD along with less apparent impairments of executive functioning

ADHD is a complex impairment that impacts academic, social, emotional, and behavioral development for both children and adults. As an update to the widely used Brown ADD Scales TM the Brown EF/A Scales go beyond other measures to screen and assess a wider range of impairments of executive functioning and attention.

What makes Brown EF/A Scales different?

Helps address situational variability: The Brown EF/A Scales provide a comprehensive evaluation of an individual's ADHD symptoms by analyzing their behavior using multiple perspectives: the examinee's self-perspective, teacher's perspective and parents' perspective.

Overview of the Brown EF/A Scales – YouTube
www.youtube.com/watch?v=9A00F9Fn2Tg

CURE Counseling & Assessment Training Centre via Teletherapy

Office: 770.252.3760 Fax: 678.298.7637

Web: www.curecounseling.com Email: office@curecounseling.com

Assessment Administration and ADHD Consultation via Teletherapy - \$179.00

Dr. C. Steven Shaffer, Ph.D., National "Board" Certified Counselor

Licensed Professional Counselor in Georgia and Missouri

Items are more specific and contextual: Included items are more specific and ask about difficulties they might encounter in a specific context, e.g. difficulty remembering what has been read (when reading is assigned, not self-selected texts).

Focus on severity as opposed to frequency: Unlike other instruments, the Brown focuses on specific behaviors as opposed to frequency. This allows examinees to directly and more accurately report symptoms they perceive to be problems.

Includes DSM-5 symptoms of ADHD and more: In addition to diagnostic criteria for ADHD defined in DSM-5, the Brown EF/A Scales also assess other important aspects of executive function impairments found in persons with ADHD, but not yet included in DSM-5.

Based on Dr. Brown's model of Executive Functions: The Brown EF/A Scales are based on Dr. Brown's six cluster model of executive functions that has been well recognized and explained in books and articles for more than a decade.

Is the Brown EF/A aligned with the DSM-5?

Content is aligned with *DSM-5* diagnostic criteria for ADHD as well as other executive functions related to attention, but not included in the *DSM-5*

How does the Brown EF/A address situational variability?

Patients with ADHD experience much situational variability with ability to focus on specific activities which hold strong interest for them, but more limited ability to focus on less interesting tasks, even when they may be important. The Brown EF/A scales include items that ask about difficulties encountered in specific contexts (e.g., difficulty remembering what has been read when reading is assigned vs. self-selected texts).

Addresses situational variability: scales analyze an individual's behavior using multiple perspectives (i.e., examinee's self-perspective, teacher's perspective, and parents' perspective).

Items are more specific and contextual: scales include items that are more specific and ask about difficulties in a specific context (e.g., difficulty remembering what has been read).

Directly and more accurately reports symptoms: items focus on severity of specific behaviors as opposed to frequency.

CURE Counseling & Assessment Training Centre via Teletherapy

Office: 770.252.3760 Fax: 678.298.7637

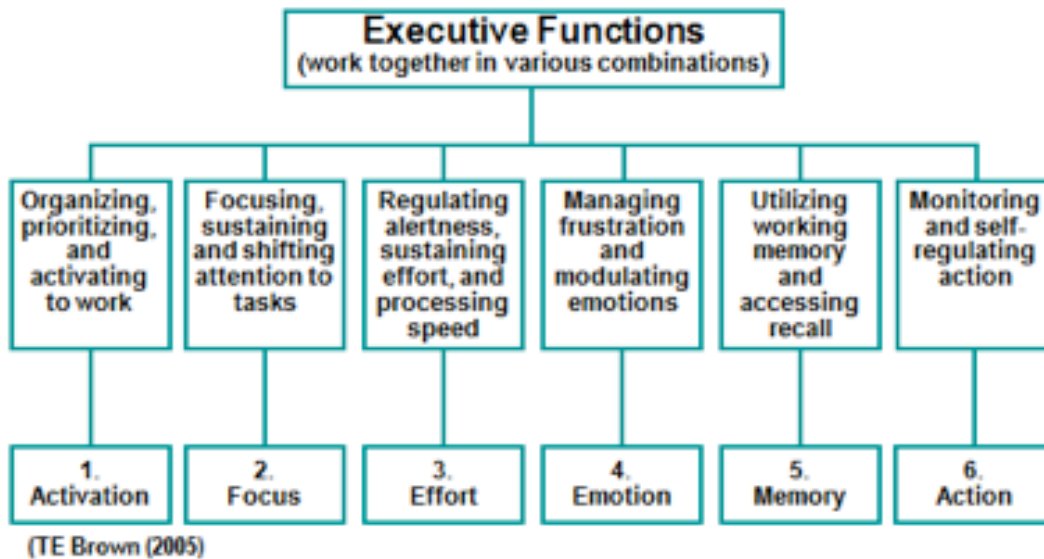
Web: www.curecounseling.com Email: office@curecounseling.com

Assessment Administration and ADHD Consultation via Teletherapy - \$179.00

Dr. C. Steven Shaffer, Ph.D., National "Board" Certified Counselor

Licensed Professional Counselor in Georgia and Missouri

Executive Functions Impaired in ADD/ADHD



Applications

Can the Brown EF/A Scales be used as a screening tool?

The Brown EF/A Scales can be used as a screening tool:

- As a preliminary process for identifying executive function strengths and areas of need
- To provide data to support observations and anecdotal information
- That offers insight into individuals who may be struggling without any outward expression
- As a first step in facilitating instruction, support, and interventions at the appropriate level

Can the Brown EF/A Scales be used as a progress monitoring tool?

The Brown EF/A Scales can be used in repeated administrations to assess changes in symptoms of ADHD over time.

- Comparing assessments can assist in determining whether or not treatment has been effective and, if so, the areas of functioning that benefited the most from treatment.
- **The information obtained from repeated administrations can also be useful in adjusting medication doses and in suggesting when additional assessments or treatments may be necessary for nonresponsive ADHD symptoms.**

10 Assumptions about ADHD Underlying the Brown EF/A Scales™



1

The executive function impairments associated with ADHD are problems everyone has sometimes, but **those with ADHD have much more chronic and impairing difficulty** with them.

2

Many children and adults with ADHD have never had any significant behavior problems and have never been hyperactive.

3

Research shows that **some specific areas of the brain** that are important for self management tend to **mature about 3–5 years later in those with ADHD**, persisting for much of their life.

4

About **70% of those who have ADHD in childhood will continue to have some ADHD impairments** at least into late adolescence and many into adulthood.

5

Regardless of the age at which ADHD becomes apparent, studies have shown that **those with later onset of ADHD can be as fully impaired as those with earlier onset.**

6

ADHD has nothing to do with how intelligent a person is—**some extremely bright and accomplished people suffer from ADHD.** Studies have shown that ADHD is found in people across the full range of intellectual abilities.

7

Conscious and unconscious emotions play a critical role in problems of motivation and self-regulation that are pervasive in ADHD. Also, **many with ADHD have chronic difficulty in recognizing and managing expression of their emotions.**

8

ADHD is not just one or two specific symptoms. It is a complex syndrome—a cluster of impairments that often appear together, though some aspects of the disorder may be more or less prominent in any particular person.

9

There are many differences among various persons with ADHD, even those of similar age. They are not all exactly alike in either their strengths or their difficulties.

10

Incidences of SLDs, anxiety and mood disorders, sleep disorders, OCD, substance use, and autism spectrum disorders are **considerably higher among those with ADHD than in the general population.**

Visit **[PearsonAssessments.com/BrownEFAScales](https://www.pearsonassessments.com/BrownEFAScales)** to learn more.

800.627.7271 | [PearsonAssessments.com](https://www.pearsonassessments.com)

© 2018 Pearson Education, Inc. or its affiliates. All rights reserved. Pearson and Brown are trademarks, in the US and/or other countries, of Pearson plc. CLINA15775-16691 EL 12/18



Pearson

BROWN

EXECUTIVE FUNCTION / ATTENTION

SCALES™

Individual Report

Brown EF/A Scales™

Brown Executive Function/Attention Scales™

Thomas E. Brown, PhD

Examinee Information

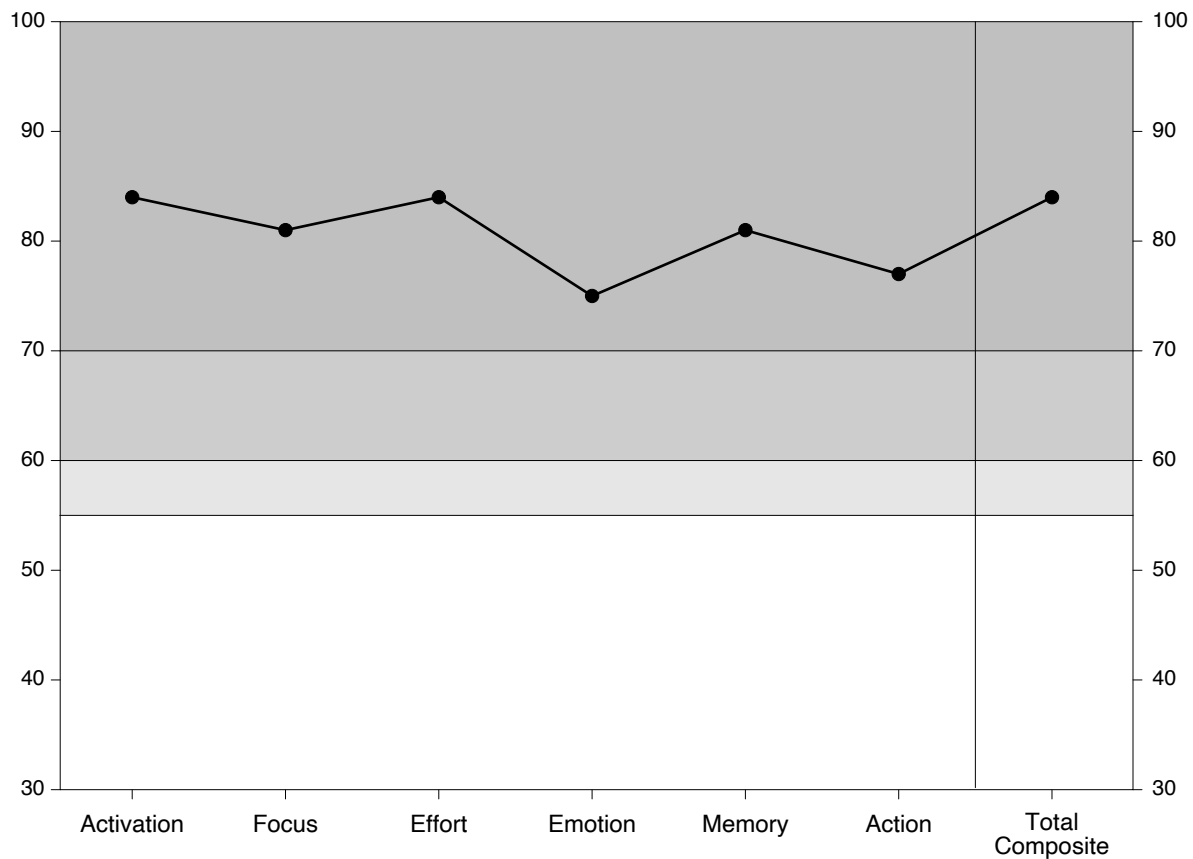
Name	
ID	11272021
Sex	Female
Date of Birth	01/05/1992
Date of Rating	11/27/2021
Age at Rating	29 years 10 months
Norms Selected	Combined-Sex

Copyright © 2019 NCS Pearson, Inc. All rights reserved.

Brown EF/A Scales, **Brown Executive Function/Attention Scales**, and **Pearson** are trademarks in the U.S. and/or other countries of Pearson Education, Inc.

[1.1 / RE1 / QG1]

BROWN EF/A SCALES T-SCORE PROFILE



Score Summary Table

Score	Score Description	Raw Score	T Score (Plotted)	Percentile Rank	90% Conf. Interval
Activation	Organizing, prioritizing, and activating to work	22	84	99	78-90
Focus	Focusing, sustaining, and shifting attention to tasks	24	81	99	76-86
Effort	Regulating alertness, sustaining effort, and adjusting processing speed	25	84	99	78-90
Emotion	Managing frustration and modulating emotions	24	75	98	70-80
Memory	Utilizing working memory and accessing recall	22	81	99	75-87
Action	Monitoring and self-regulating action	21	77	98	71-83
Total Composite	Overall indication of executive functioning	138	84	99	81-87

T-Score Interpretation

Suggested ranges for the interpretation of the cluster and Total Composite T scores are as follows:	T-Score Range	Classification
	70 and above	Markedly atypical (very significant problem)
	60-69	Moderately atypical (significant problem)
	55-59	Somewhat atypical (possibly significant problem)
	54 and below	Typical (unlikely significant problem)

COMPARISON TABLES

Cluster-to-Total Composite Score Comparisons

Cluster	T Score	Total Composite Score	Difference	Significant? (.05%)	Base Rate
Activation	84	84	0	No	
Focus	81	84	-3	No	
Effort	84	84	0	No	
Emotion	75	84	-9	Yes	<=15%
Memory	81	84	-3	No	
Action	77	84	-7	Yes	<=15%

Cluster-to-Cluster Comparisons

Clusters	T Score 1	T Score 2	Difference	Significant? (.05%)	Base Rate
Activation/Focus	84	81	3	No	
Activation/Effort	84	84	0	No	
Activation/Emotion	84	75	9	No	
Activation/Memory	84	81	3	No	
Activation/Action	84	77	7	No	
Focus/Effort	81	84	-3	No	
Focus/Emotion	81	75	6	No	
Focus/Memory	81	81	0	No	
Focus/Action	81	77	4	No	
Effort/Emotion	84	75	9	No	
Effort/Memory	84	81	3	No	
Effort/Action	84	77	7	No	
Emotion/Memory	75	81	-6	No	
Emotion/Action	75	77	-2	No	
Memory/Action	81	77	4	No	

ITEM RESPONSES BY CLUSTER

Cluster 1. Activation	No Problem	Little Problem	Medium Problem	Big Problem
1. I have trouble getting started on projects, assignments, or other tasks.			•	
7. I have trouble switching from one activity to another.				•
18. It's difficult for me to wake up, get myself out of bed, and get started in the morning.				•
25. I have trouble organizing my work and doing the most important things first without wasting time.				•
28. I tend to be disorganized and forget due dates for projects, assignments, or bills.		•		
34. It takes me a long time to answer questions.			•	
40. My work is rushed, incomplete, or late because I don't plan enough time to do things well.			•	
44. I wait until the last minute to do things.				•
53. I have excessive difficulty starting tasks I should do, like running errands and paying bills, unless the task is interesting.				•
Cluster 2. Focus	No Problem	Little Problem	Medium Problem	Big Problem
3. I need to be reminded to keep working or to pay attention.		•		
8. I am easily distracted by background noises or other things going on around me.				•
17. I find it hard to focus on one thing for a long time unless it's something I'm really interested in.				•
32. I need to hear or read instructions several times before I understand them.				•
42. I lose focus easily when I have to listen to or read something that isn't very interesting.				•
45. I get stuck doing one thing and have a hard time switching to something else that is more important.				•
47. Because I speak too quickly or keep changing topics while talking, others have trouble understanding me.			•	
50. I try to pay attention in conversations, but my mind wanders and I miss out on important information.				•
56. When I'm reading something that isn't very interesting, I have to read it more than once to remember it.				•
Cluster 3. Effort	No Problem	Little Problem	Medium Problem	Big Problem
4. Unless I'm doing something I enjoy, I feel sleepy or tired during the day, even after a full night of sleep.				•
10. I need extra time to finish my assignments or projects.			•	
16. If I can't understand something right away, I stop trying.			•	
21. My work is inconsistent; sometimes it's good, sometimes it's not.				•
29. I have trouble getting to sleep at night because I can't stop thinking about different things.				•
35. I need to be reminded to get started or to keep working on tasks that need to be done.			•	
39. It's hard for me to focus on a task unless it's interesting or I'm working with someone else.				•
46. I have trouble finishing routine tasks that don't interest me.				•
52. When I'm writing, I may have good ideas, but it takes me a very long time to put them into sentences and paragraphs.		•		
55. Soon after starting a project or assignment, I get bored and don't want to finish it.				•

Cluster 4. Emotion	No Problem	Little Problem	Medium Problem	Big Problem
6. I feel excessively stressed or anxious in situations that should be manageable for me.				•
12. I worry too much about things that could go wrong and what others might be thinking about me.				•
19. I get frustrated and irritable over little things.				•
23. I get overly sensitive or defensive when someone teases or criticizes me.				•
27. I spend too much time on little details trying to make my work perfect.			•	
37. I overreact when I'm angry, even to small things.				•
43. I get so nervous in school or at work that I have trouble remembering things I thought I knew.		•		
48. I feel sad or depressed and think that things may never get better.				•
51. I have a hard time controlling my temper.				•
Cluster 5. Memory	No Problem	Little Problem	Medium Problem	Big Problem
5. I have a hard time following instructions, especially when I have more than one thing to do at the same time.				•
9. It's difficult for me to take notes and keep listening to what else is being said.				•
13. I remember some of the details in assigned reading but have trouble understanding the main points.				•
15. I tend to forget to bring--or often misplace--things I need, such as phone, keys, wallet, or purse.			•	
22. When writing or talking, it's easy for me to wander off on some detail and forget the main thing I am trying to say.			•	
26. I tend to forget a lot of what I have just heard in conversations.			•	
30. When writing, I put in--or leave out--letters or words without meaning to.	•			
38. I have trouble memorizing things like names and dates.			•	
41. I have a hard time understanding and remembering directions or instructions.			•	
57. I plan to do things but forget about them (like running errands or paying bills).				•
Cluster 6. Action	No Problem	Little Problem	Medium Problem	Big Problem
2. I get restless and fidgety when I have to sit still or wait in line.			•	
11. If I think of something to say during a conversation, I interrupt others to say it before I forget it.			•	
14. I don't notice when I may be boring, confusing, or irritating others.		•		
20. I get restless and fidget with my fingers, hair, clothing, or jewelry too much.				•
24. When working on projects or doing assignments, I tend to do them too quickly and make careless mistakes.		•		
31. I do or say things without thinking and often regret my actions later.			•	
33. It's hard for me to wait to say, get, or do something.				•
36. I talk a lot and do not seem to know when to stop.		•		
49. It is hard for me to stop doing things I like to do, like watching TV or playing games, even when I know I should.				•
54. I am quick to jump to conclusions and interrupt others when they are in the middle of doing or saying something.				•

BROWN

EXECUTIVE FUNCTION / ATTENTION

SCALES™

Summary

Brown EF/A Scales™

Brown Executive Function/Attention Scales™

Thomas E. Brown, PhD

Examinee Information

Name	
ID	11272021
Sex	Female
Date of Birth	01/05/1992
Date of Rating	11/27/2021
Age at Rating	29 years 10 months
Norms Selected	Combined-Sex

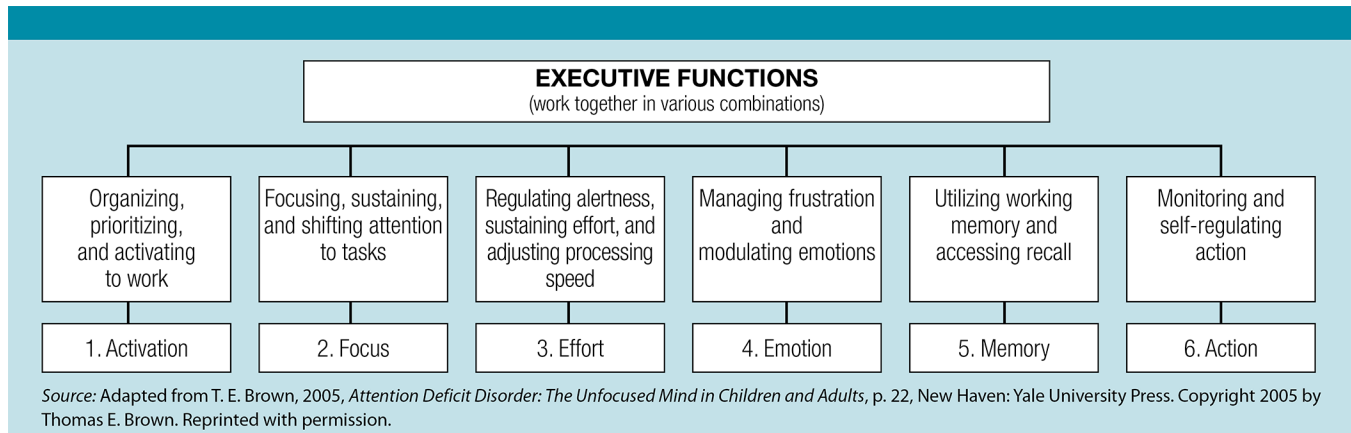
Copyright © 2019 NCS Pearson, Inc. All rights reserved.

Brown EF/A Scales, **Brown Executive Function/Attention Scales**, and **Pearson** are trademarks in the U.S. and/or other countries of Pearson Education, Inc.

[1.1 / RE1 / QG1]

ABOUT THE BROWN EF/A SCALES

The Brown Executive Function/Attention Scales (Brown EF/A Scales) provide an easily understandable, standardized tool to collect information about the problems an individual demonstrates or reports with executive functions, the self-management functions that support attention in multiple tasks of daily life. Results are compared with norms to indicate how any reported problems over the past 6 months (or since the assessment was last administered) compare to other people of similar age. The diagram below shows the six clusters of executive function assessed by the Brown EF/A Scales that are often impaired in ADHD.



This report for _____ presents *T* scores derived from a self-report rating using the Brown EF/A Scales Adult Self-Report Form. (Ratings from friends or partners can also be collected but normative comparisons are not available.) Individual scores indicate how much of a problem the adult appears to have with each of the clusters; the Total Composite score is a composite of the six cluster scores. If scores indicate significant problems, a comprehensive clinical evaluation for ADHD and other possible learning, emotional, or behavioral problems should be done by a qualified clinician. These scales can also be used to monitor progress in treatment.

Cluster Scores

Cluster 1. Activation: Organizing, Prioritizing, and Activating to Work

The Activation cluster addresses difficulties individuals may have organizing tasks and materials, estimating time, prioritizing tasks, and getting started on work-like tasks (i.e., activities they have not usually chosen for pleasure). People with ADHD often have chronic difficulty with excessive procrastination. Often they will put off getting started on a task—even a task they recognize as important to them—until the very last minute. It is as though they cannot get themselves started until they perceive the task as an acute emergency or as something where delay will result in punishment. Items in this cluster involve queries about following instructions, keeping track of assigned tasks, getting motivated in the morning, daydreaming, and rushing through assigned work.

Cluster 2. Focus: Focusing, Sustaining, and Shifting Attention to Tasks

The Focus cluster addresses problems individuals may have in sustaining attention and focus for work-like tasks or in shifting attention when needed from one activity to another. For people with ADHD, it is often difficult to focus on a specific task and sustain their attention on that task. At times, they may be easily distracted by things going on around them or by thoughts in their own minds. At other times, they may find themselves stuck on one thing, unable to shift to another task even when directed to do so. In addition, focus on reading poses difficulties for many with ADHD, especially when what they are reading is not particularly interesting to them. They generally understand the words they are reading but have to read them over and over again in order to fully grasp and remember the meaning. Items in this cluster involve queries about losing focus, paying attention, becoming easily distracted, and getting stuck doing one thing and having a hard time transitioning to another activity.

Cluster 3. Effort: Regulating Alertness, Sustaining Effort, and Adjusting Processing Speed

The Effort cluster addresses problems individuals may have in staying alert and sustaining sufficient effort for work-related tasks. It also addresses difficulties with processing information, completing tasks, and maintaining performance consistency. Many with ADHD can perform short-term projects well but have much more difficulty with sustained effort over longer periods of time. It may take them longer than others to process and react to what they see or hear, and they may find it difficult to complete tasks on time, especially when they need to explain themselves in writing. Many also experience chronic difficulty regulating their sleep and alertness. They often stay up too late simply because they can't stop themselves from thinking about things. Once asleep, however, they often sleep very soundly and have trouble getting up in the morning. At other times, they may become drowsy when not physically active or cognitively engaged even when they've had sufficient rest. Items in this cluster involve queries about staying interested in routine tasks long enough to finish them, giving up when things get difficult, requiring extra time to complete routine tasks, and having trouble sleeping at night or staying alert during the day.

Cluster 4. Emotion: Managing Frustration and Modulating Emotions

The Emotion cluster addresses difficulties individuals may have with regulating emotional reactions to the extent that they take over much of what the individuals are thinking or doing. Although the *DSM-5* does not recognize any symptoms related to emotion management as an aspect of ADHD, many with the disorder describe chronic difficulties managing frustration, anger, worry, disappointment, desire, and other emotions. They find it very difficult to put their emotions into perspective and get on with what they need to do. Many speak as though these emotions, when experienced, take over their thinking the way a computer virus might infect a computer and make it impossible for them to attend to anything else. Items in this cluster involve queries about excessive irritability, sensitivity to criticism, overwhelming nervousness and worry, and unhappiness.

Cluster 5. Memory: Utilizing Working Memory and Accessing Recall

The Memory cluster addresses problems individuals may have with forgetfulness in daily routines and recall of learned material. Very often, people with ADHD will report that they have adequate or exceptional memory for things that happened long ago but great difficulty remembering where they just put something, what someone has just said to them, or what they were about to say. They may describe having difficulty holding one or several things in mind while also attending to other tasks. In addition, many often complain that they cannot readily retrieve information they have learned from their memory when they need it. Items in this cluster involve queries about remembering instructions, following through with planned activities, keeping track of belongings, and recalling previously known information.

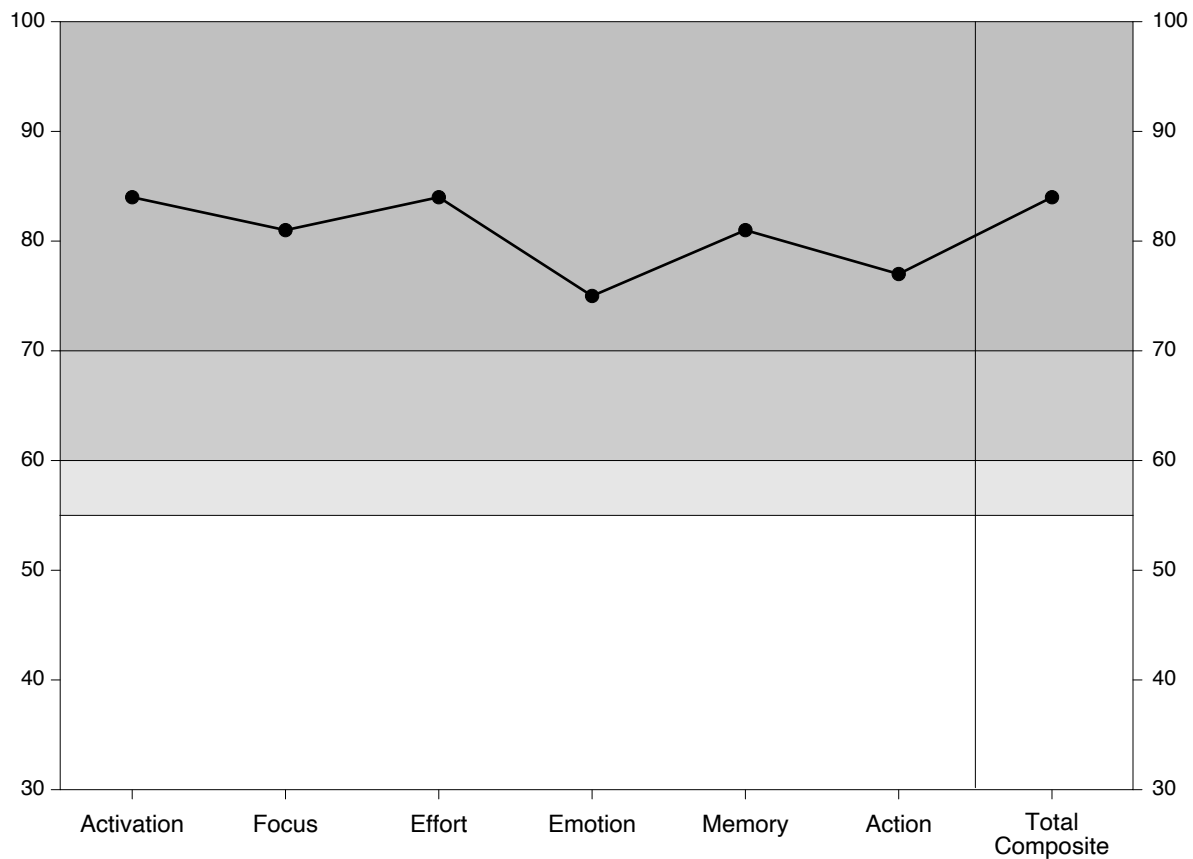
Cluster 6. Action: Monitoring and Self-Regulating Action

The Action cluster addresses problems individuals may have in recognizing appropriate behavior and self-regulating their actions. Many people with ADHD, even those without problems of hyperactive behavior, report chronic problems with inhibiting their actions. They often are impulsive in what they say or do and in the way they think, at times jumping too quickly to inaccurate conclusions. Many also report problems in monitoring the context in which they are interacting. They fail to notice when other people are puzzled, hurt, or annoyed by what they have just said or done and thus fail to modify their behavior in response to specific circumstances. They also report chronic difficulty in regulating the pace of their actions to slow themselves down or speed up as needed for specific tasks. Items in this cluster involve queries about interrupting others, being excessively restless, making careless mistakes, and being disruptive to others.

Total Composite Score

The Total Composite score is the broadest level of interpretation for the Brown EF/A Scales and represents a composite of the six cluster scores. This score provides a global measure of the child, adolescent, or adult's overall severity of executive function problems. An elevated Total Composite score indicates a pervasive self-regulatory problem in one or more of the many domains that make up executive functions. Individuals with an elevated Total Composite score often have issues with many ADHD-related symptoms and are often diagnosed with ADHD.

BROWN EF/A SCALES T-SCORE PROFILE



Score Summary Table

Score	Score Description	Raw Score	T Score (Plotted)	Percentile Rank	90% Conf. Interval
Activation	Organizing, prioritizing, and activating to work	22	84	99	78-90
Focus	Focusing, sustaining, and shifting attention to tasks	24	81	99	76-86
Effort	Regulating alertness, sustaining effort, and adjusting processing speed	25	84	99	78-90
Emotion	Managing frustration and modulating emotions	24	75	98	70-80
Memory	Utilizing working memory and accessing recall	22	81	99	75-87
Action	Monitoring and self-regulating action	21	77	98	71-83
Total Composite	Overall indication of executive functioning	138	84	99	81-87

T-Score Interpretation

Suggested ranges for the interpretation of the cluster and Total Composite T scores are as follows:	T-Score Range	Classification
	70 and above	Markedly atypical (very significant problem)
	60-69	Moderately atypical (significant problem)
	55-59	Somewhat atypical (possibly significant problem)
	54 and below	Typical (unlikely significant problem)

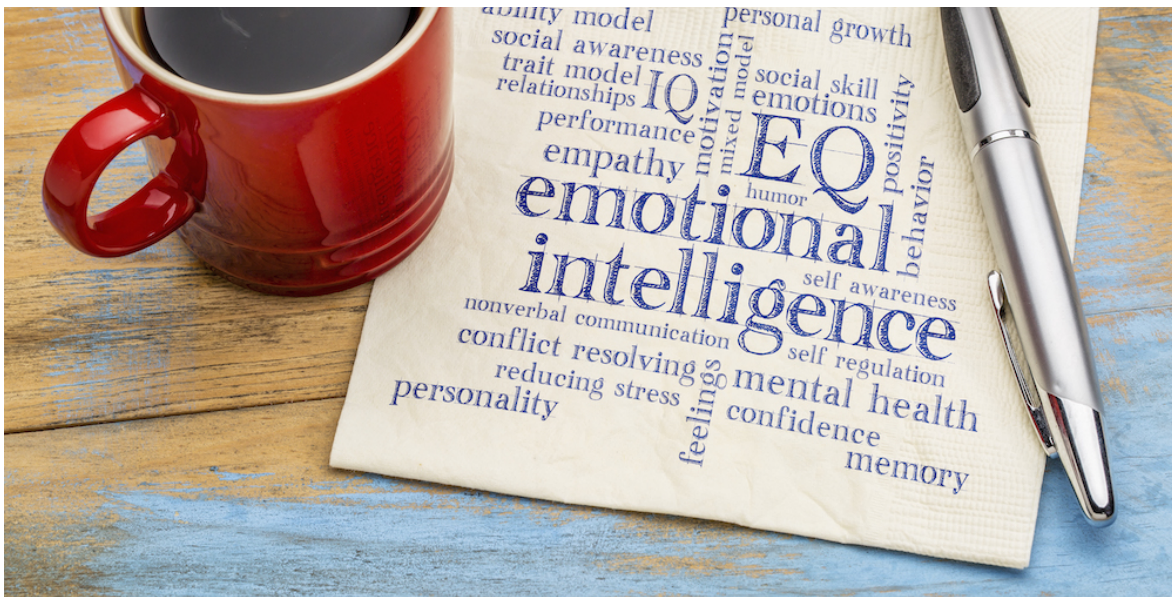
ITEM RESPONSES BY CLUSTER

Cluster 1. Activation	No Problem	Little Problem	Medium Problem	Big Problem
I have trouble getting started on projects, assignments, or other tasks.			•	
I have trouble switching from one activity to another.				•
It's difficult for me to wake up, get myself out of bed, and get started in the morning.				•
I have trouble organizing my work and doing the most important things first without wasting time.				•
I tend to be disorganized and forget due dates for projects, assignments, or bills.		•		
It takes me a long time to answer questions.			•	
My work is rushed, incomplete, or late because I don't plan enough time to do things well.			•	
I wait until the last minute to do things.				•
I have excessive difficulty starting tasks I should do, like running errands and paying bills, unless the task is interesting.				•
Cluster 2. Focus	No Problem	Little Problem	Medium Problem	Big Problem
I need to be reminded to keep working or to pay attention.		•		
I am easily distracted by background noises or other things going on around me.				•
I find it hard to focus on one thing for a long time unless it's something I'm really interested in.				•
I need to hear or read instructions several times before I understand them.				•
I lose focus easily when I have to listen to or read something that isn't very interesting.				•
I get stuck doing one thing and have a hard time switching to something else that is more important.				•
Because I speak too quickly or keep changing topics while talking, others have trouble understanding me.			•	
I try to pay attention in conversations, but my mind wanders and I miss out on important information.				•
When I'm reading something that isn't very interesting, I have to read it more than once to remember it.				•
Cluster 3. Effort	No Problem	Little Problem	Medium Problem	Big Problem
Unless I'm doing something I enjoy, I feel sleepy or tired during the day, even after a full night of sleep.				•
I need extra time to finish my assignments or projects.			•	
If I can't understand something right away, I stop trying.			•	
My work is inconsistent; sometimes it's good, sometimes it's not.				•
I have trouble getting to sleep at night because I can't stop thinking about different things.				•
I need to be reminded to get started or to keep working on tasks that need to be done.			•	
It's hard for me to focus on a task unless it's interesting or I'm working with someone else.				•
I have trouble finishing routine tasks that don't interest me.				•
When I'm writing, I may have good ideas, but it takes me a very long time to put them into sentences and paragraphs.		•		
Soon after starting a project or assignment, I get bored and don't want to finish it.				•

Cluster 4. Emotion	No Problem	Little Problem	Medium Problem	Big Problem
I feel excessively stressed or anxious in situations that should be manageable for me.				•
I worry too much about things that could go wrong and what others might be thinking about me.				•
I get frustrated and irritable over little things.				•
I get overly sensitive or defensive when someone teases or criticizes me.				•
I spend too much time on little details trying to make my work perfect.			•	
I overreact when I'm angry, even to small things.				•
I get so nervous in school or at work that I have trouble remembering things I thought I knew.		•		
I feel sad or depressed and think that things may never get better.				•
I have a hard time controlling my temper.				•
Cluster 5. Memory	No Problem	Little Problem	Medium Problem	Big Problem
I have a hard time following instructions, especially when I have more than one thing to do at the same time.				•
It's difficult for me to take notes and keep listening to what else is being said.				•
I remember some of the details in assigned reading but have trouble understanding the main points.				•
I tend to forget to bring--or often misplace--things I need, such as phone, keys, wallet, or purse.			•	
When writing or talking, it's easy for me to wander off on some detail and forget the main thing I am trying to say.			•	
I tend to forget a lot of what I have just heard in conversations.			•	
When writing, I put in--or leave out--letters or words without meaning to.	•			
I have trouble memorizing things like names and dates.			•	
I have a hard time understanding and remembering directions or instructions.			•	
I plan to do things but forget about them (like running errands or paying bills).				•
Cluster 6. Action	No Problem	Little Problem	Medium Problem	Big Problem
I get restless and fidgety when I have to sit still or wait in line.			•	
If I think of something to say during a conversation, I interrupt others to say it before I forget it.			•	
I don't notice when I may be boring, confusing, or irritating others.		•		
I get restless and fidget with my fingers, hair, clothing, or jewelry too much.				•
When working on projects or doing assignments, I tend to do them too quickly and make careless mistakes.		•		
I do or say things without thinking and often regret my actions later.			•	
It's hard for me to wait to say, get, or do something.				•
I talk a lot and do not seem to know when to stop.		•		
It is hard for me to stop doing things I like to do, like watching TV or playing games, even when I know I should.				•
I am quick to jump to conclusions and interrupt others when they are in the middle of doing or saying something.				•



SAINT LUKE INSTITUTE

[ABOUT US](#)[OUR SERVICES](#)[EDUCATION](#)[NEWS](#)[DONATE](#)

Lukenotes, Fall 2019

The Challenge of ADHD in Adulthood

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurobiological disorder that usually presents in early childhood characterized by various combinations of problems with attention deployment, heightened physical activity level and lack of emotional or behavior self-control. Recent estimates suggest a prevalence of about 8.4 percent in children.

The manifestations of ADHD, occurring in 4.4 percent of adults, can vary over time. For example, the rambunctious, high energy, overactive child may become an outwardly calm and quiet, but internally restless adult. The disorder can be easily misdiagnosed in adults. Several of its symptoms occur in non-ADHD individuals, although at relatively lower levels of intensity and duration. Also, certain psychiatric and medical disorders have symptoms similar to ADHD, including major depression, anxiety, bipolar disorder, autism spectrum disorder, learning

disorder, sleep apnea, hypothyroidism and hypoglycemia.

To further complicate matters, ADHD has a higher than average rate of co-occurring with anxiety/depression or undiagnosed sleep apnea. Although not included among the ADHD diagnostic criteria in the most recent revision of the Diagnostic and Statistical Manual published by the American Psychiatric Association (DSM-5), problems with identifying and regulating emotions occur more frequently in ADHD populations than in people who do not have ADHD. Examples of these would include mood swings, poor frustration tolerance, and difficulty censoring strong reactions. Research studies have shown that individuals with ADHD are at greater risk of having low emotional intelligence (EI) than non-ADHD individuals.

Emotional Intelligence

Though the concept of emotional intelligence dates back to the early 1960s, it was only popularized with the 1995 publication of the Daniel Goleman book, *Emotional Intelligence: Why it Can Matter More than IQ*. John Mayer and Peter Salovey played a primary role in developing EI as a psychological theory with their 1990 article, "Emotional Intelligence," published in the journal *Imagination, Cognition, and Personality*. Mayer and Salovey defined EI as "the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth."

Emotional intelligence is comprised of various abilities present at birth, and acquired skills learned through experience and practice. Acquired EI skills appear to have nearly unlimited potential for growth throughout an individual's lifetime. Thus, being born with low emotional intelligence is not a life sentence. One's EI can be transformed in ways that markedly enhance success in interacting with one's self or with other human beings.

The Importance of Emotional Intelligence for Healthy Relationships

Individuals with low emotional intelligence tend to experience stress easily, hold grudges, lack empathy, feel misunderstood and think that other people are overly sensitive. They do not understand how other people feel, refuse to listen to other points of view, and encounter more than usual difficulty coping with emotionally-charged situations. They make assumptions quickly and defend them vehemently.

By contrast, individuals with high EI have great social skills, are highly motivated, understand how people feel, and pay attention to what they are feeling. They are able to regulate their emotions, willing and able to discuss their feelings with others, and able to correctly identify their underlying causes of their emotions.

The Essential Contribution of Attention Abilities to Emotional Intelligence

ADHD symptoms negatively impact emotional clarity. In general, people with ADHD tend to have difficulty with social skills. When hyperactive/impulsive ADHD symptoms are predominant, the ability to actively improve negative emotions suffers. As is evident with ADHD, people who have low emotional intelligence encounter difficulty reading and responding to nonverbal cues that guide acceptable behavior in social or novel situations.

Self-awareness and the capacity for empathy are foundational components of EI. Both abilities are compromised in individuals with ADHD. Thus, treating ADHD while ignoring the potential negative impact of low emotional intelligence significantly limits an individual's ability to realize their full potential. In similar fashion, failing to identify and remediate low EI in the absence of ADHD is associated with similar risks.

The Importance of Diagnosing Adult ADHD

Evaluation of EI is a primary component of a comprehensive ADHD assessment because of the strong connection between the two. Efficient diagnosis and treatment of ADHD requires determination of, and if needed, counseling specifically focused on improving EI.

Gary Thompson, Ph.D., is a retired member of the clinical staff at Saint Luke Institute.



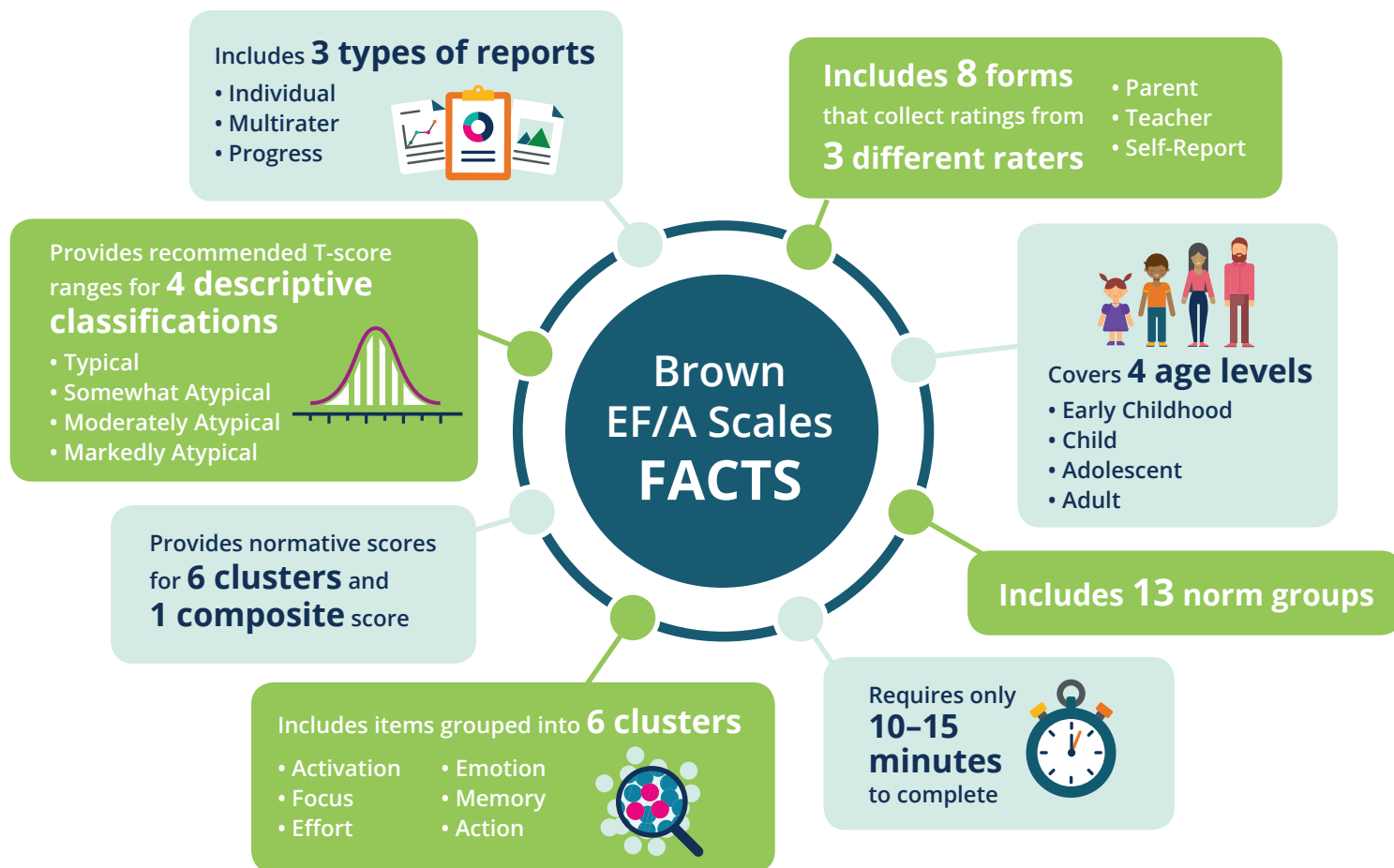
SAINT LUKE INSTITUTE

The Basics of Brown EF/A Scales

BROWN
EXECUTIVE FUNCTION / ATTENTION
SCALES

ADHD affects roughly 5% to 7.5% of children and adolescents, and 3% to 5% of adults worldwide.

Brown EF/A Scales is designed to evaluate executive functions related to ADHD in individuals ages 3 years and older.



Standardization:

- **270 examiners and 30 sites across 45 states** participated in the standardization
- Based on a national sample of **1,950 Parent, Teacher, and Self-Report Forms** collected from the general population
- Reliability and validity was further established by a **clinical sample of 359 individuals** who were diagnosed with ADHD

Reliability & Validity:

- Internal consistency coefficients ranged from **.74 to .98** for the standardization sample and **.70 to .97** for the clinical sample
- 1- to 4-week test-retest reliability coefficients ranged from **.71 to .95**
- Inter-rater reliability coefficients ranged from **.32 to .72**
- **Correlated with other measures**
 - BASC-3
 - BRIEF2



800.627.7271 | [PearsonAssessments.com](https://www.pearsonassessments.com)

© 2019 Pearson Education, Inc. or its affiliates. All rights reserved. Pearson and Brown are trademarks, in the US and/or other countries, of Pearson plc. CLINA15775-17935 EL 3/18



CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

Name: _____ Date: ____/____/20____

Sex: Male ____ Female ____ Age: _____ Date of Birth: ____/____/____ SSN: ____-____-____

Home Address: _____

City: _____ State: _____ Zip: _____

Please provide all contact numbers:

Home Phone: () - Cell Phone: () -

Appointment Reminders are by EMAIL ONLY and are ONLY A COURTESY AS YOU ARE STILL RESPONSIBLE FOR YOUR APPOINTMENT

Email: _____

Marital Status (Circle One): Single Married Separated Divorced Cohabiting

Employer: _____

Family Physician: _____ Office Phone: _____

Referred By: _____

Person to Contact in Emergency: _____ Phone: _____

Relationship to Client: _____

Required Signatures for Service and Policy Statement

I have read/received a copy of the Confidentiality Statement, Financial Policy and Notice of Privacy Practices for CURE COUNSELING & ASSESSMENT TRAINING CENTRE. These policies describe how CURE COUNSELING may use and disclose my health information, certain restrictions on the use and disclosure of my healthcare information and the rights that I have regarding my protected health information. They also state my financial obligation, to which I am agreeing. I further agree that, should I ever go to court, and in the event that my records are subpoenaed by a lawyer or by the court (judge), I am giving permission for CURE Counseling Centre/and or counselor/s to use/disclose contents of those records in the court of law. **DISCLAIMER: I AM WILLFULLY COMMUNICATING WITH CURE COUNSELING AT MY OWN RISK AND DO NOT HOLD CURE COUNSELING RESPONSIBLE, LEGALLY OR IN ANY OTHER WAY, FOR ANY ACT OR COMMUNICATION RELATIVE TO ME OR TO MY PRIVATE HEALTH INFORMATION, INCLUDING ANY FORM OF TEXTING, MAIL OR EMAIL and hold CURE Counseling free from responsibility for any HIPPA or Protected Health Information violations. I further agree to NOT hold CURE Counseling responsible, LEGALLY OR IN ANY OTHER WAY, if I believe that I have contracted some ailment, disease or any other physical sickness at CURE Counseling, as I WILLFULLY AND OF MY OWN CHOICE HAVE CHOSEN TO ENTER THE CURE COUNSELING FACILITY/OFFICE, knowing there may be some risk involved due to the presence of other people or animals and that CURE Counseling cannot assure that all people are free from any disease, i.e., COVID-19, or any other type of disease that can be transmitted from human to human. I also agree that all TYPED or electronic signatures are legally binding.**

* I have read the **Confidentiality Statement**:

Signed: _____ Date: _____

* I have read the **Financial Policy** and authorize the use of my credit/debit card.

Signed: _____ Date: _____

* I have read the **Privacy Statement & Required Signatures for Service and Policy Statement**:

Signed: _____ Date: _____

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

Confidentiality Statement

All sessions are confidential and patient information is treated as confidential **except** under the following circumstances:

- 1) The patient has waived her/his right to confidentiality.
- 2) Identifying information is adequately disguised or removed.
- 3) A breach is required by law.
- 4) A signed Release of Information Form is on file from you.

Release of Information Forms:

In order to cover CURE counselors legally and/or to facilitate requests from attorneys, doctors, etc. for information regarding your counseling sessions, we are requiring that you complete a Personal Consent for Release of Information Form prior to the release of any of your private information. As well, if you will be engaging in family/couples counseling, we are requiring that you complete a Family/Companion Consent for Release of Information Form. This signed form must be on file prior to the commencement of your family/couples counseling and prior to the release of any confidential information from our office. Additionally, no records will be released to anyone without the written consent of everyone 18 years of age and older who were in attendance during any counseling session of yours, past, present or future. The contents of this Confidentiality Statement is retroactive and apply to all counseling sessions past, present or future, regardless of the date on which you may have signed an earlier Confidentiality Statement, and applies, as well, to releasing the results of any and all assessments that you have taken here at CURE Counseling. **Furthermore, you agree that you will not subpoena any records that pertain to any individual or individuals in any past, present or future counseling session/s.** To fulfill any records requests, we ask that you please allow our office personnel to provide them to you in a timely manner.

CURE Counseling Financial Policy

Please read our Financial Policy and sign the Signature Page, demonstrating your acceptance of the terms. By signing the Signature Page, you are certifying that you have read and understand all of the agreement, understand all of its obligations, enter into it freely and that all your financial obligations to CURE will be met with full cooperation and expediency.

ALL CLIENTS

- Our fee is **\$125.00 per session** (45 min.). Payment from cash clients is due at the time of service.
- We accept cash, check, Visa, Master Card, American Express and Discover. **Having a credit/debit card on file is required.** These cards will be charged for **any unpaid fees due CURE** for services rendered to you, for missed appointment fees, unpaid insurance claims, requested affidavits, copies of progress notes or note summaries and/or court fees, or if your counselor is subpoenaed to appear in court or if legal services are required on your behalf due to CURE being served a subpoena. You are responsible for CURE's time and any legal fees associated with being served a subpoena. Keeping in mind that you are allowed to use any form of payment, in an effort to control service costs, a surcharge of \$1.00 - \$5.00 will be added to the total amount due for services anytime you choose to use a credit card, with the exception of an HSA/FSA card. A larger convenience fee of 4% may be assessed on charges over \$100.00.
- **Financial Waiver:** Your signature on this Financial Policy certifies that you are agreeing to pay out of pocket for any and all fees charged to your account relative to seeking counsel at CURE Counseling & Assessment Training Centre and for any and all services rendered to you, and/or any family members that you are financially responsible for, that are not covered under your health insurance policy, such as any and all psychological or personality assessments that you agree to complete, the Administration Fee that you agree to pay, etc.
- A **\$35.00** fee is charged for all checks returned from the bank for any reason.

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

- A **\$30.00** administrative fee is charged at the first visit for each individual client. **An accompanying guest of the client will be required to submit a completed Registration Pak on their 3rd visit and pay the \$30.00 administration fee.**
- **All outside work such as emails to read at your request, additional paperwork, letters and documents to be read, forms to be completed, calls to attorneys, etc. and other items will be charged on a per minute basis at \$3.00 per minute with a minimum charge of \$89.00.** Depositions are a minimum of \$275.00 up to 60 minutes and \$4.00 per minute thereafter.
- A billing statement or receipt is generated only upon request.
- **If your account goes into collections, a 35% collection fee will be added to your past due bill. Any amount unpaid will be turned over to a collection agency and will be reported on your credit report.**

MISSED APPOINTMENTS

- Please help us serve you more efficiently by keeping your scheduled appointments! We respect your time so please respect our time as well. We reserve a special time slot just for you and you are responsible for paying for the slot of time.
- CURE may contact you, by telephone, text, mail or email, to provide appointment reminders and missed appointment notifications. You must notify us in writing if you do not wish to receive appointment notifications.
- Although a courtesy call/text/email is generated as a reminder the day before your scheduled appointment, it is your responsibility to keep track of the appointments you schedule. **Not receiving a confirmation call/text/email is not an excuse for missing an appointment.**
- Unless cancelled **48 hours in advance** of your scheduled appointment you will be charged a missed appointment fee of **\$75.00**, due prior to or on your next visit, or if you do not show for your appointment, you will be assessed a **\$75.00 NO SHOW Fee. Fees will be charged to your credit card on file unless other arrangements have been made.**

CLIENTS UTILIZING INSURANCE

- Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company.
- CURE currently accepts assignment of most insurance benefits.
- You are responsible to obtain benefit information and pre-certification, if required. However, the Office Administrator usually obtains this information for the client as an added courtesy.
- Deductible payments, Co-insurance payments, Co-payments, Administration Fees, Assessment Fees and any and all other fees for services rendered to you are due and **payable at the time of your visit.**
- We will allow **45 days** for remittance of insurance benefits. If we do not receive payment from your insurance company within this time frame, **you will be held responsible for the balance due. Any and all balances due CURE will be charged to your credit card on file unless you initiate other arrangements.**
- It will then become your responsibility to clear your account with us and then collect monies due you from your insurance company.
- We cannot and will not accept responsibility for collecting reimbursements for your insurance claim or negotiating a dispute with your insurance company.

COURT/COURT FEES/AFFIDAVITS

- During the course of the counseling process, it may be necessary to request documented information from your therapist for Attorneys, Human Resources Managers, Corrections Officers, Courts, etc. Our practice guidelines are to provide a notarized affidavit within a timely manner of the request, for a cost of **\$175.00 - \$325.00** to the client, due upon receipt of said affidavit. Affidavits are legal documents used in court in the therapist's stead. **All clients agree to waive the right to subpoena any therapist or records associated with CURE Counseling.** In the event the therapist agrees to be subpoenaed to court, the client agrees to pay **\$175.00 for each hour** the therapist (excluding Dr. Shaffer) is out of the office, with a **minimum of 4 hours to be paid prior to the date of court. Dr. Shaffer's court**

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

appearances will be at a minimum charge of \$2,000.00 per subpoena per day in court, due 7 days prior to the date of court. Payment is the responsibility of the client, as insurance companies do not cover court costs or loss of income for the therapist from being out of the office. If a balance for court fees remains, **it is due within 7 days after the hearing. A current credit card MUST be on file prior to the date of court. Court appearances will be at the discretion of the therapist and must be approved by the CURE Counseling Director in writing.**

CLIENTS WHO ARE MINORS (under 18 years of age, with the exception of those 18 years of age and over who are mentally or emotionally underage or otherwise deemed incapable of making legal decisions for themselves, or those whose parents or others still maintain legal guardianship)

- The adult accompanying a minor or the parent/guardian(s) is responsible for full payment.
- Minors unaccompanied by an adult will be denied services (except in an emergency) unless payment has been pre-arranged.
- In addition to the above, I hereby waive the statute of limitations on collection and/or recovery in this state of Georgia.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW **CURE COUNSELING & ASSESSMENT TRAINING CENTRE** MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CURE Counseling is required by law to maintain the privacy of your protected health information only to the extent provided by Georgia law. This information consists of all records related to your health, including demographic information, either created by or received by CURE from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. CURE will abide by the terms of this Notice or the Notice currently in effect at the time of the use or disclosure of your protected health information.

CURE reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Therefore, for any and all clients of CURE Counseling or guests of clients, past, present and future, our Notice of Privacy Policies, and all other policies which are included in our Registration Pak for all clients to read and sign, are in force and remain in force for past, present and future clients, regardless of when a client signed the Registration Pak policies. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

We **may not** disclose your protected health information to friends, family members, partners or spouses or anybody who may be involved with your treatment or care without YOUR written permission. However, when counseling with family members, couples, spouses, partners and anyone whom you allow to participate in session/s, you are agreeing by signing the Notice of Privacy Practices that you are providing CURE Counseling with a Release of Information to discuss your protected health information with those in attendance of such sessions and to share information in future sessions until you remove such a release in writing. Should you ever go to court and in the unlikely event that your records be subpoenaed by a lawyer or by the court, you are giving permission for CURE Counseling Centre and/or counselor/s to use, examine, discuss, speak of, share or use in any manner deemed necessary, those records in the court of law or with representing attorneys. It is the responsibility of the client to file legal action on their behalf to quash a legal order or subpoena that is issued for their protected health information. Additionally, the client is responsible for all aspects of this action to secure legal action and at their expense. The client understands that CURE Counseling will not bear any expense for this action/s.

Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent

CURE may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

Treatment may include, but not be limited to the following:

Providing, coordinating, or managing healthcare and related services by one or more healthcare providers, consultations between healthcare providers concerning a patient, referrals to other providers for treatment, or referrals to nursing homes, foster care homes or home health agencies.

For example, CURE may determine that you require the services of another specialist. In referring you to another healthcare provider, CURE may share or transfer your healthcare information to that provider.

Payment activities may include:

Activities undertaken by CURE to obtain reimbursement for services provided to you;
Determining your eligibility for benefits or health insurance coverage;
Managing claims and contacting your insurance company regarding payment;
Collection activities to obtain payment for services provided to you;
Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, CURE will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

Contacting healthcare providers and patients with information about treatment alternatives;
Conducting quality assessment and improvement activities;
Conducting outcomes evaluation and development of clinical guidelines;
Protocol development, case management, or care coordination
Conducting or arranging for medical review, legal services and auditing functions.

For example, CURE may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide or access the effectiveness of your treatment when compared to patients in similar situations.

There are additional situations when CURE Counseling and CURE counselor/s is/are permitted or required to use or disclose your protected health information without your consent or authorization.

Examples include the following:

As permitted or required by law. In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.

For public health activities. We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authorities authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

PERSONAL CLIENT RELEASE OF INFORMATION

I, _____, hereby authorize CURE COUNSELING & ASSESSMENT TRAINING CENTRE to release information pertaining to my evaluation and/or counseling sessions to:

for the purpose of:

Additional Understanding:

I understand that this authorization applies to any and all counseling sessions at CURE Counseling & Assessment Training Centre for past, present or future sessions. **I have been informed that I may revoke this authorization by written communication to CURE COUNSELING.** *I certify that I have been requested to read this form in its entirety and that I fully understand its content.* I further agree that I am aware and will abide by the Privacy Policies as set forth by CURE Counseling & Assessment Training Centre. In the unlikely event that a lawyer, judge, or court subpoenas my records, I am responsible, at my expense, to provide a Protective Order from the court to quash my subpoenaed records. If the Protective Order is not provided by the time the subpoenaed records are requested to be received, then I give my permission for CURE Counseling and/or counselors to use those records in the court of law or make them available to those who subpoenaed my records to be received, and will not hold CURE Counseling & Assessment Training Centre accountable for any HIPPA violation.

Initials _____

Signature of Client

Date of Authorization & Full Agreement

Signature of Witness

Date

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

Teletherapy Statement of Consent Form

1. "Teletherapy" includes consultation, treatment, texts, emails, telephone conversations, and other medical information using interactive audio, video, or data communications.
2. I understand that there is a risk of being overheard by anyone near me if I am not in a private room/setting while participating in teletherapy. I am responsible for (1) providing the necessary telecommunications equipment and internet access for my teletherapy sessions, (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session and I realize that I as the client am in control of my environment and am responsible if I am overheard by anybody that may be present as my therapist cannot control my teletherapy environment.
3. Teletherapy occurs in the state of GA and/or MO (USA) and is governed by the laws of each respective state. In a manner of speaking, I am using this modality to visit my therapist in their GA/MO office setting, where, in some settings we meet to do some of our therapy. Some teletherapy may be completed outside the physical office of the CURE Counseling when necessary.
4. The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room or location unless my therapist and I agree upon this.
5. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
6. In the event our teletherapy is not in my best interest, my therapist will explain that to me and suggest some alternative options better suited to my needs.
7. I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer, phone or any electronic device that I may use.
8. I also authorize the CURE office staff to aid me in setting up my electronic device to help assure timely and quality "Teletherapy" sessions if needed.
9. Furthermore, I agree to hold the CURE Counseling staff and contracted therapists harmless for any technical challenges or possible oversights that are solely non-intentional.

I have read, understand, and agree to the information above.

Client's Printed Name: _____

I also understand and agree that electronic signatures are legally binding.

Client's Signature: _____

I also understand and agree that electronic signatures are legally binding.

Signature of Legal Guardian if Client is under age 18:

I also understand and agree that electronic signatures are legally binding.

Date Signed: _____ **Time Signed:** _____ AM PM

CURE Counseling Assessment PDF Registration

2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

(Located 8 min. west of Peachtree City and 8 min. east of Newnan on Highway 34)

Email: office@curecounseling.com Web: www.curecounseling.com

CURE Counseling Mental Health Emergency Protocol

The Difference between a Mental Health Emergency and a Mental Health Crisis

Mental Health Emergency

A mental health emergency is a **life-threatening** situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

Examples of a Mental Health Emergency includes:

- Acting on a suicide threat
- Homicidal or threatening behavior
- Self-injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behavior that indicates very unpredictable behavior and/or an inability to care for themselves.

Suggestions for what to do in case of a mental health emergency:

Step 1: Call 9-1-1

Step 2: Call Your Closest Medical Facility or go to your closest Emergency Room

Step 3: Call the Suicide Hotline at 1.800.273.8255 or local law enforcement

Step 4: Notify your counselor by email at office@curecounseling.com

Mental Health Crisis

A mental health crisis is a **non-life-threatening** situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.

Examples of a Mental Health Crisis includes:

- Talking about suicide threats
- Talking about threatening behavior
- Self-injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Highly erratic or unusual behavior
- Eating disorders
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry or anxious

Suggestions for what to do in case of a mental health crisis:

Step 1: Call Georgia Crisis & Access Line (GCAL) at 1.800.715.4225

Georgia Mobile Crisis Services: 24/7 mobile response provides immediate on-site crisis management through assessment, de-escalation, consultation and referral with post crisis follow up to assure linkage with recommended services. These services may be accessed by calling the toll-free Georgia Crisis & Access Line at 1-800-715-4225

Step 2: Call 9-1-1 for medical assistance, if needed

Step 3: Notify your counselor by email at office@curecounseling.com