

Assessment Report

Example Assessment Report Example: Marcus L. (not a real client)

Client - Assessment Summary & Therapeutic Roadmap

(Undated - Evolving Document)

Marcus,

This document is intended as the foundation and starting point for our therapeutic work together. Its primary purpose is to synthesize the wealth of information we gathered during our initial assessment session, integrating the details of your history, your current experiences, and our comprehensive conversation about how your mind and nervous system operate. Think of this as a detailed, working draft of our shared understanding.

Importantly, this is not meant to be a static, clinical verdict handed down from on high. Instead, it is a "living document" that we will build upon, revise, and refine as we continue our work. My goal is to capture the essence of your story and your therapeutic goals as accurately and compassionately as possible. As you read through this, you are warmly invited to add your own thoughts, correct any misinterpretations, or weave in nuances I may have missed. If a detail feels off, or if you want to expand on something, please add it directly to the text or as a comment.

A simple way to do this is to insert comments like: "**[Client]: 'I think this part needs a bit more context...'**" or "**[Client]: 'I'd also add that I felt...'**" Your perspective is the most vital component in making this map truly reflective of your lived experience.



Your Stated Therapeutic Goals

During our session, you articulated a clear set of objectives. While you initially framed the problem as "I just need to figure out how to get my shit together," our conversation revealed a set of interlocking challenges that go far deeper than productivity tips. The primary goals we identified are:

- **Breaking the Paralysis-Shame Cycle:** You described a brutal, recurring loop: you sit down to work, feel overwhelmed by the scale or tedium of the task, walk away, lose hours to your phone or to restless pacing around the apartment, and then spend the evening consumed by guilt and self-recrimination for the wasted day. This cycle has been accelerating for the past two years. You want to understand why you cannot simply *do the thing*, and you want it to stop.

- **Managing the Burnout Without Quitting Your Life:** You are exhausted in a way that weekends and vacations do not fix. You described a state where even the things you used to enjoy—cooking, cycling, music—now feel like additional items on a to-do list. You want to recover without blowing up your career or your relationship, both of which you value but currently experience as sources of pressure rather than sustenance.
- **Getting the ADHD "Managed," Not Just "Medicated":** You were diagnosed with ADHD eighteen months ago, and the stimulant medication (Vyvanse 40mg) has been helpful in the narrow sense that it allows you to focus at work. But you noted, with characteristic precision, that the medication "just lets me do more of the thing that's killing me." You want to build a life where the medication supports genuine functioning, not just higher-output suffering.
- **Figuring Out What You Actually Want:** Beneath the productivity crisis is a quieter, more unsettling question. You are thirty-four years old, you have followed the script—degree, career, relationship, apartment—and you feel almost nothing about any of it. You want to figure out whether the emptiness is a symptom of the burnout or something more fundamental about the life you have built.

(Optional: Does this capture the main thrust of what you want to achieve? Is there anything missing or that needs reframing?) [Client]:

Understanding Your Story

Understanding Your Story: Themes We Explored

Based on our conversation and the history you shared, the following themes emerged as the key pillars of your current experience. These are not separate problems; they are the interlocking gears of a single machine. Change one, and the others will move.



The Bright Kid Who Ran on Fumes

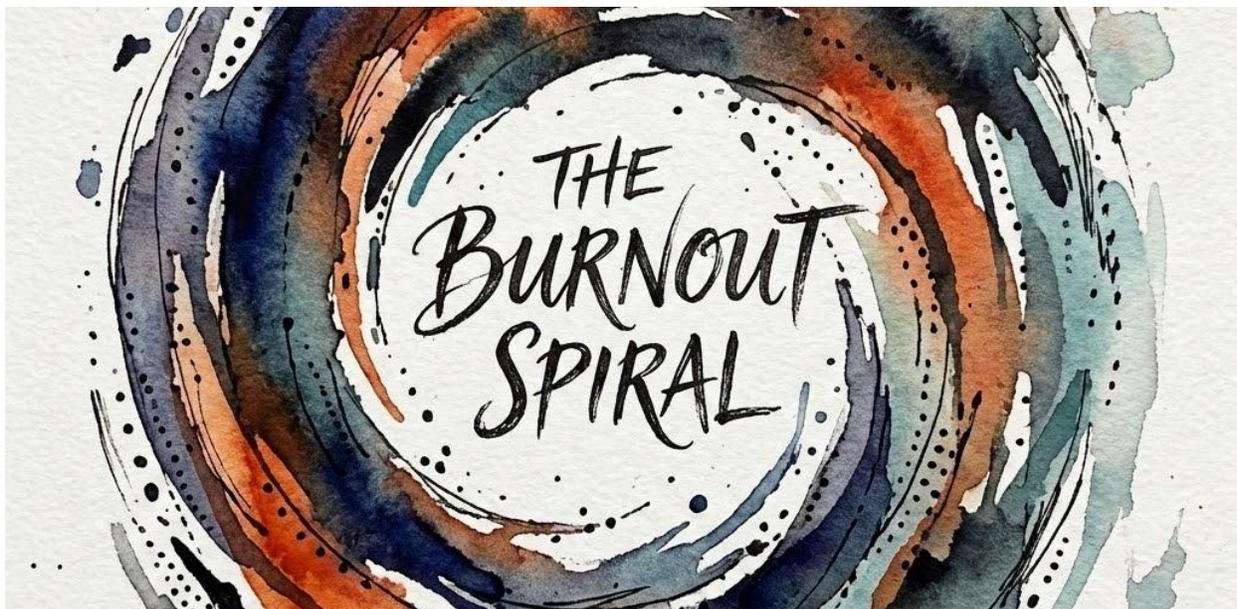
Your academic and professional history follows a pattern that is, in retrospect, almost a textbook ADHD trajectory. You were the "bright kid" who could pull an A on any test without studying, provided the subject interested you. When it did not—and you were frank about this—you simply did not do the work. You scraped through high school on intelligence and charm, then nearly failed out of your first year of university before switching programs to something that engaged you. You described the switch as the moment things "clicked," and you proceeded to graduate with distinction.

This conditional functioning—brilliant when interested, paralyzed when not—has defined your entire career. In your twenties, you thrived in roles that were novel, fast-paced, and demanded creative problem-solving. You were the person they threw at the hardest client, the most chaotic project, the thing nobody else could figure out. And you delivered. Consistently, impressively, sometimes spectacularly. You described this period of your life as "running on rocket fuel"—and the fuel, as we discussed, was not discipline. It was adrenaline, novelty, and the dopamine hit of being the smartest person in the room.

The problem is that rocket fuel runs out. By your late twenties, the novelty of each new role was wearing off faster. The creative challenges were replaced by maintenance: spreadsheets, status reports, recurring meetings. The work that once engaged your whole brain now engaged approximately fifteen percent of it, and the other eighty-five percent was climbing the walls. You

compensated by working harder, staying later, and relying on deadline pressure to force your brain into gear. This is the ADHD compensation strategy that works beautifully until it doesn't: you are essentially manufacturing emergencies because your nervous system cannot activate for anything less.

The ADHD diagnosis eighteen months ago was, in your words, "the biggest relief and the biggest frustration of my life." Relief because it explained everything—the inconsistency, the procrastination, the way you could spend six hours on a hobby project and not ten minutes on an email. Frustration because the explanation arrived after decades of believing you were lazy, undisciplined, and fundamentally broken. You sat with that belief for a long time. It has left marks.



The Burnout Spiral

You did not arrive at burnout overnight. It was a slow, grinding process that began roughly three years ago, when the last genuinely stimulating phase of your career ended and you transitioned into a senior role that is, by your own description, "ninety percent administrative overhead." The promotion came with a title, a raise, and the quiet death of everything that made the work bearable. You went from solving problems to managing people who solve problems, and the distance from the actual work—the puzzle, the thing your brain lights up for—has been slowly suffocating you.

The timeline matters because burnout is not an event; it is an erosion. In the first year, you noticed you were less excited about work but attributed it to a rough quarter. In the second year, you started dreading Monday mornings and relying on caffeine and deadline panic to get through the week. By the third year—now—you are operating in what we might call a

"functioning freeze." You show up. You do enough to avoid detection. You attend the meetings, respond to the emails, hit the minimum viable threshold. But there is no engagement, no creativity, and no satisfaction. You are, in your words, "sleepwalking through a life I designed."

The insidious thing about burnout at this stage is that it does not just affect work. It colonizes everything. You described losing interest in cooking—something you used to love—because it now feels like "another thing to plan and execute." You stopped cycling because the effort of getting the bike out, changing, and committing to a route feels insurmountable, even though you know you would feel better afterward. Your evenings are spent scrolling your phone, not because the content is interesting, but because it is the only activity that asks nothing of you. Even your relationship has become, in your honest assessment, "two tired people sitting on the same couch looking at different screens." You are not fighting. You are not disconnected in a dramatic way. You are just... flat.

This is the hallmark of late-stage burnout: the system has been running in emergency mode for so long that it starts shutting down non-essential functions. Joy is non-essential. Curiosity is non-essential. Intimacy is non-essential. What remains is the ability to perform the minimum actions required to keep the structure standing. You are surviving, but you are not living.

The Self-Criticism Engine

Underneath the burnout—and, in many ways, powering it—is an extraordinarily punishing inner voice. You did not name it in those terms. You described it as "just being realistic" and "holding myself to a standard." But when I asked you to describe what goes through your mind on a day when you cannot focus, the monologue you shared was striking in its cruelty:

"What is wrong with you. Everyone else can do this. You're thirty-four and you can't answer an email. You're going to get fired. You deserve to get fired. You're a fraud and everyone is going to figure it out."

This is not realism. This is a relentless internal prosecutor who has been running the show for decades. And here is the thing about that prosecutor: it was installed with good intentions. Somewhere in your history—and we do not need to pin it to one moment—you learned that the way to make yourself perform was to make yourself afraid. When external motivation failed (because the task was boring, because the reward was distant, because your ADHD brain could not generate the dopamine to care), internal punishment stepped in. *If I can't make myself want to do this, I'll make myself terrified of what happens if I don't.* Fear became the substitute for motivation. And for a long time, it worked.

The problem is that fear-based motivation has a shelf life. In your twenties, the self-criticism drove you to over-prepare, over-deliver, and push through. But now, after years of running on self-flagellation, the system is depleted. The critic is still screaming, but the body has stopped responding. You are like a horse that has been whipped so many times it no longer flinches—not because the whip has stopped hurting, but because there is nothing left to give.

The result is the worst of both worlds: you are simultaneously unable to work *and* unable to stop hating yourself for not working. The paralysis and the shame feed each other in a closed loop, and the loop is accelerating.

Your questionnaire data confirmed this in stark terms. Your self-criticism score is very high, and your self-hatred score—which measures not just harsh standards but active self-disgust—is elevated as well. This means the inner voice has crossed the line from "disappointed coach" to something closer to an abuser. It does not say "you can do better." It says "you are garbage." And it says it loudest on the days when your ADHD symptoms are most visible, because those are the days when the gap between what you think you should be able to do and what you can actually do is widest.

Softening this voice—not silencing it, but negotiating a ceasefire, understanding what it is trying to protect you from, and gradually building an alternative motivational system that runs on something other than fear—will be one of the most important threads of our work together.



The Stimulation Trap

Your relationship with stimulation is the thread that connects the ADHD, the burnout, and the behavioral patterns that are currently keeping you stuck. Let me lay it out plainly, because I think you will appreciate the mechanics of it.

An ADHD brain has a fundamental problem with dopamine regulation. It is not that you lack dopamine; it is that your brain does not release it on demand in response to tasks that are routine, unstimulating, or distant from reward. For a neurotypical brain, the knowledge that "this report is due Friday" generates enough low-level dopamine to sustain attention. For your brain, that knowledge generates almost nothing. Your brain needs *novelty, urgency, challenge, or fascination* to produce the dopamine required for executive function. Without those, it goes looking for dopamine elsewhere.

And it is very good at finding it. You described a pattern that maps precisely onto this neurochemistry. When you cannot focus on work, you reach for your phone—not because you

consciously decide to scroll, but because your dopamine-starved brain hijacks your attention toward the nearest source of stimulation. The infinite scroll of social media, the variable-reward slot machine of notifications, the rapid-fire novelty of short-form video—these are precision-engineered dopamine delivery systems, and to an ADHD brain running on empty, they are nearly impossible to resist.

Similarly, your evening pattern—two or three drinks, cannabis once or twice a week, and late-night scrolling—is not recreational in the traditional sense. It is your nervous system's attempt to force a transition from the daytime state (wired, anxious, running on cortisol and self-criticism) to something resembling rest. You described the moment the first drink hits as the only point in your day when the internal noise actually quiets. I believe you. The problem is that this form of "rest" does not restore you. Alcohol fragments your sleep architecture. Cannabis suppresses REM sleep. The late-night screen time delays your circadian rhythm. You wake up depleted, and the cycle begins again.

You also described a pattern that is common in ADHD and burnout: "revenge bedtime procrastination." You stay up hours past the point of tiredness, not because you are doing anything important, but because going to sleep means that the next thing that happens is tomorrow—and tomorrow means the return of the treadmill. Your evening hours are the only time that feels like *yours*, and you guard them fiercely, even at the cost of the sleep that would make tomorrow bearable. The logic is perfectly understandable. The cost is enormous.

The Vyvanse helps during the day by artificially boosting dopamine availability, which is why you can focus at work while medicated. But as you astutely observed, it enables you to focus on the very tasks that are depleting you. The medication is not the problem. The problem is that the medication is being used to sustain an unsustainable situation, rather than to support a life that is actually nourishing. We need to change the situation, not just boost the signal.

A Childhood That Was Fine (And What "Fine" Costs)

When I asked about your childhood, you paused and said, "It was fine. Normal. I don't have a trauma story." And I believe you—there is no single catastrophic event, no abuse, no dramatic rupture. Your parents were together, reasonably stable, and provided the basics. You were fed, housed, educated, and loved in the way that your family understood love.

But "fine" is doing a lot of work in that sentence, and I want to gently unpack what it is covering. You described a household where emotions were not discussed, where asking for help was implicitly discouraged, and where the expectation was to be capable and self-sufficient from an early age. Your father was a practical, stoic man who valued competence and quiet endurance. Your mother was warm but anxious, and you learned early that your role was to not add to her worry. Neither of them knew what to do with a child who could not sit still, who lost things constantly, who would disappear into a project for eight hours and forget to eat but could not be bothered to clean his room. In the absence of an ADHD diagnosis—which, in your generation, was still under-recognized—the available explanations were laziness, carelessness, and lack of

discipline. You were not called those things cruelly. But you heard them. And more importantly, you internalized them.

This is not a trauma story in the clinical sense. You do not meet criteria for PTSD, and we are not going to treat it as though you do. But it IS a *developmental* story that matters enormously, because it explains where the self-criticism comes from. If no one tells a bright, sensitive child with ADHD that his brain simply works differently—if the only available narrative is "you're not trying hard enough"—that child will build an internal motivational system based on shame. And that is exactly what happened. The critic that now destroys your weekends when you cannot focus on a report is the echo of a childhood where inconsistency was interpreted as a character flaw. You did not learn to be kind to yourself when you struggled, because no one modeled it. You learned to double down, push harder, and convert the shame into fuel. And it worked, until it didn't.



The Relationship in the Crossfire

Your relationship with your partner is not the primary reason you sought therapy, but it is quietly bearing the weight of everything described above. You described a partnership that is fundamentally loving and stable—you like each other, you share values, you have built a life together. But the burnout has drained the color from it.

You described evenings where you are both too tired to do anything but exist in parallel. Weekends where you intend to do something together but end up defaulting to errands and screens. A sex life that has quietly receded. You said something telling: "She deserves better than the version of me she's getting." This is the self-criticism talking, but it is also a genuine observation. You are showing up to your relationship with whatever is left after work, the inner

critic, the phone scrolling, and the substance-assisted wind-down have taken their cut. There is not much left.

Your partner has been patient, but you noted that she has started making comments—gentle ones, carefully phrased—about feeling like she is "living with a ghost." She is not wrong. The burnout has turned you into a functional absence: physically present, emotionally elsewhere. You are aware of this, which is both a strength (you see it) and an additional source of guilt (you cannot seem to fix it). We will address this not as a separate "relationship problem" but as a natural consequence of everything else. When we restore your energy and your capacity for pleasure, the relationship will benefit directly.

(Optional: Does this narrative feel accurate to your lived experience? Are there connections I've missed, or pieces of your story that feel misrepresented?) **[Client]:**

Strengths and Questionnaires



Your Strengths: Foundations for Growth

When the picture is this heavy, it is easy to lose sight of what is actually working. But our session revealed significant strengths that will be the engine of your recovery:

- **Exceptional Self-Awareness:** You are not in denial. You arrived at our session with a detailed, honest, and remarkably articulate account of what is happening to you. You can observe your own patterns in real time. This is not common, and it is the single best predictor of therapeutic success. You do not need to be convinced that something is wrong; you need tools and a framework for changing it.
- **High Cognitive Capacity:** When your brain is engaged, you are formidable. The same ADHD wiring that makes routine tasks agonizing also gives you the capacity for deep, creative, lateral thinking. We are not trying to fix your brain. We are trying to build a life that is compatible with it.
- **Genuine Values:** Beneath the burnout and the cynicism, you care about things—deeply. You care about doing good work (not just appearing to). You care about your partner. You care about the version of yourself that used to cook elaborate meals and ride a century on a Saturday. Those values have not disappeared. They are buried under exhaustion. They will resurface.
- **Willingness to Be Honest:** You did not sugarcoat anything in our session. You told me about the phone scrolling, the drinks, the evenings lost to nothing. This honesty—this refusal to perform wellness—is a clinical asset. It means we will not waste time pretending.

(Optional: Do these strengths resonate with you? Are there others you would add?) **[Client]:**

SUMMARY OF QUESTIONNAIRE FINDINGS



Summary of Questionnaire Findings

The questionnaires you completed paint a picture that is entirely consistent with the story you told in session. I want to frame these findings not as a set of diagnoses, but as a detailed map of what it currently feels like to live inside your mind and body.

Your Mood and Energy



Your **depression score is moderate** (PHQ-9 = 13). However, the profile is unusual and worth examining. You did not endorse the classic markers of pervasive sadness, hopelessness, or worthlessness in the way that someone with primary depression typically would. Instead, your score is driven almost entirely by **fatigue** (feeling tired nearly every day), **concentration difficulties** (which are likely ADHD symptoms being captured by a depression instrument), **sleep disruption**, and **anhedonia**—the loss of interest or pleasure in things you used to enjoy. In other words, your depression looks less like sadness and more like a system that has been

running at full capacity for too long and is beginning to shut down non-essential functions. This is burnout wearing depression's clothes.

Your **anxiety score is moderate** (GAD-7 = 10), driven primarily by **restlessness**, an **inability to relax**, and a persistent sense of **irritability**. You are not experiencing panic attacks or catastrophic worry in the traditional sense. What you *are* experiencing is a nervous system stuck in a low-grade state of activation—too wired to rest, too depleted to engage. The anxiety and the fatigue coexist, which is one of the most miserable combinations a person can experience: exhausted but unable to stop.

Your **joy score is low** (22/40), with a telling internal split. You can still access pleasure from external events—a good meal, an evening with friends, a beautiful day. But your capacity for **internal curiosity and enjoyment**—the quiet pleasure of being interested in your own thoughts, of noticing something beautiful in passing, of feeling at ease in your own company—is significantly depleted. This is consistent with the burnout: external stimulation can still punch through, but the internal world has become a place you avoid, because what you find there is mostly the critic and the fatigue.

Stress and Safety

Your **perceived stress is high** (PSS = 30). You feel overloaded, and—critically—you feel that the overload is outside your control. This is not the stress of someone with too much on their plate who could, in theory, delegate or prioritize. This is the stress of someone who feels trapped: too burned out to perform well, too afraid of the consequences to stop performing, and too depleted to find a way out.

Your **felt safety score is moderate** (8/16). You are not in crisis, but your nervous system is not at ease. There is a baseline hum of threat—not from any external danger, but from the internal sense that you are falling behind, failing to keep up, and one bad week away from the whole structure collapsing. This is the "imposter syndrome" you described, translated into a bodily experience of low-grade unsafety.

Self-Criticism and the Inner Voice



This is where the data becomes most clinically significant:

- **Self-criticism: very high** (38)
- **Self-hatred: elevated** (12)
- **Self-reassurance: low** (14)

The gap between self-criticism and self-reassurance is the most important number in your profile. It tells us that you have a powerful, relentless internal voice that punishes you for every perceived failure—and almost no capacity to comfort yourself when you are struggling. The system is all stick and no carrot. Every time your ADHD symptoms prevent you from doing what you think you should be able to do, the critic interprets it as proof that you are defective. And because you have no internal counterweight—no soothing voice that says "this is hard, and you are doing your best"—the criticism lands unopposed.

The elevated self-hatred score means the critic has, at times, crossed the line from "you should do better" into "you are fundamentally bad." This is not a constant state, but it is available to your mind, particularly on the worst days—the days when the paralysis is most acute and the shame most intense. Forming a truce with this voice is not optional. It is foundational. Nothing else we do will hold if the loudest voice in your head is telling you that you deserve to fail.

Awareness, and Acceptance



Your **mindful awareness is good** (38/50). You notice what is happening inside you. You can observe the procrastination cycle as it unfolds, watch the self-criticism activate, and identify the moment you reach for your phone. This observational capacity is a genuine clinical asset.

Your **mindful acceptance is low** (22/50). This is the critical gap: you can see what is happening, but you cannot *be with* it. The moment you notice an internal state that is uncomfortable—boredom, anxiety, shame, fatigue—you react. You reach for the phone, pour the drink, open the laptop, start the inner monologue of self-punishment. Anything to not simply *sit* with the discomfort. Building this capacity—the ability to notice a difficult feeling and let it be

present without immediately fighting it, fixing it, or fleeing from it—is one of the core skills we will develop.

Distress Tolerance and Self-Efficacy

Your **distress tolerance is low** (DTS = 16/20, where higher = lower tolerance). When emotional discomfort arrives, it does not feel like a wave you can ride. It feels like an emergency that must be resolved immediately. This is why the procrastination-shame cycle is so vicious: the shame of not working is acutely distressing, but the act of working on something boring is *also* acutely distressing, and your system has no middle gear for tolerating either one without escalating.

Your **impulsivity is high** (8/10), consistent with the phone-grabbing, the revenge bedtime procrastination, and the evening substance use. This is not a character flaw. It is the behavioral signature of a dopamine-dysregulated brain that has been depleted by years of running on stress.

Your **self-efficacy is surprisingly high** (8/10). Despite everything, you believe in your ability to accomplish things when the conditions are right. This is important, because it means the problem is not learned helplessness. It is a profound mismatch between your neurobiological needs and the conditions of your current life. When the conditions align—when the task is interesting, the stakes are real, and the timeline is short—you can still execute brilliantly. The work is in building a life where those conditions exist more often.

The Pattern

Taken together, the data paints a coherent portrait: moderate depression driven by depletion rather than despair. Moderate anxiety driven by activation rather than worry. Very high self-criticism with almost no self-soothing. Low distress tolerance. High impulsivity. Good awareness but poor acceptance. Joy that still exists externally but has gone dark internally. No trauma, but a developmental history that installed a punishing motivational system that is now bankrupt.

You are a high-capacity person running a low-capacity life—not because the life is objectively bad, but because the fuel source (fear, adrenaline, deadline panic) has been exhausted, and nothing has been built to replace it. The medication keeps the engine turning over, but it cannot change the fact that you are driving in the wrong gear on the wrong road.

(Optional: Does seeing your experience reflected in this data make sense to you? Does anything surprise you or feel inaccurate?) [Client]:

A Shared Formulation



Putting it Together: A Shared Formulation

Marcus, the picture that emerges is not one of a broken person. It is one of a gifted, sensitive nervous system that has been running on the wrong fuel for a very long time, and has finally run dry.

You were born with a brain that is wired for novelty, intensity, and deep engagement. In the right environment, this wiring produces extraordinary creativity, insight, and focus. But you did not grow up in an environment that understood this wiring. Instead, you grew up in a world that interpreted your inconsistency as laziness, your distractibility as carelessness, and your intensity as "too much." In the absence of a framework that said "your brain works differently, and that is okay," you built the only motivational system available to you: shame. You learned to whip yourself into performance, to convert self-hatred into productivity, and to manufacture crises because your brain would not activate for anything less.

This system carried you through school, through your twenties, and into a successful career. It worked because you had novelty (new jobs, new challenges), adrenaline (deadlines, high stakes), and youth (a body that could tolerate the abuse). But systems built on fear and depletion have an expiration date, and yours has arrived. The novelty is gone—your current role is maintenance, not creation. The adrenaline is exhausted—your nervous system has been in emergency mode for so long that it can no longer distinguish between a real crisis and a Monday morning. And your body is no longer willing to absorb the cost—the fatigue, the insomnia, the flat evenings, the receding joy.

What remains is the critic, still screaming, and a person who has forgotten what it feels like to want something that is not driven by fear of consequences. The burnout is not just exhaustion. It is the collapse of a motivational architecture that was never sustainable in the first place. The

paralysis you experience is not laziness—it is the gap between the old system (which is bankrupt) and a new one (which has not yet been built). You are stuck not because you are broken, but because you are between operating systems.

Our work, then, is not to "fix" you. It is to build a new fuel source—one that runs on genuine interest, pleasure, self-compassion, and values rather than on fear, shame, and crisis. This is not a minor adjustment. It is a fundamental rewiring of how you motivate yourself, care for yourself, and organize your life. But every piece of data from our session—your awareness, your honesty, your high self-efficacy, your still-intact capacity for external pleasure—tells me that you have the raw materials to do it.

Next Steps & Recommended Pathways

The path forward unfolds in layers. The sequence matters: we cannot do the deeper work until the biological floor is stable, and the biological floor will not stabilize until we interrupt the cycles that are currently draining it. Each phase builds on the last.

Phase 1: Soothe and Down-Regulate (Stabilization)

The goal: Stop the bleeding. Get your nervous system out of emergency mode. You cannot think clearly, feel pleasure, or make good decisions while your system is this depleted.

The work:

- **Sleep architecture:** This is the single highest-leverage intervention. We will address the revenge bedtime procrastination directly—understanding what it is protecting (your sense of autonomy, your evening hours as "yours") and finding ways to honor that need without sacrificing the sleep your brain requires to function. Concrete targets: a consistent wind-down, reducing screen exposure in the final hour, and a gradual retreat of bedtime by fifteen-minute increments.
- **Substance audit:** This is not about judgment or forced sobriety. It is about running a structured experiment. We will map exactly when and why you reach for a drink, cannabis, or the phone, and we will test what happens when we introduce a thirty-minute delay between the urge and the act. The question is not "are these things bad?" It is "are they actually giving you what you need, or are they borrowing from tomorrow to pay for today?"
- **Physical restoration:** Even modest movement—a walk, a stretch, fifteen minutes on the bike—will begin to shift the neurochemistry. The goal is not fitness. The goal is teaching your nervous system that your body can generate good feelings without substances or screens.

Phase 2: Rediscovering Joy and Building Pleasantness-Based Motivation

The goal: Rebuild the internal reward system. Replace the bankrupt fear-based motivation with something sustainable.

The work:

- **The inner critic truce:** We will not try to silence the critic; that never works. Instead, we will get curious about it. What is it trying to protect you from? What does it believe will happen if you are not vigilant? And—this is the hard part—can we offer it evidence that you do not need to be punished into productivity? This involves building a self-compassion practice, which I know sounds soft and may trigger the critic immediately ("self-compassion is just an excuse for laziness"). That reaction *is* the critic. We will notice it, name it, and keep going.
- **Pleasantness tracking:** You have lost contact with what genuinely feels good. The burnout has flattened your hedonic landscape until the only things that register are high-intensity stimuli (substances, crisis, novelty). We will deliberately rebuild your sensitivity to lower-intensity pleasure—the warmth of a good coffee, the satisfaction of a clean kitchen, the sensory experience of a piece of music listened to with full attention. This is not frivolous. It is neurobiological rehabilitation.
- **Interest-based engagement:** We will map the conditions under which your brain actually lights up—novelty, challenge, urgency, personal significance—and look for ways to introduce those conditions into your daily life, including but not limited to your work. The goal is not to make boring things interesting (that is a fool's errand for an ADHD brain), but to restructure your life so that more of it is genuinely engaging.
- **Relationship as a resource, not a demand:** As you begin to have more to give, we will work on actively reinvesting in your relationship—not as another obligation, but as a genuine source of pleasure and connection. This means reintroducing small, low-effort moments of enjoyment together, and gradually rebuilding the intimacy that the burnout has eroded.

Phase 3: Development and Processing

The goal: Understand the deeper patterns that built the current system, so you can change them with your eyes open.

The work:

- **Developmental processing:** We will revisit the "fine" childhood—not to assign blame, but to understand with precision how the self-criticism engine was installed. You were not damaged by malice; you were shaped by absence. The absence of a framework for your neurodivergence. The absence of emotional language in your household. The absence of someone who said "you are struggling, and that is not a character flaw." By

understanding how the old system was built, you gain the power to consciously choose a different one.

- **Identity work:** "Who am I if I am not the person who pushes through?" This is a question that burnout forces on people, and it is uncomfortable because the pushing-through identity has been the only one available. We will explore what your values actually are—not the ones you inherited, not the ones that look good on a resume, but the ones that make you feel alive when you honor them. This is where the "what do I actually want?" question gets answered, not in the abstract, but through lived experimentation.
- **Grief and acceptance:** There may be grief to process—for the decades spent believing you were lazy, for the career energy spent on the wrong things, for the version of your twenties that might have looked different with a diagnosis. This is not wallowing. It is clearing the emotional backlog so it stops contaminating the present.

Phase 4: Values, Direction, and Sustainable Life Design

The goal: Translate everything we have learned into a life that is durable.

The work:

- **Career clarity:** Armed with a real understanding of your neurobiology, your values, and your energy patterns, we will make a concrete plan for your professional life. This might mean redesigning your current role to include more of what engages you. It might mean a lateral move. It might mean something more radical. The point is that the decision will be made from a position of clarity and self-knowledge, not from the desperation of burnout.
- **Sustainable routines:** We will design daily and weekly structures that support an ADHD nervous system rather than fighting it—building in novelty, movement, genuine rest, and protected creative time. The goal is a life that does not require willpower to sustain, because it is aligned with how your brain actually works.
- **Relapse prevention:** Burnout, like any stress injury, can recur. We will identify your early warning signs (the specific sequence of sleep erosion → phone escalation → self-criticism → paralysis) and build a maintenance plan that catches the spiral before it completes.
- **The long game:** Ultimately, the goal is for you to be able to say—and mean—"I like my life. Not because it is perfect, but because it fits." That is not a small thing. For someone who has spent thirty-four years forcing himself into shapes that do not match his wiring, it would be transformative.

You have been running on the wrong fuel for a very long time, Marcus. The fact that you made it this far is not evidence of weakness—it is evidence of extraordinary endurance. But endurance is not the goal anymore. The goal is a life that does not require you to endure it. I look forward to building it with you.

Sincerely,

Dr. Benjamin Armstrong