People rarely come in asking for help with attention. They arrive because they are missing deadlines, clashing with a partner over routines, or watching a teen's grades slide despite long hours at the desk. ADHD hides in plain sight behind compensatory effort and shame. By the time someone reaches out, they often carry a patchwork of strategies that kind of work, mixed with exhaustion. A good plan starts before any treatment, with careful testing that maps not only symptoms but also strengths, context, and coexisting conditions like anxiety or trauma. Without that map, even well intentioned treatment becomes guesswork.

What ADHD testing actually measures

ADHD testing is not a single computerized task or a five minute questionnaire. The label fits a pattern of attention regulation difficulties that show up across settings and over time. That means diagnosis requires converging sources of data and clinical judgment. Done properly, testing answers several questions at once. Are the symptoms present and impairing. Do they better fit another condition like an anxiety disorder, sleep deprivation, or depression. What are the person's specific executive function strengths and bottlenecks. Where have they built successful workarounds. And what does the person want to accomplish in daily life.

In practice, I guide clients through a focused process that avoids both overtesting and snap calls.

- Clarify history and goals: a detailed clinical interview covering childhood patterns, school reports when available, current routines, sleep, substance use, medical factors, and the specific pain points the person wants to change.
- Cross setting ratings: standardized ADHD rating scales from the client and at least one other observer when possible, for example a parent, partner, or teacher.
- Performance sampling: brief, targeted tests of working memory, processing speed, response inhibition, and sustained attention, paired with real task samples like calendars, emails, or schoolwork to see how performance looks in the wild.
- Differential diagnosis screen: structured measures for anxiety, depression, trauma exposure, and learning differences, plus a basic medical screen to flag sleep disorders, thyroid issues, or medication effects.
- Feedback session and written plan: a plain language review of findings, agreement on diagnosis or provisional diagnosis, and a first draft of the treatment roadmap with objective targets for the next 90 days.

No single datapoint should carry the decision. A perfect score on a continuous performance test does not rule out ADHD, and a sloppy result does not prove it. People with high IQ often mask on testing days, then crash at home. Teens sometimes under report symptoms because they do not want a label, while a worried parent over reports. When the data disagree, I privilege real world impairment and developmental history over lab style tasks.

Distinguishing ADHD from anxiety, stress, and trauma

Many adults show up convinced they have ADHD after a season of relentless stress. Chronic worry shreds attention and memory. It produces racing thoughts, body tension, and avoidance that look like distractibility. Similarly, trauma can fracture focus when cues in the environment trigger hypervigilance or shutdown. I have evaluated engineers and nurses who could hold focus for long stretches at work, then scattered completely at home, only to discover untreated panic or trauma, not ADHD, was doing the heavy lifting.

This is where anxiety therapy and EMDR therapy can be essential components of a correct plan. If your mind is constantly scanning for danger, no amount of ADHD coaching will stabilize focus. EMDR therapy helps many clients process traumatic memories and reduce the intensity of triggers, which in turn frees up cognitive resources for planning and sustained effort. When we treat anxiety directly, either with cognitive behavioral strategies, exposure, or medication, attention often improves even before we add ADHD specific work. In other cases, we run therapies in parallel, with the therapist coordinating dosage so the person is not overloaded.

When the client is a teenager

ADHD in teens usually shows up as missing assignments, messy backpacks, sleep problems, and big mood swings tied to school stress. Teen therapy needs to respect their autonomy while still engaging parents and schools. If a teen refuses to attend, I start with a parent session to identify leverage points at home that reduce chaos right away. Small wins, like a 15 minute nightly launchpad for the next day, build momentum before we talk about deeper skills.

Formal ADHD testing helps teens qualify for school supports and gives their experience credibility. With documentation, schools can arrange extended time, chunked deadlines, preferential seating, or access to a resource period. A well crafted plan goes beyond accommodations. We agree on routines that fit the teen's natural rhythms and extracurriculars, pair daily homework with timed sprints, and use technology sparingly but strategically. Many teens benefit from a hybrid model that combines executive function coaching with therapy for anxiety or perfectionism, which often rides alongside ADHD.

Parents frequently ask whether to start medication in the middle of the school year. If symptoms are severe and the teen is on the brink of failure, starting during the year can stabilize things fast. If we have time and the teen is hesitant, we might establish basic habits first to separate what the medicine changes from what a routine fixes. Whatever the sequence, a clear data plan is essential. Track assignment completion, quiz scores, and time on task week by week, not just subjective impressions.

Adult presentations and the quiet cost of compensation

Many adults with ADHD have built careers on creativity, problem solving, and crisis response. They excel when stakes are high and timelines are short. Their trouble appears in repetitive tasks, long planning horizons, and administrative detail. I once worked with a founder who could pitch and close deals but ignored invoices for months. He did not lack knowledge. He lacked a friction free system that matched how his attention actually worked.

Testing for adults often uncovers a lifetime of near misses. They earned good grades but pulled all nighters. They are perpetually late and then charming to repair the rupture. Their partner feels like the house manager. Couples therapy becomes a key part of the plan, not because ADHD is a moral failing, but because patterns of blame and defense calcify over years. In sessions, we reframe chores and planning as shared systems problems. We set up visible task boards and 15 minute daily standups. We separate intent from impact, so the non ADHD partner does not read forgetfulness as indifference.

Some adults begin testing after a child is diagnosed and they see themselves in the parent forms. Others come because anxiety treatment helped, but something else still blocks follow through. In both cases, a personalized plan prevents defaulting to generic advice like just use a planner. The right planner is the one the person will actually open.

Building the treatment plan: the pillars

A strong ADHD plan weaves together several strands, adjusted to age, goals, and coexisting conditions.

Psychoeducation. Understanding the biology and patterns of ADHD reduces shame and improves buy in. I encourage clients to share short articles or a short video with family, then meet to discuss concrete changes, not labels.

Skills and structure. We teach externalization of memory and time: calendars with alarms, visible task lists, single capture inboxes, and time blocking. For many, the keystone habit is a daily 10 minute planning session paired with a weekly one hour review. We schedule thinking time just as we might schedule a meeting.

Therapy for comorbidities. Anxiety therapy, including CBT and acceptance based strategies, reduces avoidance and fear driven procrastination. EMDR therapy is invaluable when trauma memories hijack attention. For clients with depression, behavioral activation provides an on ramp back to action. Therapy is not a luxury add on. It is often the difference between temporary improvement and durable change.

Medication, when appropriate. Stimulants and non stimulants can sharply improve attention, working memory, and impulse control. Dosing needs to respect side effect risk, daily schedules, and coexisting conditions. A trial without data is guesswork. We define targets like email inbox zero three days a week, cutting late arrivals from five to one per week, or raising assignment turn in from 50 percent to 85 percent.

Lifestyle foundations. Sleep regularity is the most underrated ADHD intervention. Many clients live on 5 to 6 hours of sleep, then treat their fatigue with Psychotherapist caffeine, which worsens anxiety. We aim for 7 to 9 hours, consistent wake times, and a 30 minute wind down free of screens. Exercise acts like a mild stimulant. Even 20 minutes of brisk walking before a focus block improves output.

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Social systems. For families and couples, we adopt shared calendars, chore boards, and a rule that the person who cares most about a system owns its upkeep. Couples therapy helps translate differences into agreements. Rather than you never listen, we agree on a two minute handoff when a partner walks in the door, then no logistics talk until after dinner.

Medications, trials, and practical realities

Most adults and teens who try medication notice clearer focus and less mental noise within the first week when the dose is right. The choice between stimulants and non stimulants depends on medical history, substance use risk, and side effects. Stimulants have the largest effect sizes in research. Potential PTSD therapy side effects include appetite suppression, jitteriness, elevated heart rate, and, less commonly, mood changes. Non stimulants like atomoxetine, guanfacine, or clonidine are slower to act and gentler, sometimes ideal for clients with tics, anxiety sensitivity, or a history of stimulant misuse.

I run medication trials with a schedule. Start low, increase gradually every 3 to 7 days, and track outcomes daily for two weeks. We measure specific targets: time to start work after sitting down, number of task shifts per hour,

number of emails processed, or the teen's homework start time. We also track appetite, sleep onset, and irritability. If side effects show up, we lower the dose or switch families. If someone has a history of panic, we may add or sequence in anxiety therapy before a stimulant trial to reduce the risk of misattributing anxiety symptoms to the medicine.

A common pitfall is weekend medication skipping that produces an exhausting Monday ramp up. Another is expecting medication to fix broken systems. Medicine improves signal to noise. It does not create a filing cabinet or a morning routine. We layer structure on top of the pharmacology.

Therapy that fits ADHD, not the other way around

Therapy for ADHD is active and skills based. Traditional open ended exploration has its place, especially for grief or complex histories, but it will not on its own fix time blindness or task initiation. In sessions, we rehearse micro behaviors like opening the calendar every morning, writing a one line next action, or starting a 10 minute focus sprint. We experiment with prompts to trigger starts: a specific playlist, a set location, or a cup of tea at the same time each day.

For clients with trauma histories, EMDR therapy reduces the emotional charge around past failures or critical voices that trigger shutdown. After targeted EMDR work, I often see clients tolerate short setbacks without spiraling. Anxiety therapy, including exposure and response prevention for perfectionism and worry, helps people release safety behaviors that masquerade as preparation but function as avoidance. When a client spends two hours color coding notes, exposure means submitting work that is simply complete, not optimized, and learning that nothing catastrophic happens.

Teen therapy must include skill practice in the environments where the problems live. That might mean a brief coaching call at 4 p.m. During homework hour, or a school visit to observe the handoff from class to lockers. Parents benefit from parallel training in prompting that is brief and specific. Ask what is your first step, not did you do your homework.

Couples therapy when ADHD is in the mix

ADHD reshapes domestic life. The non ADHD partner often takes on the role of reminder in chief, then grows resentful. The ADHD partner feels micromanaged and ashamed, then avoids. In couples therapy, we make ADHD a shared problem to solve. We replace global judgments with concrete agreements. For example, mail sits unopened for days. Instead of you do not care about our finances, we set a five minute daily mail triage after dinner, with a shared inbox and a weekly bill pay session every Sunday at 5 p.m.

Communication changes help too. We use short, scheduled logistics meetings instead of drive by requests. We write requests in a shared app and tag deadlines. We use visual boards for recurring chores. We confirm understanding, not intention. If conflict escalates, we pause and return to the board. Repetition is not nagging when it is part of an agreed system. Couples therapy also offers a space to rebuild goodwill, which raises the odds that the new systems stick.

Accommodations at school and work that actually work

Documentation from ADHD testing opens doors to formal supports. In schools, that can mean a 504 plan or an IEP. Useful accommodations include chunked deadlines with interim check ins, permission to move while working, quiet testing spaces, and access to organizational support. The most effective plans pair accommodations with instruction in executive function. A teen who receives extended time but does not learn how to budget that time will still struggle.

In the workplace, reasonable accommodations might include flexible scheduling, noise reducing headphones, a private space for deep work blocks, or written instructions after meetings. Many adults succeed by front loading complex tasks *Counselor* early in the day when energy is highest. Others block two 90 minute deep work sessions and protect them fiercely, then handle meetings and email in the afternoon. Employers benefit when they match people's work patterns to task demands, not to a generic calendar.

Data, iteration, and the 30 60 90 arc

A personalized plan is not a one and done document. We run it like a project with a 30 60 90 day arc. At 30 days, we expect better awareness and some early wins: a bedtime that sticks, a clean morning start, or a weekly review that now happens. At 60 days, we are measuring consistent output changes, such as task completion rates above 80 percent in at least two domains. At 90 days, we expect the first major goal to be in reach: a semester with no missing assignments, or a quarter with invoices sent on time.

Data should be light and objective. For teens, a parent can track number of reminders needed before homework starts. For adults, measure late arrivals per week or number of undone administrative tasks older than seven days. If we do not see improvements by 30 to 45 days, we revisit the diagnosis, adjust medication, or simplify the plan. Complexity is the enemy of consistency.

Medical issues that masquerade as ADHD

Before finalizing a diagnosis, check fast moving medical variables that can wreck attention.

- Sleep disorders: obstructive sleep apnea, delayed sleep phase, or chronic sleep restriction muddy attention and mood.
- Thyroid and iron status: hypothyroidism or low ferritin can mimic fatigue and poor focus, especially in menstruating clients.
- Hearing and vision: uncorrected or subtle deficits derail attention in classrooms and meetings.
- Substance use and caffeine: rebound effects and withdrawal increase irritability and fog.
- Medication side effects: antihistamines, some blood pressure medications, and others can sedate or agitate.

A basic medical workup, sometimes including labs and a sleep screen, prevents misattribution. I have seen dramatic focus improvements after treating apnea or Family counselor iron deficiency where no stimulant could compete.

Technology and tools without the noise

Tools help, but too many tools become their own distraction. I recommend a single task manager, a single calendar, and a capture tool for ideas on the go. The choice matters less than the ritual. Paper is fine if it is always with you. Digital is fine if notifications are tuned. Timers are non negotiable for many clients. A 10 minute timer reduces the barrier to starting, then momentum carries them into the next block.

For students, limit the number of school platforms in use. If the school uses three portals, create a one page daily dashboard that pulls key actions. For professionals drowning in email, process twice a day in 30 minute batches with strict rules: archive aggressively, write two sentence replies when appropriate, and convert longer threads to short calls.

Edge cases and patterns I watch for

Women are underdiagnosed, especially those with inattentive presentations who maintained good grades but paid with anxiety and perfectionism. Their testing often reveals powerful verbal skills paired with slow processing speed under time pressure. Treatment tilts toward anxiety therapy and gentle structure layered over caregiving roles.

Gifted clients can mask deficits with intelligence and sprint capacity until demands exceed bandwidth, then they collapse. Their plan must formalize rest and accountability, or they repeat the boom bust cycle.

Autistic ADHD overlap complicates sensory and social load. In these cases, environments matter more than willpower. We add sensory friendly spaces and adjust expectations around transitions.

Substance use can be an attempted self treatment. A transparent conversation about risk and relief opens the door to safer, effective options. When there is a history of stimulant misuse, we consider non stimulants first, involve supports, and integrate recovery resources.

Retesting and long term follow up

You do not need annual full retesting. If the diagnosis is established, retesting makes sense when the environment shifts dramatically, like entering college, changing careers, or after a significant medical event. Otherwise, a yearly review with targeted measures is enough to recalibrate. For teens transitioning to college, I recommend an update that documents current functioning and needs so disability services can set supports from day one.

Choosing a provider and aligning the team

Look for clinicians who treat testing as a conversation, not a printout. They should ask about your goals, gather data from multiple sources, and explain trade offs across treatments. If you are navigating anxiety, trauma, or relationship strain, ask whether they coordinate with therapists who provide anxiety therapy, EMDR therapy, or couples therapy. For teens, confirm the provider is comfortable working with schools and can translate results into a practical 504 or IEP plan.

The best plans are team sports. A prescriber adjusts medication based on real metrics, a therapist builds skills and treats comorbidities, a coach or parent shapes routines, and the client steers with feedback. When everyone sees the same dashboard, change accelerates.

A brief case vignette

Maya, a 36 year old project manager, scheduled testing after her son was diagnosed. She had strong reviews at work but sat up late most nights catching up on documentation. Her rating scales were positive for inattention, and her processing speed dipped under time pressure. Anxiety measures showed moderate worry focused on mistakes. We ruled out thyroid issues and screened for sleep apnea. She slept 6 hours, woke tired, and used coffee to push through the morning.

Her plan started with a two week sleep reset and a morning 20 minute walk. She met with her psychiatrist for a stimulant trial with a slow titration. In therapy, we worked on a two part system: daily 10 minute morning plan and two 45 minute deep work blocks before lunch. We used a simple two column task board. For anxiety, we practiced submitting deliverables at 95 percent complete instead of holding them to polish. At home, she and her partner adopted a Sunday evening logistics meeting and a 15 minute mail triage.

By 30 days, Maya hit her two deep work sessions four days a week and was sleeping 7.5 hours. By 60 days, documentation lag dropped from five days to one, and her late night work shrank to one evening a week. By 90 days, she reported fewer arguments at home and felt comfortable attending her son's IEP meeting with a clearer sense of what worked for both of them.

Bringing it all together

ADHD testing is the starting map, not a verdict. It identifies what to target, what to rule out, and what to protect. Treatment succeeds when it is personal, concrete, and iterative. For some, that means EMDR therapy to quiet the past, anxiety therapy to unlock action, and a careful medication plan. For others, it means teen therapy that respects autonomy, school supports that match real tasks, and family routines that hold under stress. The common thread is fit. When the plan respects how a mind actually moves, the work gets lighter, the shame lifts, and progress becomes visible in the small, repeatable wins that add up to a different daily life.

Freedom Counseling Group

Name: Freedom Counseling Group

Address: 2070 Peabody Road, Suite 710, Vacaville, CA 95687

Phone: (707) 975-6429

Website:https://www.freedomcounseling.group/

Email: contact@freedomcounseling.group

Hours:
Sunday: Closed
Monday: 8:00 AM – 6:00 PM
Tuesday: 8:00 AM – 6:00 PM
Wednesday: 8:00 AM – 6:00 PM
Thursday: 8:00 AM – 6:00 PM
Friday: 1:00 PM – 8:00 PM
Saturday: Closed

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Coordinates: 38.3335888, -121.9709253

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Freedom Counseling Group provides psychotherapy and counseling services from its main Vacaville office at 2070 Peabody Road, Suite 710.

The practice serves individuals, teens, couples, and families through in-person counseling in Vacaville, Roseville, and Gold River, with telehealth options also listed.

Listed specialties include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD treatment, addiction support, phobia treatment, couples therapy, teen therapy, and immigration mental health evaluations.

The team is led by Kevin Anderson, PsyD, LMFT, CCTP, an EMDRIA Approved EMDR Consultant listed by the official site.

Freedom Counseling Group is locally positioned for clients in Vacaville, Solano County, Travis Air Force Base, Roseville, Gold River, and the Greater Sacramento Area.

The official site describes online therapy and virtual couples counseling for clients in California, Texas, and Florida, with some pages also referencing Idaho telehealth availability that should be confirmed directly.

The Vacaville service page notes support for adults, teens, couples, first responders, and military personnel seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, and autism-related concerns.

Prospective clients can call (707) 975-6429, email contact@freedomcounseling.group, or visit https://www.freedomcounseling.group/ to ask about a free consultation and therapist fit.

The public map listing for Freedom Counseling Group can help clients verify the Peabody Road office before planning an in-person appointment.

Popular Questions About Freedom Counseling Group

What is Freedom Counseling Group?

Freedom Counseling Group is a mental health group practice serving the Greater Sacramento Area, with offices in Vacaville, Roseville, and Gold River, California.

Where is Freedom Counseling Group located?

The main Vacaville location is listed at 2070 Peabody Road, Suite 710, Vacaville, CA 95687. Additional listed locations include Roseville and Gold River.

Does Freedom Counseling Group offer EMDR therapy?

Yes. EMDR therapy is one of the practice's listed specialties, and the official site describes EMDR as a central part of its treatment approach for trauma, anxiety, PTSD, and related concerns.

What services does Freedom Counseling Group provide?

Listed services include EMDR therapy, anxiety therapy, PTSD therapy, depression therapy, OCD therapy, addiction counseling, phobia treatment, couples therapy, teen therapy, immigration evaluations, EMDR consultation, workshops, and online therapy.

Does Freedom Counseling Group work with couples?

Yes. The official site lists couples therapy and marriage counseling, including Emotionally Focused Couples Therapy for clients working on communication, connection, and relationship repair.

Does Freedom Counseling Group offer online therapy?

Yes. The official site lists online therapy and says telehealth is available in California, Texas, and Florida. Some official pages also mention Idaho, so clients should confirm current state availability directly.

Who does Freedom Counseling Group work with?

The practice describes work with individuals, teens, couples, families, first responders, military personnel, and clients seeking care for trauma, anxiety, PTSD, depression, OCD, phobias, ADHD, autism support, and relationship concerns.

What are Freedom Counseling Group's listed hours?

The matching public listing shows Monday through Thursday from 8:00 AM to 6:00 PM, Friday from 1:00 PM to 8:00 PM, and Saturday and Sunday closed. Appointment availability should be confirmed directly because the official site also lists broader office hours.

Is Freedom Counseling Group an emergency mental health provider?

The connected client portal states that it is not to be used for emergency situations and advises calling 911 if someone is in immediate danger or experiencing a medical emergency.

How can I contact Freedom Counseling Group?

Call (707) 975-6429, email contact@freedomcounseling.group, visit https://www.freedomcounseling.group/, or use the listed social profiles: https://m.facebook.com/p/Freedom-Counseling-Group-100063439887314/, https://www.instagram.com/freedomcounselinggroup/, https://www.linkedin.com/company/freedomcounselinggroup/, https://www.tiktok.com/@freedomcounselinggroup, https://x.com/freedomcounse, and https://www.youtube.com/@FreedomCounselingG.

Landmarks Near Vacaville, CA

Freedom Counseling Group is located on Peabody Road in Vacaville, with additional locations listed in Roseville and Gold River. Clients near these landmarks can call (707) 975-6429 or visit https://www.freedomcounseling.group/ to ask about EMDR therapy, couples therapy, teen therapy, immigration evaluations, online therapy, and consultation options.

- 2070 Peabody Road, Suite 710 — The listed Vacaville office address for Freedom Counseling Group; clients can use the map listing to verify the office before visiting.
- Peabody Road — The local corridor connected with the practice's Vacaville office location.
- Vacaville — The primary city connected with the public listing and main office location.
- Nut Tree — A well-known Vacaville shopping and local landmark near I-80.
- Vacaville Premium Outlets — A major regional shopping landmark for clients traveling through central Vacaville.
- Downtown Vacaville — A central local district and useful reference point for clients in the city.
- Andrews Park — A recognizable downtown park and community landmark in Vacaville.
- Travis Air Force Base — A major nearby military landmark; the official Vacaville page notes relevance for military families and service-related concerns.
- Solano County — The county context for Vacaville and nearby communities served by the practice.
- Fairfield — A nearby Solano County city; clients can contact the practice to ask about in-person or online therapy options.
- Dixon — A nearby community east of Vacaville and a practical local reference for Solano County clients.
- Greater Sacramento Area — A broader regional service-area reference used by the official site for its in-person and online counseling services.