

If you have just received an ADHD evaluation, you are probably holding a dense packet filled with numbers, acronyms, and graphs. It took hours of testing and weeks of waiting to get here. Now the report lands with a thud, and the real work begins: turning data into a plan you can actually use. I have walked many families, teens, and adults through this moment. The report is not a verdict, it is a map. Once you know how to read it, you can choose better roads.

## Why ADHD reports often feel confusing

ADHD testing borrows methods from psychology, education, and medicine. Each field has its own language. A clinician may summarize your attention across tasks, include social and developmental history, compare how you report your symptoms versus how a teacher or partner sees them, and factor in sleep, mood, and learning skills. That is a lot of lenses pointed at the same brain. It is thorough for a reason. Attention is not one switch, it is a system. The system depends on context, sleep, emotion, and motivation. A clear report tries to capture all of this without oversimplifying you into a stereotype.

The challenge is that reports are written to be precise and defensible, especially if you seek school or workplace accommodations. Precision can read as cold. When I go through a report with someone, I translate the measurements into experiences. The sentence that says "processing speed at the 18th percentile" often sounds abstract until we connect it to missed cues in meetings, or homework that takes three times longer than it should. The bridge between test scores and daily life is the most important part of making sense of the results.



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## What an ADHD evaluation usually includes

Every practice does it a little **Family counselor freedomcounseling.group** differently, but most comprehensive ADHD testing includes a blend of interviews, questionnaires, direct testing, and record review. You likely completed structured interviews about current and past symptoms. Parents, teachers, partners, or close friends may have filled out rating scales about your behavior. You might have taken continuous performance tests that ask you to respond to targets on a screen for 10 to 20 minutes. Many evaluations add cognitive testing to assess working memory, processing speed, verbal and visual reasoning, and sometimes academic skills like reading and math.

Each section serves a purpose. Interviews capture lived context, how you have adapted, and where things break down. Rating scales compare your behavior to large groups of people your age and gender. Performance tasks stress the attention system in controlled conditions. Cognitive tests show which mental gears turn faster or slower. When a clinician integrates these sources, they can tell whether the pattern fits ADHD, overlaps with anxiety or depression, or reflects a learning disorder, sleep problem, or trauma history.

## How to read the numbers without getting lost

Your report will include scores presented as percentiles, standard scores, T scores, or scaled scores. The labels may vary, but the idea is the same, a way to compare your performance to a normative sample.

- Percentiles describe rank. If your working memory percentile is 30, you performed as well or better than 30 out of 100 people your age. The middle of the bell curve, 50, is average. Many real, capable people live and thrive between the 16th and 84th percentiles.
- Standard scores and T scores are just different yardsticks. A standard score of 100 or a T score of 50 is usually the average for your age group. The report may show a confidence interval - a range that acknowledges normal testing fluctuation. If the 95 percent confidence interval for your processing speed is 85 to 97, your true ability probably sits somewhere in that band.

Do not fixate on a single number. Patterns matter more than isolated scores. An adult with above average verbal reasoning and below average processing speed may look "fine" on a global IQ, yet still run into time management and output bottlenecks at work. A teen with solid reasoning and weak phonological processing may get misread as inattentive, when the real barrier is decoding text. Scatter tells a story that averages hide.

## What "attention" means on paper

Attention is a family, not an only child. Your report may break it into:



- Sustained attention, your ability to keep your mind on one task over time. Continuous performance tests stress this. If your errors climb with time on task, that is classic ADHD.
- Selective attention, filtering noise to focus on signal. This shows up when you study in a busy house or open-plan office.
- Working memory, holding and manipulating bits of information. In life, this is remembering the first half of an instruction while you hear the second half.
- Processing speed, how quickly you can scan, decide, and output simple work. Slow speed feels like a lag that makes you late, even when you start on time.
- Inhibition, stopping an impulse so you can choose a better option. Many rating scales and tasks index this through error types.

You may also see executive functions discussed, the set [Mental health clinic](#) of skills that let you plan, prioritize, switch, and complete. Tests might capture these indirectly, but your report should connect them to real routines. Missed deadlines, messy backpacks, incomplete notes, and half-finished projects are executive function footprints.

## Making sense of rating scales and discrepancies

Most reports include self-report scales and at least one observer, such as a parent, teacher, or partner. Discrepancies between raters are not a problem to fix, they are data. Adults often underreport symptoms compared to partners who watch them at home. Teens sometimes look more impaired in noisy classrooms than at home. Teachers who know a student well can provide rich examples, while substitutes may see little.

Your clinician should address differences directly. If your self-report does not meet ADHD thresholds but your partner's report shows high hyperactivity and impulsivity at home, the integration section should explain why. Perhaps you mask at work, then melt down at night. Perhaps anxiety lowers self-awareness. Good reports respect context instead of treating it as a flaw in the data.

## Diagnosis is not just about boxes on a checklist

Most clinicians use DSM-5 criteria to determine whether you meet the threshold for ADHD, inattentive presentation, hyperactive-impulsive presentation, or combined presentation. The criteria require several symptoms that impair functioning in more than one setting, with evidence from childhood for adults. This matters. Stress can make anyone scattered for a season. ADHD is a trait-level difference with a long tail.

The diagnostic section should explain the logic clearly. If you do not meet full criteria, the report should still validate the pattern it found. "Subthreshold ADHD traits with significant executive function weaknesses" is not a denial; it is a cue for targeted support. If the diagnosis is ADHD, it should be clear whether coexisting conditions are present and how they interact.

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## Common overlaps and what to look for

ADHD rarely travels alone. The report should discuss other possibilities openly.

Anxiety can mimic inattention. When someone is braced for a future threat, working memory shrinks and distractibility climbs. Anxiety therapy often improves attention indirectly, because the mind stops constantly scanning for danger. The report should weigh whether your attention problems predate anxiety or arise mainly during anxious periods.

Depression and burnout slow processing speed and blunt motivation. A depressed student might stare at a worksheet not because of inattention, but because heartbreak took the engine. Screening for mood matters.

Trauma history can reshape attention. People who have survived car crashes, assaults, or early neglect sometimes show hypervigilance and [Psychotherapist](#) startle, which disrupt focus. If trauma shows up in your report, ask about trauma-informed care. EMDR therapy, when appropriate, can settle the nervous system so attention work actually

sticks. Not everyone needs EMDR therapy, but for those with intrusive memories or body-based alarms, it can remove friction that no planner can solve.

Sleep problems, including sleep apnea or delayed sleep phase, can torch attention. If you snore loudly, wake with headaches, or function better in the afternoon, bring it up. No battery of tests can outmuscle chronic sleep deprivation.



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Learning disorders change the picture. Dyslexia, dysgraphia, and math disorders can coexist with ADHD or masquerade as it. A teen who cannot decode grade-level text will look distracted during reading, but the root is different. Good ADHD testing rules this in or out with targeted measures.

Autism spectrum traits, giftedness, bilingual language development, and hormonal changes also complicate interpretation. A gifted teen may ace reasoning tasks yet crumble on organization. A perimenopausal adult might notice attention shifts tied to estrogen changes. Reports that note these realities serve you better than neat stories that ignore them.

## When a test says you tried hard, and when it doesn't

You may see "performance validity" measures noted in passing. These are brief checks to confirm that test results reflect best effort. They are standard in neuropsychological testing, not an accusation. If validity indicators are solid, good, your scores are a trustworthy snapshot. If validity concerns appear, your report should explain whether pain, fatigue, medication, or misunderstanding of instructions interfered. This protects you. People who underperform due to migraines or panic need a retest plan, not a label that sticks.

## Turning scores into daily decisions

Numbers are only helpful if they change what you do on Monday morning. If working memory is a weak link, your plan should minimize the need to juggle steps in your head. Break long tasks into visible parts. Use checklists that do not live only in your brain. If processing speed is low, build buffers into your schedule and advocate for extended time. If inhibition is a problem, create friction between impulse and action: pause rules for online shopping, a waiting period before sending heated emails, snacks prepped before you open the fridge.

A report that simply says "ADHD, combined presentation" without translating findings into routines is unfinished. You are allowed to ask for more. Ask for a feedback session, not just a handoff. Take a highlighter to the recommendations and circle the two changes that would matter most in the next month. Big change begins with small, repeatable steps.

## A quick guide to the first pages to read

- The summary and diagnostic impression. This distills the case and usually lives near the front.
- The table of scores for attention, working memory, and processing speed. Scan patterns, not just highs and lows.
- The narrative interpretation. Look for how the clinician stitched your history, ratings, and tests into a story.
- The recommendations section. These are the actionable items you can try this week.
- Any notes on comorbidities, sleep, or learning differences. These shape your treatment plan as much as the ADHD label.

## Teens, school, and the road between

Teen therapy after testing often starts with education, not reprimands. A 15-year-old who learns why their brain seeks novelty, and how dopamine shapes motivation, stops labeling themselves lazy. That moment shifts everything. Teens do not need lectures on responsibility, they need systems that match their brain. Weekly calendars that show practice, homework, and sleep give shape to the week. Short, visible task lists beat long digital ones buried in apps. Gamified timers can turn boring into doable.

For school supports, the report should specify which accommodations fit the profile. Extended time helps when processing speed is slow or written output is labored. Preferential seating helps when selective attention wobbles. Breaking long assignments into checkpoints helps when planning is weak. Some teens benefit from assistive technology like speech-to-text or audiobooks. When schools ask for documentation, a clear link between test findings and each accommodation moves the process faster.

Parents often ask whether to share the report with teachers. In my experience, sharing a one-page summary with key points and recommendations works best. Include examples from the report. "Jason loses track of multi-step directions, so we will use written instructions in class." Keep it collaborative, not adversarial. Teachers want your child to succeed, and concrete steps make that easier.

## Adults, work, and relationships

In adults, ADHD testing results usually collide with career and home life. Workplaces reward output and reliability, which can be hard if planning and time estimation are wobbly. Use your report to advocate for what helps. If your role allows, negotiate a meeting schedule that clusters deep work on certain days and meetings on others. Ask for agendas in advance. Request permission to use noise control strategies without stigma. If you need an accommodation, Human Resources will ask for documentation. A report that ties deficits to function provides that bridge.

Relationships carry their own patterns. Missed chores, forgotten commitments, interrupting in conversation, and impulsive spending can fuel resentment. Couples therapy that understands ADHD helps partners move from blame to systems. The report can act as a neutral third party. It explains why last-minute reminders fail and why visual cues beat verbal nagging. In sessions, I often ask couples to map the most frequent fights onto executive function failures. Then we design structure that supports both people. A shared calendar with alerts, a 15-minute daily check-in, and a purchase pause rule can lower the temperature at home.

## Medications, therapies, and what your report can guide

Medication is one tool, not a moral test. Stimulants like methylphenidate and amphetamine derivatives can improve focus, working memory, and inhibition for many. Nonstimulants like atomoxetine or guanfacine may help if stimulants do not. Your report cannot decide medication for you, but it can guide targets. If inhibition problems lead to impulsive driving and risky decisions, that becomes a priority. If anxiety is high, your prescriber will time medication changes carefully and perhaps start with Anxiety therapy to stabilize the system.

Therapy approaches should match the obstacles shown in your data. Cognitive behavioral strategies teach planning, time blocking, and cognitive reframing of shame. Coaching helps build sustainable habits around your actual week, not a fantasy week. Anxiety therapy supports people whose worry hijacks attention. If trauma complicates the picture, EMDR therapy can reduce triggers that drain focus. For teens, behavior plans that reward task initiation and completion can be concrete and fair.

Lifestyle changes carry outsized weight. Sleep is medicine for attention. Exercise steadies mood and increases focus for hours afterward. Nutrition that avoids long glucose crashes reduces afternoon slumps. Your report might note times of day when performance dipped during testing. Use that as a clue for scheduling harder tasks when your engine runs hotter.

## When the results are mixed, or you are still not sure

Not every report yields a tidy answer. If your attention tasks were average, but real life feels chaotic, you are not imagining it. Lab tasks remove distractions and deadlines. Some people do average in quiet rooms with a proctor and struggle in noisy, dynamic environments. That does not invalidate your experience. It means your plan should focus on environment design, habit scaffolding, and accountability, perhaps more than medical labels.

If you disagree with a finding, ask for a meeting and bring examples. Clinicians are not infallible. A teen who tanked a test after a night without sleep deserves a retest, not a permanent low score. A bilingual adult whose verbal scores came out low might need measures with better cultural fairness. Testing is a snapshot; your life is the movie.

## Sharing your report wisely

Decide who needs the full document and who needs highlights. Schools and workplaces generally need formal documentation to grant accommodations. Tutors, coaches, or therapists may only need the executive summary and recommendations. Partners often benefit from a short debrief where you pull three insights that change the household. Insurance may request certain pages. Keep an annotated copy for yourself with sticky notes on sections you revisit.

Protect your privacy while using the report as a tool. You can say, "I have a documented attention disorder that affects planning and processing speed. Here are the supports that let me do my best work." That frames the conversation around function and solutions.

## Practical steps for the next 30 days

- Schedule a feedback session with your evaluator if you have not had one, and bring three real-life examples you want to improve.
- Choose two recommendations from the report and implement them fully for two weeks. Measure the difference in time saved or stress reduced.
- Share a one-page summary with the key people who can help you, a teacher, boss, partner, or coach. Ask for one specific support from each person.

- If the report suggests medical follow-ups, book them now, sleep study, medication consult, or vision/hearing checks.
- Create a weekly review ritual. On Sunday evening, look at the week, block time, and lay out materials for Monday. Consistency beats novelty.

## What “success” looks like after testing

Success does not mean no more distractions or perfect grades. It looks like fewer late nights, more tasks started on time, fewer blowups at home, and a lower baseline of shame. A teen stops dreading English because they have audiobooks and structured notes that make literature accessible. An adult starts leaving the house with wallet, keys, and badge because a tray by the door and a checklist do the remembering. A couple argues less because they stopped relying on memory for the dog’s medication and started setting shared reminders.

The report is a starting point. Treat it as a living document. Revisit it after a month and again after a quarter. Cross out what did not help. Add what did. If you are in Teen therapy or working with a coach, bring the report to sessions and ask them to align their work with the findings. If your anxiety drops or sleep improves, you may find that some recommendations need updating. That is not failure, it is progress.

## A note on timing and retesting

People ask how often to retest. If you are an adult, once is usually enough unless there is a major change in functioning or you need updated documentation for accommodations. For teens, retesting may happen at key transitions, such as middle to high school or before college, because accommodations often require recent data, typically within three to five years. Focus less on the calendar and more on whether new decisions require new data. If your job changes from hands-on work to documentation-heavy tasks, updated testing that emphasizes written output might be useful.

## Using your results to advocate, not apologize

ADHD is a difference in how your brain allocates attention, pursues rewards, and manages time. Your report puts language to that difference. Use it to ask for tools, not to excuse harm. If you missed a deadline, own it, fix it, and then negotiate systems that reduce repeats. If your partner feels ignored, invest in rituals that show attention on purpose. People respond well to accountability plus structure.

Do not let a low score define you or a high score let you off the hook. I have seen people with modest processing speed build thriving careers because they engineered their days thoughtfully. I have seen brilliant thinkers flounder because they relied on talent and ignored logistics. Your report helps you play to strengths and shore up weak links.

## When trauma or relationships are part of the picture

If the report notes a trauma history, consider sequencing care. Sometimes it is wise to stabilize attention with structure and perhaps medication while also beginning EMDR therapy or another trauma modality. Other times, trauma treatment comes first so attention strategies have a fair chance. There is no single right order. Your clinician should help you weigh urgency, safety, and bandwidth.

In relationships, consider inviting your partner to a debrief session. Hearing findings from a neutral professional lowers defensiveness. Couples therapy can then build on shared language. Many couples find that once both partners see ADHD as a systems challenge rather than a character flaw, empathy goes up and conflict goes down. The report becomes a practical guide for household design.

## The long arc

ADHD is lifelong, but it is not static. Your brain will change with age, experience, and context. Skills you build now compound. Testing gives you a snapshot and a shared vocabulary. The real change happens as you translate pages into practices that make hard things simpler and important things more likely to happen. Keep the report within reach, mark it up, teach its lessons to the people who support you, and let it lead to a week that works better than the last one.

## 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](mailto: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

**Open-location code / plus code:** 82MH+CJ Vacaville, California, USA

**Coordinates:** 38.3335888, -121.9709253

**Map/listing URL:**

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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](mailto: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](mailto:contact@freedomcounseling.group), visit <https://www.freedomcounseling.group/>, or use the listed social profiles: <https://m.facebook.com/p/Freedom-Counseling-Group-100063439887314/>,

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## 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](tel:(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.