KAMHA CEU series: 3/24/2024, 6pm-8pm PDT

Evidence-Based Assessment and Treatment of Adult ADHD

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Financial Disclosure

- I evaluate and treat adults with ADHD
- No other relevant financial conflict

Objectives –
Why this matters to you (& your clients)

1. How can I better understand and recognize ADHD in my clients?
2. How can I better screen and assess for ADHD?
3. What can I add as tools to better treat clients with ADHD?

Part 1. Understand & Recognize: What is adult ADHD?

1. Diagnostic Criteria
2. Symptom Characteristics
3. Epidemiology

Symptoms

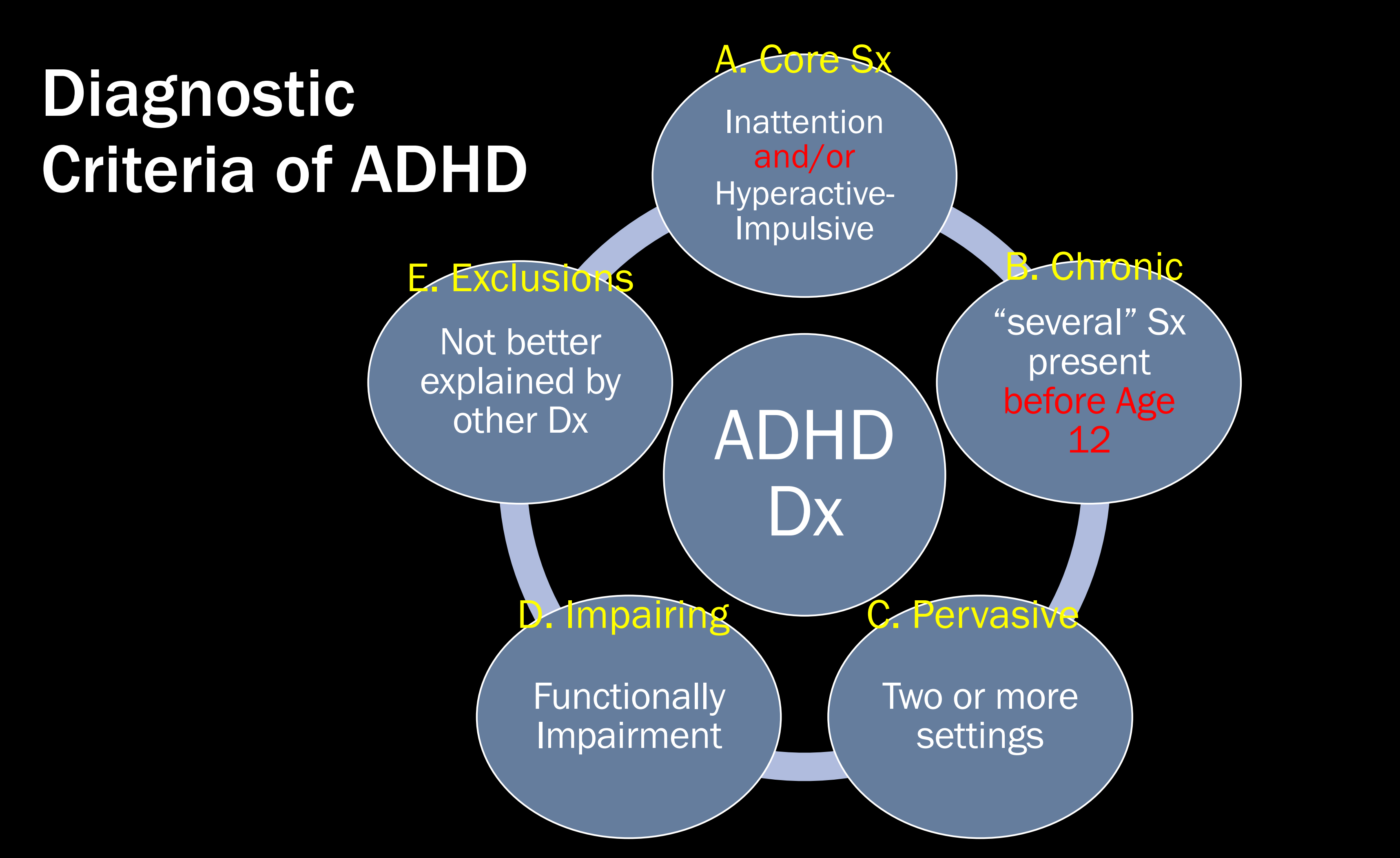
5 or more of either domain
(6 ≥ for 16 or younger)

Inattentive Sx:

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instruction
- Has difficulty with organization
- Avoids or dislikes tasks requiring a lot of thinking
- Loses things
- Is easily distracted
- Is forgetful in daily activities.

Hyperactive-impulsive Sx:

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively in children; extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside like they were driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others


Diagnostic Criteria of ADHD
A. Core Sx
Inattention and/or Hyperactive-Impulsive
B. Chronic
“several” Sx present before Age 12
C. Pervasive
Two or more settings
D. Impairing
Functionally Impairment
E. Exclusions
Not better explained by other Dx
ADHD Dx

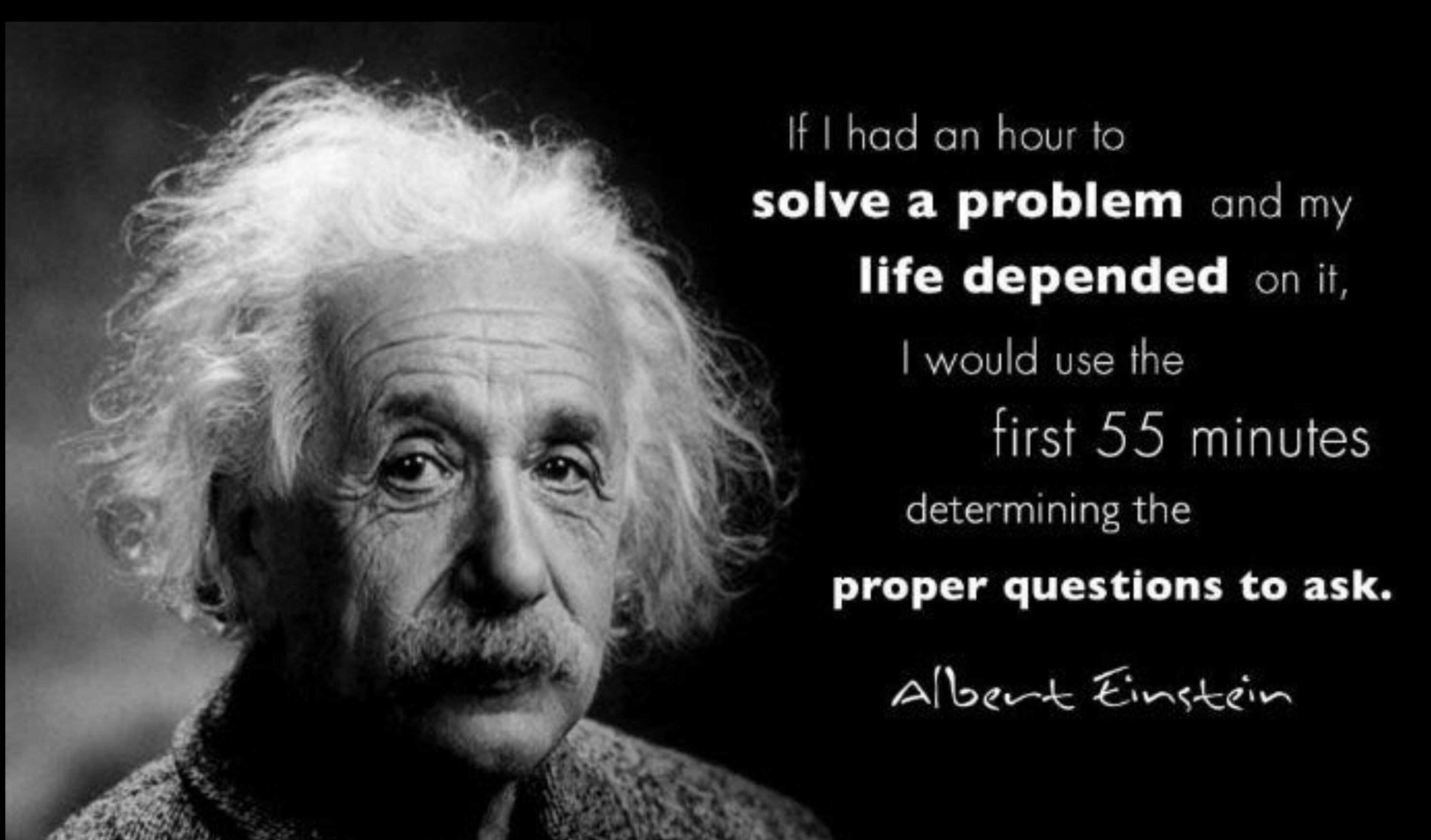
Epidemiology

- 1 in 20 worldwide, 3 – 7% of school children in the U.S. (prevalence in adults 18-44: 4.4%)
- Boys : Girls = 2-9 : 1
- By adulthood, we get closer to 1:1 ratios

Part 2. Screen and Assess:
How can I effectively screen and diagnostically assess?

- Quick Hx taking: Ask the right questions
- Measure: ADHD Questionnaires & Diagnostic Interview
- Appreciate complexity: gather picture of comorbidity

Screen & Assess:
Quick Hx taking - Ask the right questions



“Doc, I think I have ADHD…”

1. “*When did your attention (or hyperactivity-impulsivity) problems begin?*” (document onset & timeline of severity change, if any)

2. “*In elementary school, were you frequently called out for daydreaming or not paying attention?; how about being fidgety, restless, or overly talkative?*” (document Sx & onset age/grade)

3. “*Have these Sx adversely impacted your life? If so, where?*” Do your attention or hyperactivity-impulsivity problems CURRENTLY make it difficult for you to function? (document settings impacted: work/school, home, or in social relationships, preferably with examples)

Screen & Assess:
Measure – Questionnaires & Dx Interview

- Combined – Barkley Adult ADHD Rating Scale (BAARS-IV)
- Current – Adult ADHD Self-Report Scale (ASRS)
- Childhood – Wender Utah Rating Scale – 25 item (WURS-25)
- Diagnostic Interview – Diagnostic Interview for ADHD (DIVA-5)

Assessment:
Questionnaire: Combined – BAARS-IV

Strength: maps onto dx criteria, informant-form available, normative data
Weakness: 18 items per instrument, copyrighted (need to purchase)

Current (Past 6 months) Self-report (BAARS)

Factor	Current Raw (average)	Percentile	Sx Count Raw (rated "often" or "very often")	Percentile
Inattention	2.7	97%	5 out of 9	96%
Hyperactivity	3.6	99%	7 out of 9	98%
Impulsivity	3.0	98%		
ADHD Total	3.6	99%	12 out of 18	98%
Sluggish Cog Tempo	3.4	98%	8 out of 9	98%

Current (Past 6 months) Other-report (BAARS) – Partner

Factor	Current Raw (average)	Sx Count Raw (rated "often" or "very often")
Inattention	2.7	5 out of 9
Hyperactivity	2.8	3 out of 9
Impulsivity	2	
ADHD Total	2.6	8 out of 18
Sluggish Cog Tempo	3.6	8 out of 9

Childhood (Age 5-12) Self-report (BAARS)

Factor	Current Raw (average)	Percentile	Sx Count Raw (rated "often" or "very often")	Percentile
Inattention	3.3	97%	7 out of 9	96%
Hyperactivity-Impulsivity	4.0	99%	9 out of 9	99%
ADHD Total	3.7	99%	16 out of 18	98%
Sluggish Cog Tempo	3.3		7 out of 9	

Childhood (Age 5 -12) Other-report (BAARS) -Mom

Factor	Childhood Raw (average)	Sx Count Raw (rated "often" or "very often")
Inattention	1.5	1 out of 9
Hyperactive / Impulsive	1.4	0 out of 9
ADHD Total	1.5	1 out of 18
Sluggish Cog. Tempo	1.6	1 out of 9

https://www.guilford.com/books/Barkley-Adult-ADHD-Rating-Scale-IV-BAARS-IV/Russell-Barkley/9781609182038

Assessment: Questionnaire: Combined – BAARS-IV

Factor	Sx Count Raw (rated "often" or "very often")
Inattention (self-current)	4 out of 9
Hyperactivity-Impulsivity (self-current)	5 out of 9
Inattention (self-childhood)	3 out of 9
Hyperactivity-Impulsivity (self-childhood)	8 out of 9
Inattention (mom-childhood)	2 out of 9
Hyperactivity-Impulsivity (mom-childhood)	7 out of 9

Assessment:
Questionnaire: Current - ASRS

Strength: FREE, great conversation starter (relevant to current Fx), short (6 items)
Weakness: Does not directly map onto dx criteria

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf

Assessment: Questionnaire: Childhood - WURS

Strength: FREE, can help ID childhood Sx associated with risk of ADHD
Weakness: 25 items, and does not directly map onto dx criteria

Instructions:

As a child I was (or had):

		Not at all or very slightly	Mildly	Moderately	Quite a bit	Very much
1	concentration problems, easily distracted	**0**	**1**	**2**	**3**	**4**
2	anxious, worrying	**0**	**1**	**2**	**3**	**4**
3	nervous, fidgety	**0**	**1**	**2**	**3**	**4**
4	inattentive, daydreaming	**0**	**1**	**2**	**3**	**4**
5	hot- or short-tempered, low boiling point	**0**	**1**	**2**	**3**	**4**
6	temper outbursts, tantrums	**0**	**1**	**2**	**3**	**4**
7	trouble with stick-to-it-tiveness, not following through, failing to finish things started	**0**	**1**	**2**	**3**	**4**
8	stubborn, strong-willed	**0**	**1**	**2**	**3**	**4**

https://novopsych.com.au/wp-content/uploads/2023/02/wurs-25_adult_adhd_assessment_online_pdf.pdf

Assessment:
Structured Diagnostic Interview: DIVA-5

(Diagnostic Interview for ADHD in Adults)

Strength: Thorough Dx interview, copyrighted but inexpensive (10 euro)
Weakness: Takes 1-1.5 hr

Part 1: Symptoms of attention-deficit (DSM-5 criterion A1)

Instructions: the symptoms in adulthood have to have been present for at least 6 months. The symptoms in childhood relate to the age of 5-12 years. For a symptom to be ascribed to ADHD it should have a chronic trait-like course and should not be episodic.

A1

Do you often fail to give close attention to details, or do you make careless mistakes in your work or during other activities? *And how was that during childhood (in schoolwork or during other activities)?*

Examples adulthood

- ❑ Makes careless mistakes
- ❑ Works slowly to avoid mistakes
- ❑ Work is inaccurate
- ❑ Does not read instructions carefully
- ❑ Overlooks or misses details
- ❑ Too much time needed to complete detailed tasks
- ❑ Gets easily bogged down by details
- ❑ Works too quickly and therefore makes mistakes
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

Examples childhood

- ❑ Careless mistakes in schoolwork
- ❑ Mistakes made by not reading questions properly
- ❑ Overlooks or misses details
- ❑ Work is inaccurate
- ❑ Leaves questions unanswered by not reading them properly
- ❑ Leaves the reverse side of a test unanswered
- ❑ Others comment about careless work
- ❑ Not checking the answers in homework
- ❑ Too much time needed to complete detailed tasks
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

http://www.divacenter.eu/DIVA.aspx?id=528

Appreciate Complexity

- Depression (PHQ-9)
- Anxiety (GAD-7)
- Substance abuse/dependence (TAPS)
- Sleep disorder (ISI and STOP-BANG)
- Trauma / PTSD
- Traumatic Brain Injury
- Chronic Pain

https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9

https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7

https://nida.nih.gov/taps2/

https://www.healthquality.va.gov/guidelines/CD/insomnia/TrifectaInsomniaSeverityIndexFillable910162020.pdf

https://www.mdcalc.com/calc/3992/stop-bang-score-obstructive-sleep-apnea

Differential Dx (Neurological/other)

- Seizure Disorder (e.g., Absence, Complex-Partial)
- Chronic Otitis Media
- Hyperthyroidism
- Sleep Apnea
- Drug-Induced Inattentional Syndrome
- Head Injury
- Hepatic Illness
- Toxic Exposure (e.g., lead)
- Narcolepsy

Differential Dx (Psychiatric)

- Mood Disorder
- Anxiety Disorder
- Substance Use Disorder, any
- Intermittent Explosive Disorder
- Learning Disorder
- Borderline IQ
- ODD/Conduct Disorder
- Pervasive Developmental Disorder
- Psychotic Disorder
- Psychosocial Cx (e.g., abuse, parenting, etc.)

Neuropsychological Testing is NOT necessary or sufficient for ADHD Dx

- “There is currently insufficient evidence to warrant the use of neuropsychological testing to determine the diagnosis of ADHD or to predict impairment in major life domains” (*Updated European Consensus Statement on diagnosis and treatment of adult ADHD, Kooij et al. European Psychiatry 2019*)
- Individuals with ADHD can show impaired performance on psychological tests of brain functioning; however, these tests CANNOT be used to diagnose ADHD. *(International consensus statement 2021: evidence-based conclusions about ADHD , Faraone SV et al. Neurosci Biobehav Rev 2021)*

Neuropsych. assessment SHOULD NOT be used routinely for ADHD dx, but can be useful when…

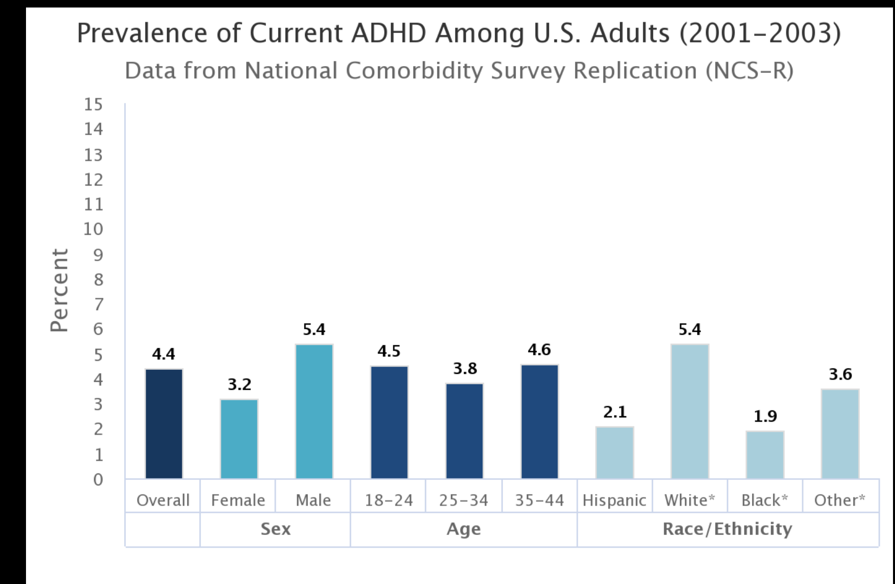
- No reliable Hx
- Neurological complexity
- Feigned ADHD symptoms

Appreciate Complexity: Diversity Considerations

- LGBTQI+
- Black / African-American individuals
- Girls and Women

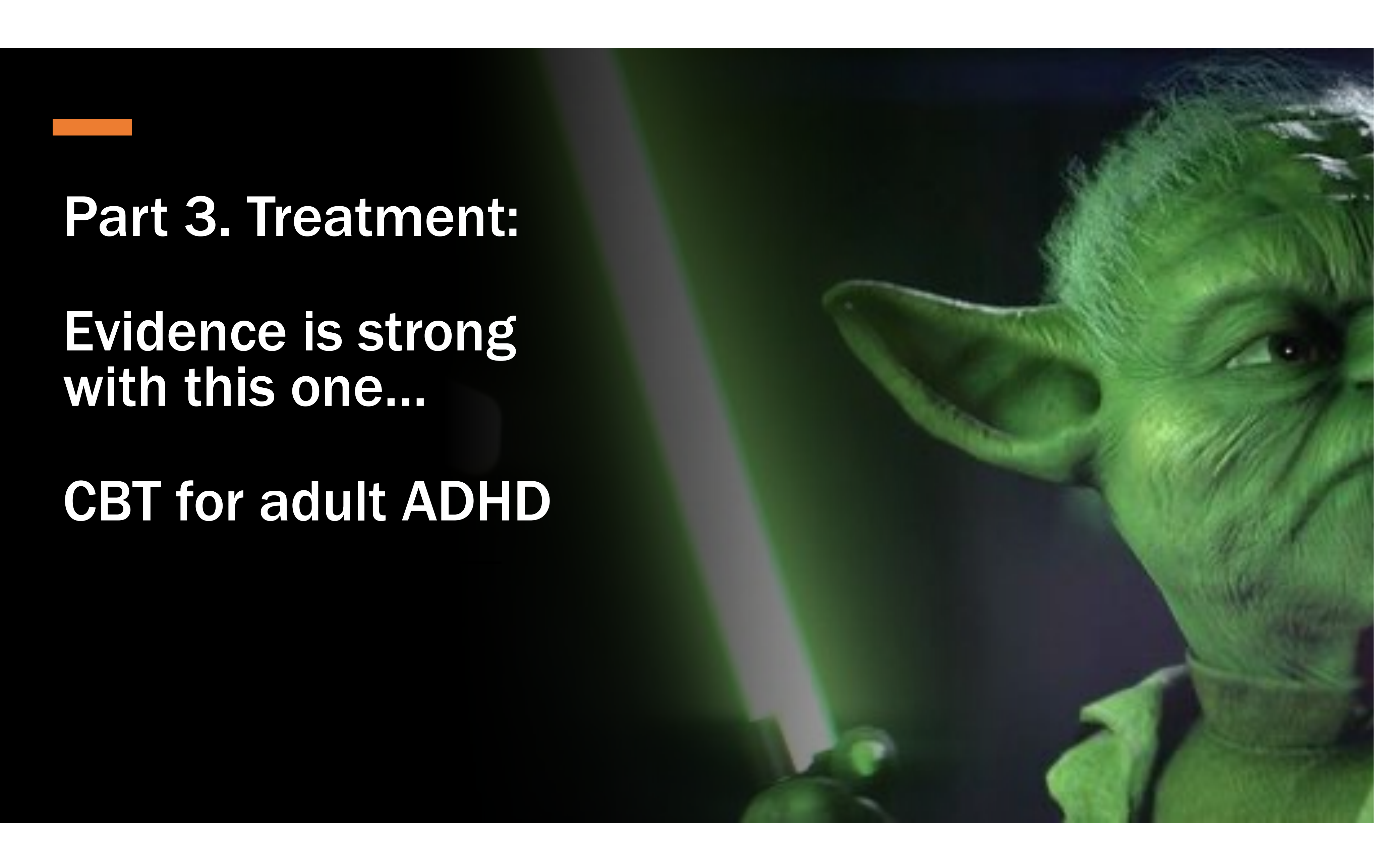
Appreciate:

- Psychosocial Context
- Bias, Stereotypes, Culture norms
- Systemic disparities at play



Part 3. Treatment: What tools can I use to treat clients with ADHD?

- Evidence is strong for CBT for adult ADHD
- Practical Tips: what and how to use it
- Considerations when treating clients with diverse background


Part 3. Treatment:
Evidence is strong with this one…
CBT for adult ADHD

Journal of Attention Disorders
1–14
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/1087054716664413
jad.sagepub.com
SAGE

The Efficacy of Cognitive Behavioral Therapy for Adults With ADHD: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Zoe Young[1], Nima Moghaddam[2], and Anna Tickle[1,3]

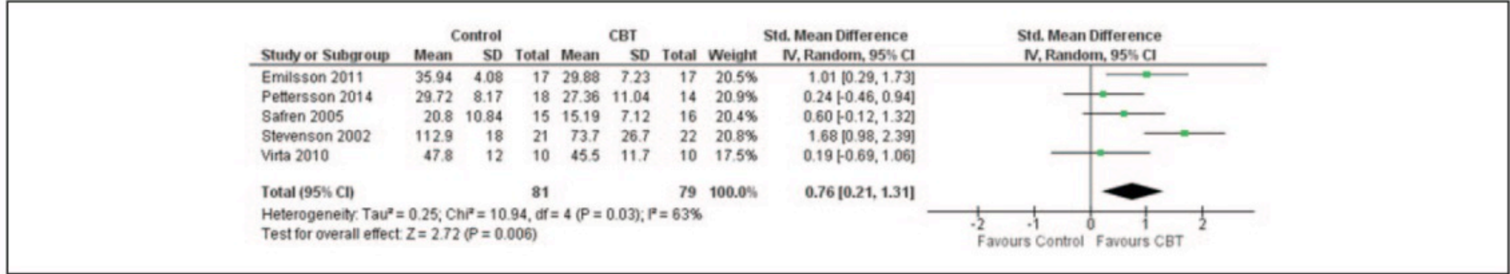

Figure 2. Forest plot of comparison: CBT versus waitlist, outcome: ADHD symptoms.
Note. CBT = cognitive behavioral therapy; CI = confidence interval.

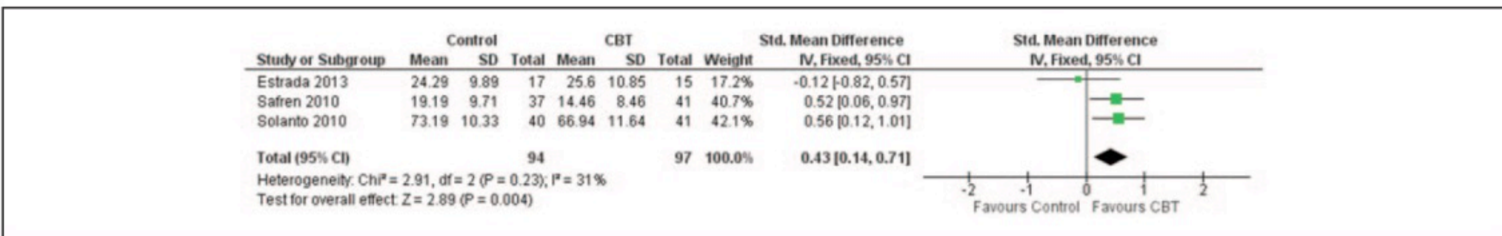

Figure 3. Forest plot of comparison: CBT versus active control, outcome: ADHD symptoms.
Note. CBT = cognitive behavioral therapy; CI = confidence interval.

Empirical Status of CBT for Adults with ADHD

- 5 studies of CBT vs. Waitlist
  - Emilsson et al. (2011), Pettersson et al. (2013), Safren et al. (2005), Stevenson et al. (2002), Virta et al. (2010)
  - Average ADHD symptom difference: .76 SMD (Young et al., 2016)

- 3 studies of CBT vs. Active Control
  - Safren et al. (2010), Solanto et al. (2010), Vidal et al. (2013)
  - Average ADHD symptom difference: .43 SMD (Young et al., 2016)

Journal of Consulting and Clinical Psychology
2017, Vol. 85, No. 7, 737–750

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0022-006X/17/$12.00 http://dx.doi.org/10.1037/ccp0000216

Meta-Analysis of Cognitive–Behavioral Treatments for Adult ADHD

Laura E. Knouse, Jonathan Teller, and Milan A. Brooks
University of Richmond

Objective: We conducted a meta-analysis of cognitive–behavioral treatment (CBT) studies for adult attention-deficit/hyperactivity disorder (ADHD), examining effects versus control and effects pre-to-post treatment to maximize the clinical and research utility of findings from this growing literature. ***Method:*** Eligible studies tested adults meeting criteria for *Diagnostic and Statistical Manual of Mental Disorders* ADHD as determined by interview or using a standardized rating scale and measured ADHD symptoms or related impairment at baseline and posttreatment. We analyzed data from 32 studies from published and unpublished sources available through December 2015. Effect size calculations included up to 896 participants. ***Results:*** Using a random effects model, we found that CBTs had medium-to-large effects from pre- to posttreatment (self-reported ADHD symptoms: $g = 1.00$; 95% confidence interval [CI: 0.84, 1.16]; self-reported functioning $g = .73$; 95% CI [0.46, 1.00]) and small-to-medium effects versus control ($g = .65$; 95% CI [0.42, 0.88] for symptoms, .47; 95% CI [0.16, 0.78] for functioning). Effect sizes were heterogeneous for most outcome measures. Studies with active control groups showed smaller effect sizes. Neither participant medication status nor treatment format moderated pre-to-post treatment effects, and longer treatments were not associated with better outcomes. ***Conclusions:*** Current CBTs for adult ADHD show comparable effect sizes to behavioral treatments for children with ADHD, which are considered well-established treatments. Future treatment development could focus on identifying empirically supported principles of treatment-related change for adults with ADHD. We encourage researchers to report future findings in a way that is amenable to meta-analytic review.

Non-pharmacological interventions for adult ADHD: a systematic review

Victoria Nimmo-Smith[1,2*], Andrew Merwood[3,*], Dietmar Hank[2], Janet Brandling[4], Rosemary Greenwood[5], Lara Skinner[2], Sarah Law[2], Viran Patel[6] and Dheeraj Rai[1,2]

Abstract

Background. Attention-deficit/hyperactivity disorder (ADHD) is a common developmental disorder, often persisting into adulthood. Whilst medication is first-line treatment for ADHD, there is a need for evidence-based non-pharmacological treatment options for adults with ADHD who are either still experiencing significant symptoms or for those who have made the informed choice not to start medication.

Methods. We systematically searched PsycINFO, MEDLINE (Ovid), EMBASE, CINAHL and CENTRAL for randomised controlled trials of non-pharmacological treatments for ADHD in adults. After screening of titles and abstracts, full text articles were reviewed, data extracted and bias assessed using a study proforma.

Results. There were 32 eligible studies with the largest number of studies assessing cognitive behavioural therapy (CBT). CBT consisted of either group, internet or individual therapy.

Conclusions. The majority found an improvement in ADHD symptoms with CBT treatment. Additionally, mindfulness and cognitive remediation have evidence as effective interventions for the core symptoms of ADHD and there is evidence for the use of group dialectical behavioural therapy and hypnotherapy. However, evidence for these is weaker due to small numbers of participants and limitations due to the lack of suitable control conditions, and a high risk of bias.

Div. 12 of the American Psychological Association

TREATMENT TARGET: ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADULTS)

PSYCHOLOGICAL TREATMENTS

- Cognitive Behavioral Therapy for adult ADHD

COGNITIVE BEHAVIORAL THERAPY FOR ADULT ADHD

STATUS: STRONG RESEARCH SUPPORT

What does this mean?

DESCRIPTION

Cognitive behavioral therapy (CBT) for adult ADHD provides concrete strategies and skills for coping with the core symptoms of ADHD (inattention, hyperactivity, impulsivity) and associated impairment in social, occupational, educational, and other domains. Components of CBT for ADHD include psychoeducation, training in organization, planning, and time management, problem solving skills, techniques for reducing distractivity and increasing attention span, and cognitive restructuring particularly around situations that cause distress.

Source: https://www.div12.org/diagnosis/attention-deficit-hyperactivity-disorder-adults/

Does ADHD Medication Status Make a Difference?

European Archives of Psychiatry and Clinical Neuroscience (2022) 272:235–255
https://doi.org/10.1007/s00406-021-01236-0

ORIGINAL PAPER

Efficacy of cognitive behavioural therapy in medicated adults with attention-deficit/hyperactivity disorder in multiple dimensions: a randomised controlled trial

Mei-Rong Pan[1,2] · Shi-Yu Zhang[1,2] · Sun-Wei Qiu[1,2] · Lu Liu[1,2] · Hai-Mei Li[1,2] · Meng-Jie Zhao[1,2] · Min Dong[1,2] · Fei-Fei Si[1,2] · Yu-Feng Wang[1,2] · Qiu-Jin Qian[1,2]

Received: 27 October 2020 / Accepted: 3 February 2021 / Published online: 22 February 2021
© Springer-Verlag GmbH, DE part of Springer Nature 2021

Abstract
The study aimed to evaluate the efficacy of group cognitive behavioural therapy (CBT) in medicated adults with attention-deficit/hyperactivity disorder (ADHD) with a multidimensional evaluation and follow-up to week 36. Ninety-eight adult ADHD were randomly allocated to the CBT combined with medication (CBT + M) group or the medication (M) only group. The primary endpoint was the ADHD–Rating Scale (ADHD-RS). Secondary endpoints included emotional symptoms, self-esteem, automatic thoughts, quality of life (QoL), and executive function (EF). The outcome measures were obtained at baseline (T1), after the 12-week CBT treatment (T2), and at two follow-up time points (week 24, T3, and week 36, T4). Compared to the M-only group, the patients in the CBT + M group showed an overall significantly greater reduction from baseline in ADHD core symptoms (ADHD-RS total score at T3, and inattention subscale at T2 and T3), depression and anxiety symptoms (T2–T4), state anxiety (T2 and T3) and trait anxiety (T2), automatic thoughts questionnaire at T3, and QoL (physical domain, psychological domain, and social domain, most significant at T3 and weakened at T4). These findings further confirmed the efficacy of CBT on multiple dimensions and verified improvements in automatic thinking in adult ADHD. The superiority of the combination treatment mainly manifested in reduced inattention, emotional symptoms, and maladaptive thoughts and improved QoL. Trial registration number ChiCTR1900021705 (March-05-2019).

Use in psyched with your clients:

1. Medication adherence is important!
2. Psychotherapy helps beyond meds.

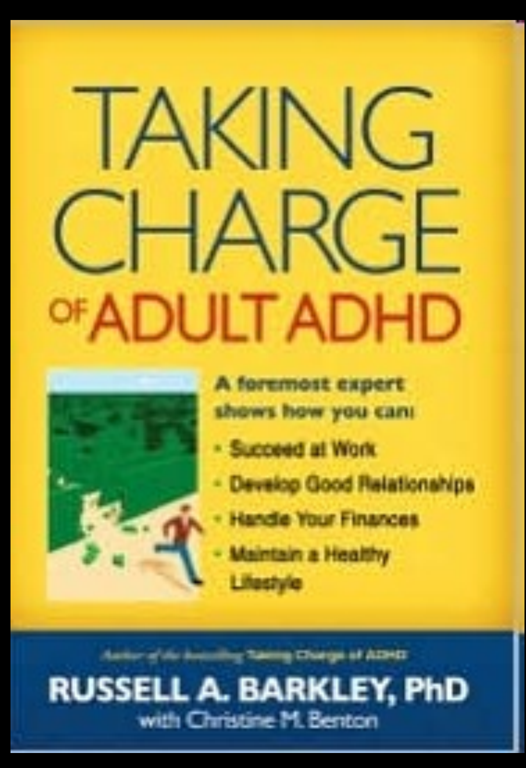
Part 3. Treatment: Practical Tips

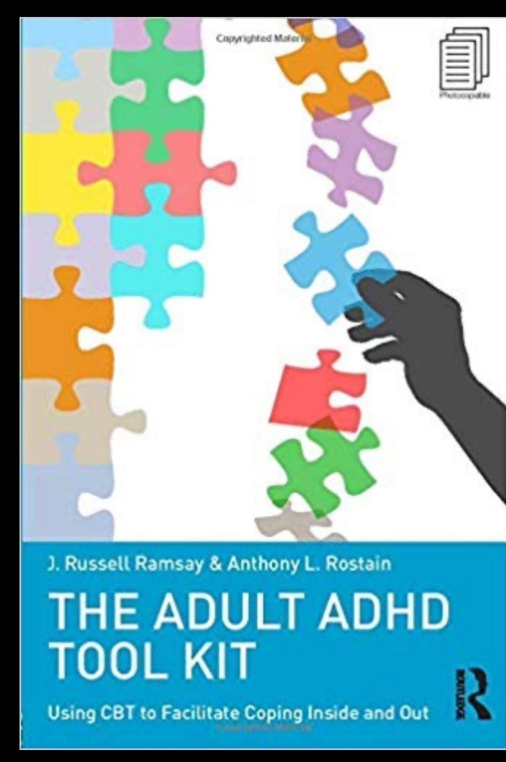
- Individual and Group CBT for adult ADHD
- Pitfalls, dos and don’ts
- Referral options?

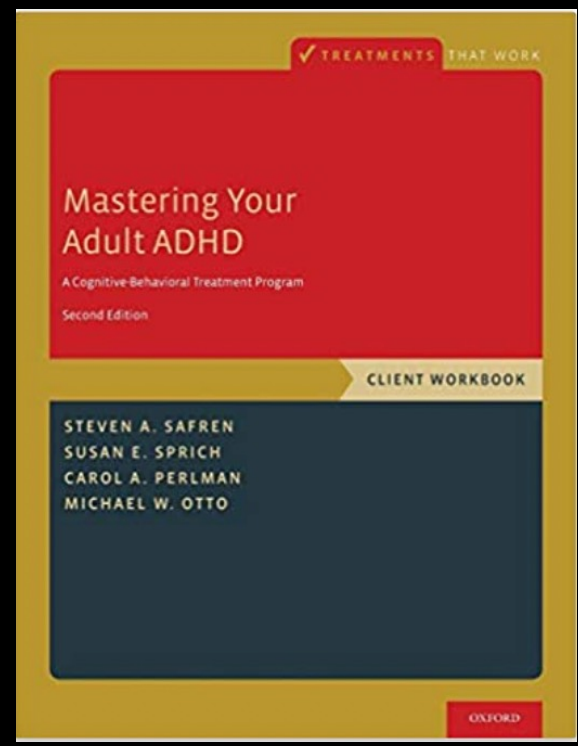
Best practices to prepare yourself and the client for CBT for ADHD

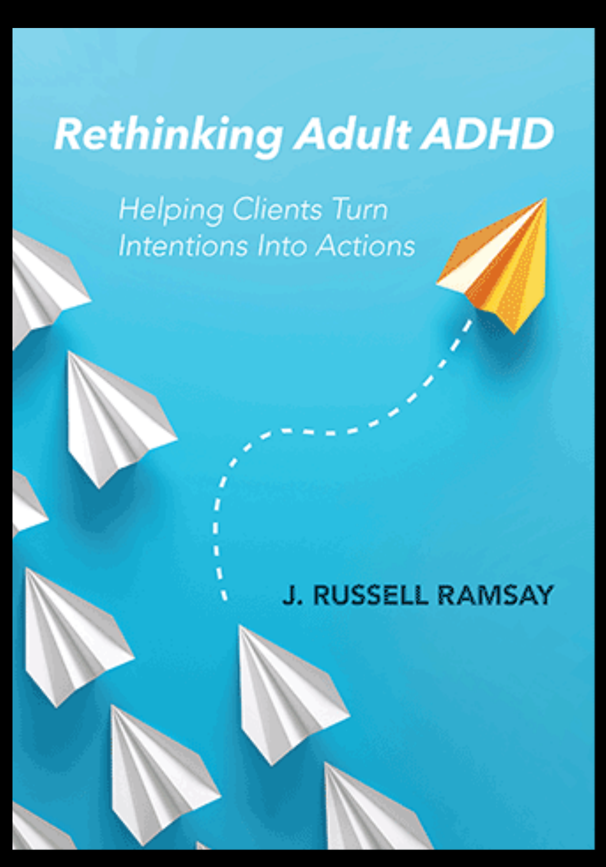
- Have a basic understanding of your client's biopsychosocial factors
  1. Hx of ADHD Dx and Treatment – Insight and experience
  2. Social roles, relationships – stressor, support, social accountability
  3. Occupational functioning – content relevant to skills learning
  4. Depression, Anxiety severity – barriers to effective intervention
  5. Experience with psychotherapy and Expectations
- Set realistic expectations – not a cure all, focus is skills-learning
  1. Therapy is hard work for both therapist AND client
  2. More practice – better results
  3. Time-limited (not forever, I won't interpret your dreams)

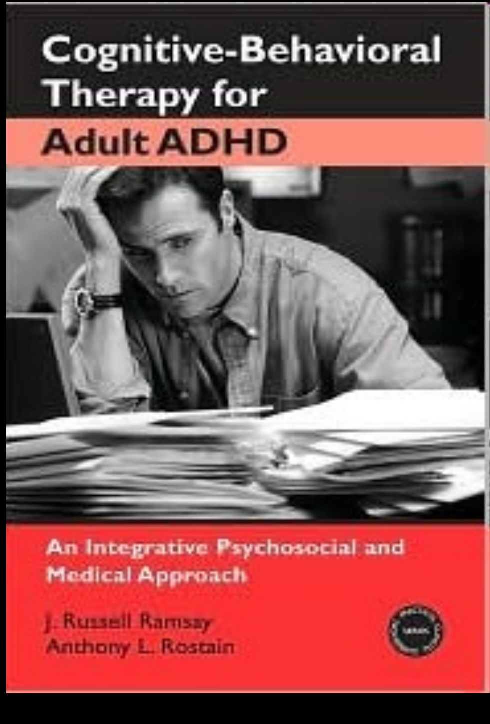
There's lots of books for adults with ADHD that follow a CBT format…

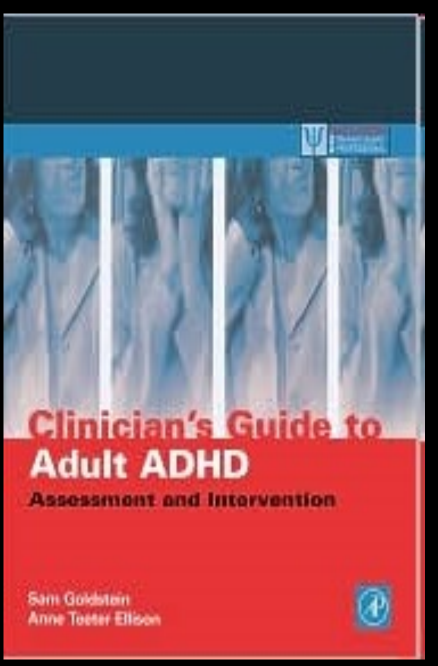


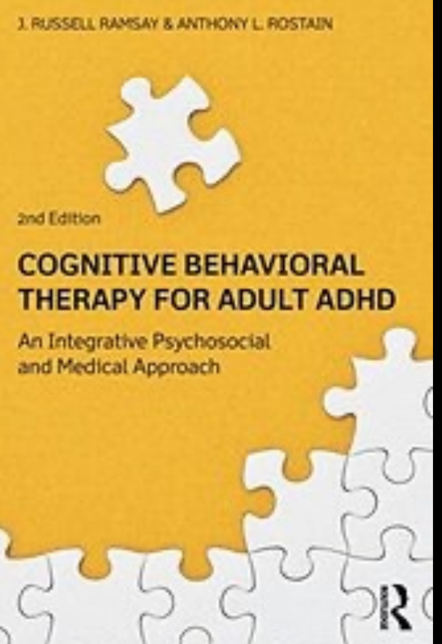





Rethinking Adult ADHD
Helping Clients Turn Intentions Into Actions
J. RUSSELL RAMSAY


Cognitive-Behavioral Therapy for Adult ADHD
An Integrative Psychosocial and Medical Approach
J. Russell Ramsay
Anthony L. Rostain

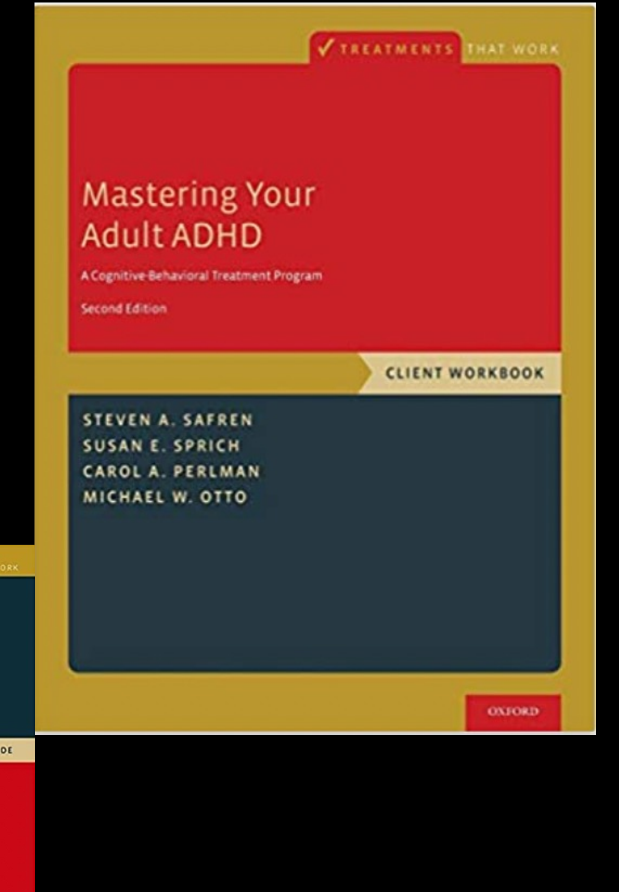

Clinician's Guide to Adult ADHD
Assessment and Intervention
Sam Goldstein
Anne Teeter Ellison


J. RUSSELL RAMSAY & ANTHONY L. ROSTAIN
2nd Edition
COGNITIVE BEHAVIORAL THERAPY FOR ADULT ADHD
An Integrative Psychosocial and Medical Approach

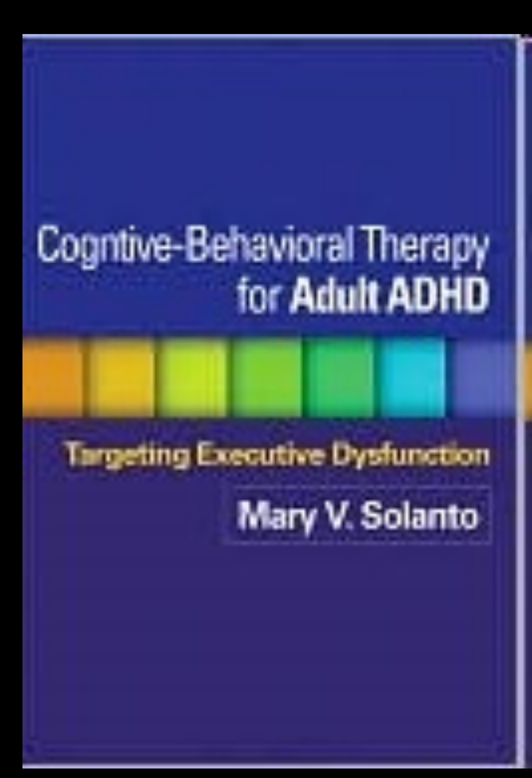
Individual CBT for Adults with ADHD

Treatment Overview

- 12 sessions (1 hour sessions)
  - Sessions 1-5: Psychoeducation, Organization, & Planning
  - Sessions 6-7: Reducing Distractibility
  - Sessions 8-10: Adaptive Thinking
  - Session 11: Application of Skills to Procrastination
  - Session 12: Relapse Prevention



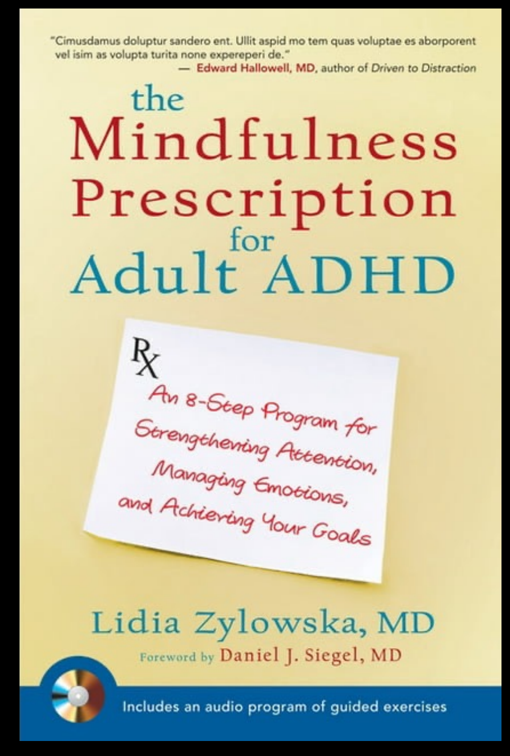
Group CBT for Adults with ADHD

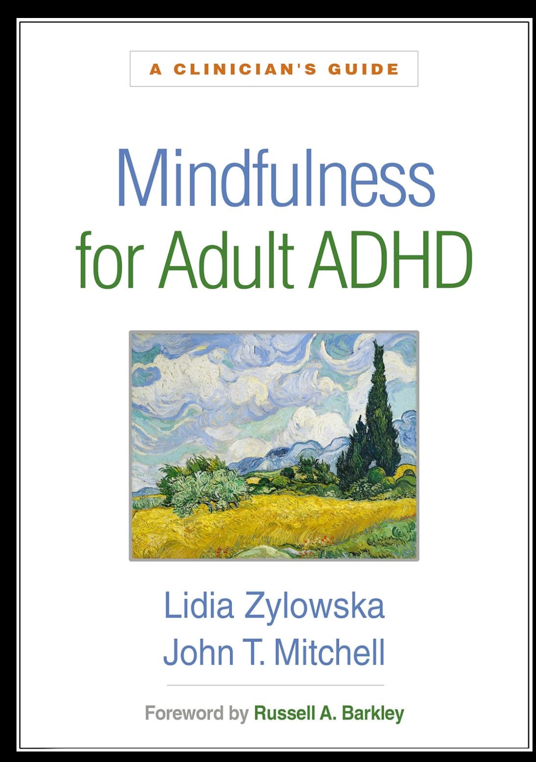


<u>Treatment Overview</u>

- 12 sessions (90min - 2 hours, 8-10 pts/group)
  - Session 1: Introduction/Education
  - Sessions 2-6: Time Management
  - Sessions 7-9: Getting Organized
  - Sessions 10-11: Planning
  - Session 12: Looking to the Future
  - Optional Session: Getting to bed, getting up, and getting to work on time

Mindfulness-focused intervention





added components: Emotion Regulation & Communication aspects

Tips as you get started!

Tips as You Get Started: Model Organized Behavior (send summary emails, be punctual)

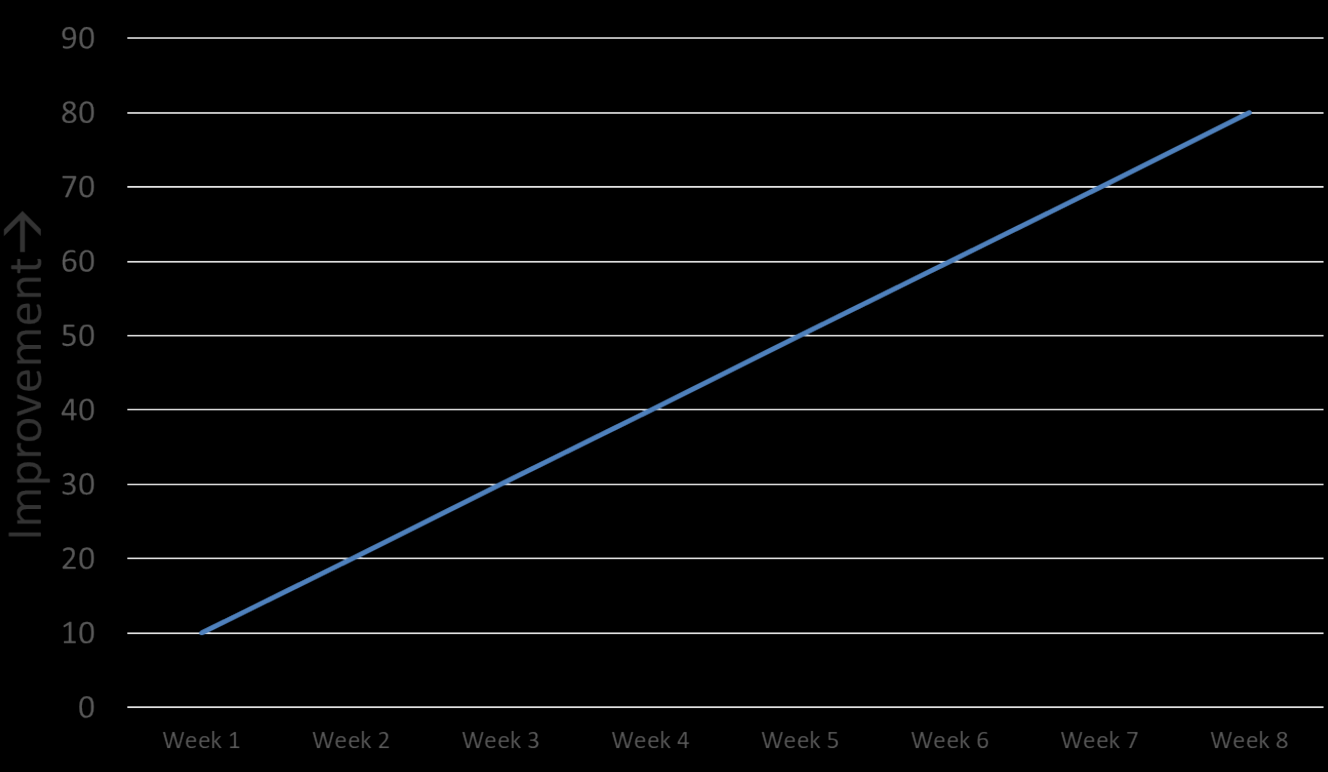
I enjoyed seeing you all yesterday evening! Here's a summary of the homework for the week:

1. Spend 5 minutes each day completing your ABC List. Pick a consistent time each day.
2. Add in travel time for all appointments in your calendar for each day this week.
3. Complete 1 entry per day in your thought journal.

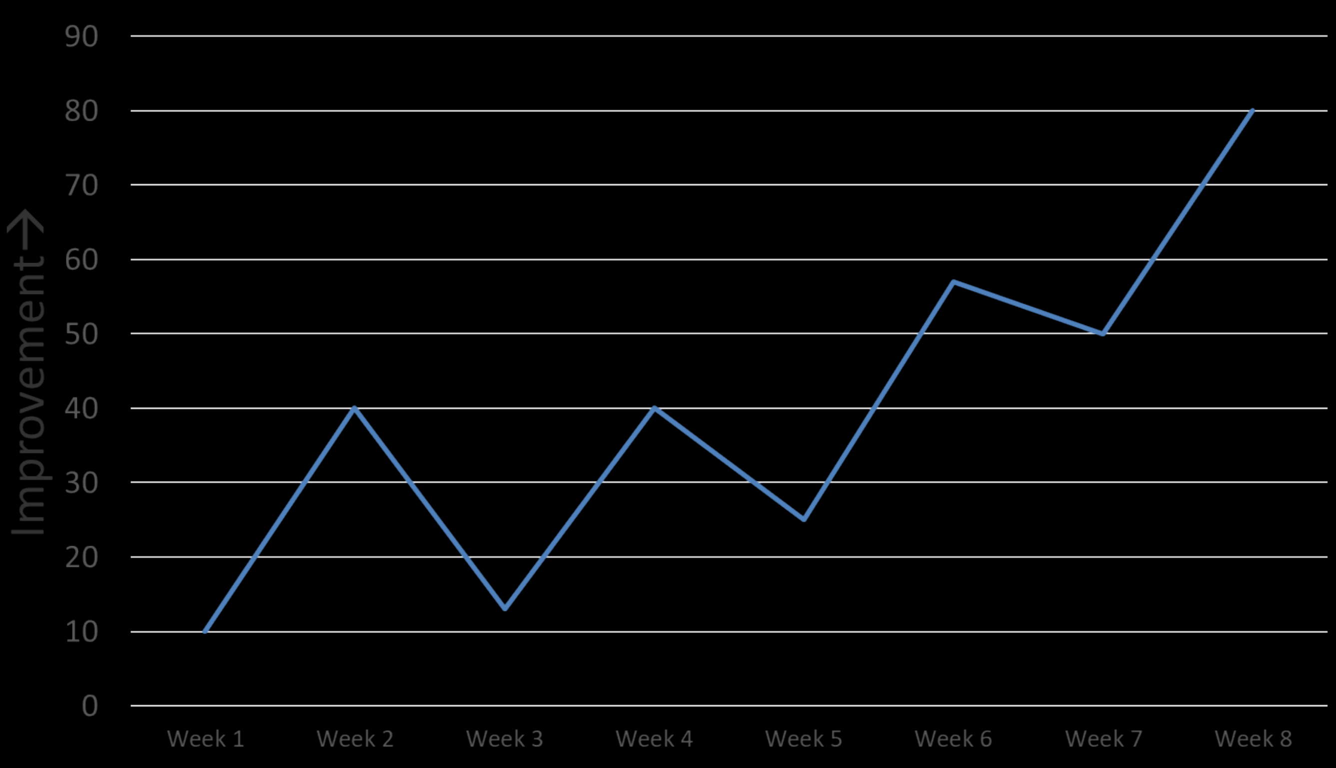
Use the tracking form we provided at the end of today's group session.

Tips as You Get Started: Incorporate Values

Tips as You Get Started: Set Realistic Expectations



Tips as You Get Started: Set Realistic Expectations



Tips as You Get Started: Educate about ADHD

- "When you think of ADHD as it applies to you, what is ADHD?"

What causes ADHD?

Can ADHD start in adulthood?

Isn't ADHD really a gift?

How common is ADHD in adults?

What do you think of Dr. ___________?

What about natural supplements like CBD?

Tips as You Get Started: Create a Plan for Outside-Session Behaviors to Occur In-Session

<u>Inattention</u>

- Wrote down the wrong time
- "Hold on, I have to respond to this text"
- Not listening and zoning out
- Late to session
- Forgot or failed to complete homework
- Distracted by things in your office or outside your window
- Lost Planner

<u>Hyperactivity-Impulsivity</u>

- Can't stand to sit for so long in your office
- "I know I'm off track and we only have 5 minutes but <u>*I have to*</u> tell you more"
- Frustrated by having to wait for you to finish your sentence

It's not just about learning the skills, but learning how to implement them day…

after day…

after day…

after day…

https://podcasts.apple.com/us/podcast/98-just-get-started-how-adhd-adults-can-turn-intentions/id668174671?i=1000339950626

What are skills taught?

- Prioritizing
- Organizing
- Problem-Solving
- Coping with Distractibility
- Cognitive Restructuring

A Typical Session

1) Agenda
2) Review symptoms, impairment, medication adherence
3) Review skills
4) New skill most sessions

Starting Off

What are we going to do?
Who is going to be involved?
What do I expect?

- Family member roles
- Identify behaviors that are problematic for treatment planning
- Setting treatment goals
- Realistic expectations
- Motivational exercises

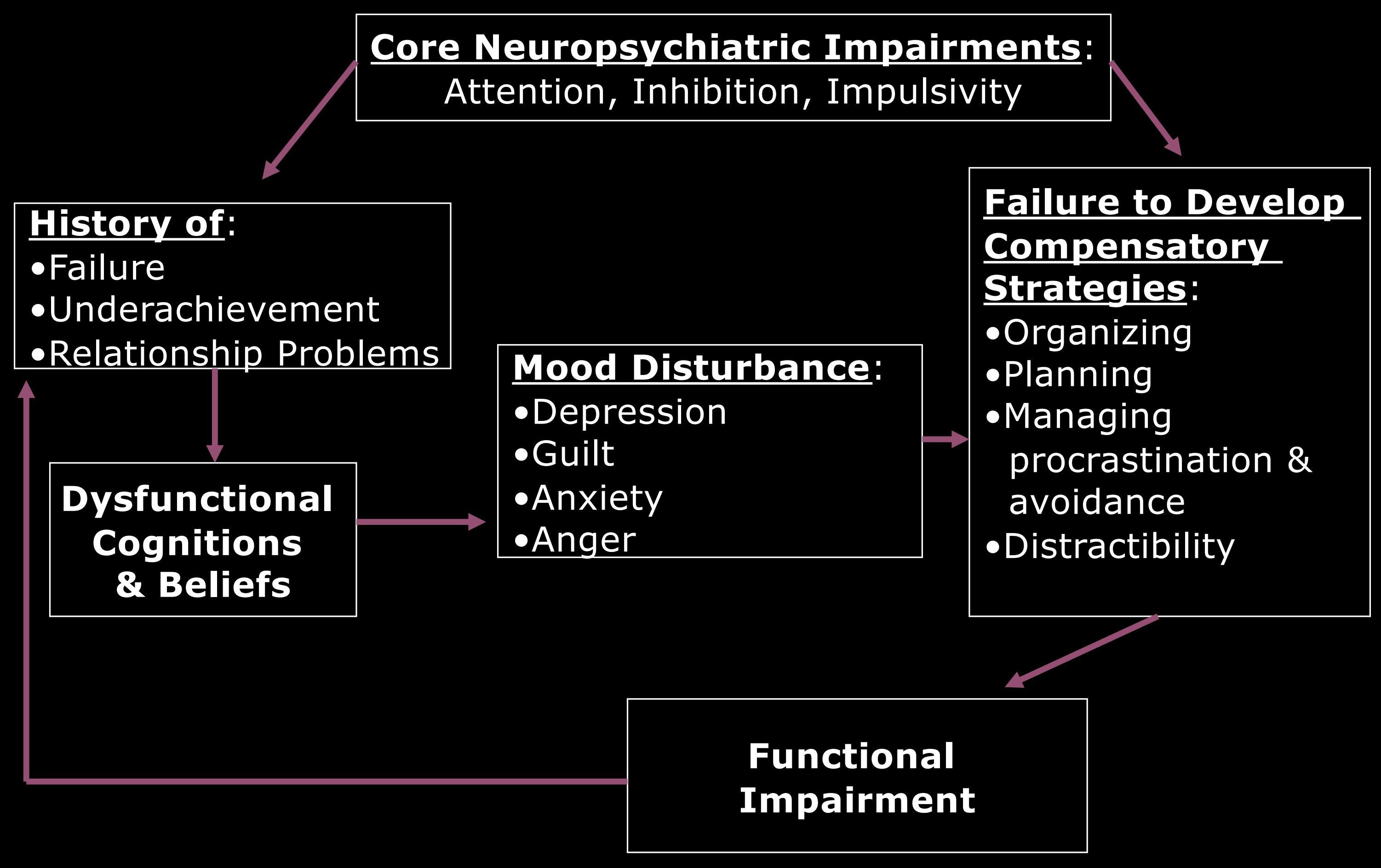
Orientation to Treatment

Treatment is:

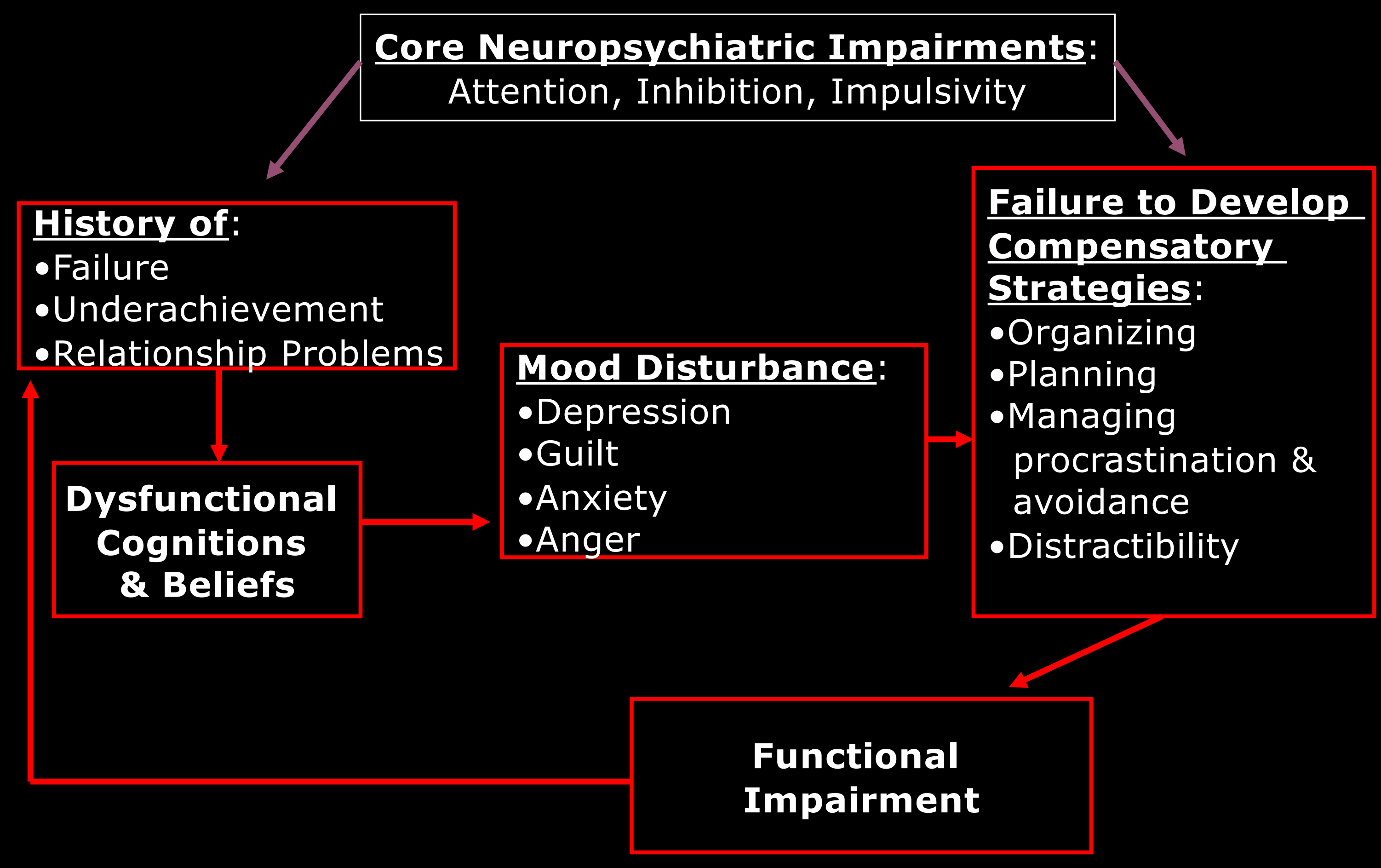
Sequential

Repetitive/necessary to practice

Impacted by problematic behaviors that occur outside the therapy room


CBT Model
Core Neuropsychiatric Impairments:
Attention, Inhibition, Impulsivity
History of:
•Failure
•Underachievement
•Relationship Problems
Failure to Develop Compensatory Strategies:
•Organizing
•Planning
•Managing procrastination & avoidance
•Distractibility
Mood Disturbance:
•Depression
•Guilt
•Anxiety
•Anger
Dysfunctional Cognitions & Beliefs
Functional Impairment
Safren et al. 2005

CBT Model



Safren et al. 2005

Give Up…… on maladaptive strategies

Organizing Multiple Tasks

- Start a **calendar** for managing appointments & **notebook** for task lists
- Prioritized "to do" list
  - The ABC Model

Prioritized ABC Task List

Prioritized Rating	**Task**	**Date put on list**	**Date completed**
A			
.			
.			
.			
B			
.			
.			
.			
C			
.			
.			
.			

Problem-Solving

- Breaking down tasks into manageable steps
  - List the steps for a complex item on the ABC ("to do") list
  - Is each one manageable?
  - Put the steps on the ABC list

"Touch the task"

Problem-Solving

- Goal is to select an **action plan** for overwhelming tasks
  - Articulate the problem
  - List all possible solutions
  - Pro's and con's
  - Rate each solution
  - Choose the best

Assess along the way:

- How long do you think it will take?
- Do you think this skill can be helpful for you?
- What will it mean if this action plan doesn't work out?

Organizing

- Assess consequences of putting off mailing in bills, avoiding paperwork, etc.
- Modify your environment (modify an antecedent)
  - Central location for mail
  - Filing system

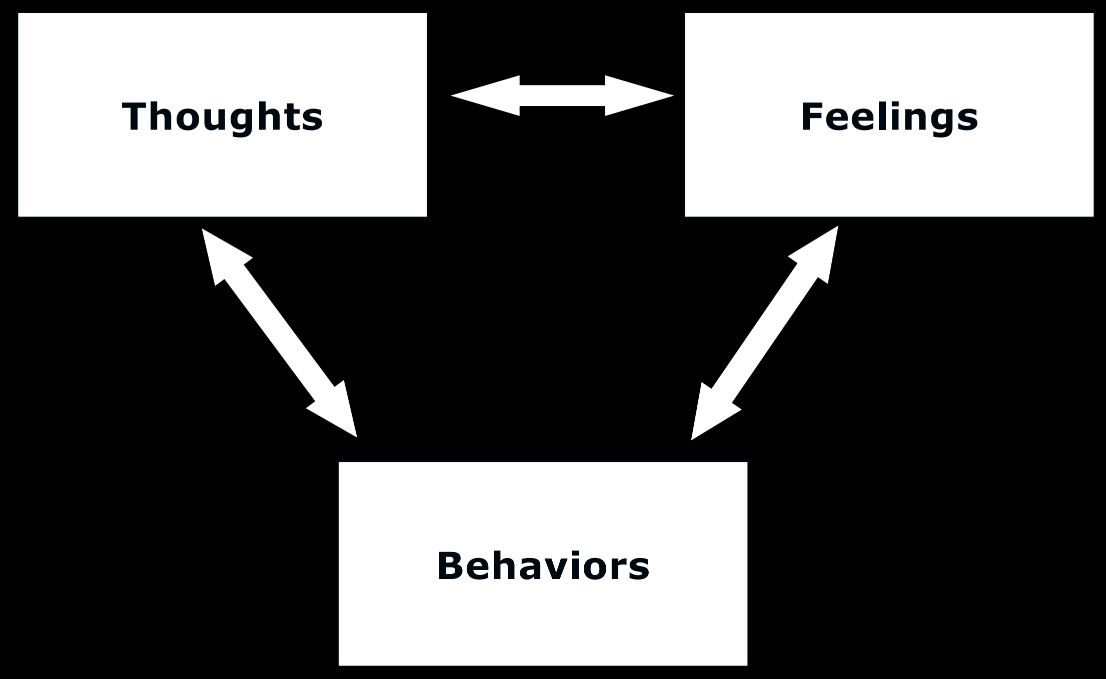
Coping with Distractibility

- Gauging your attention span
  - Don't: Try to change your attention span
  - Do: Fit tasks to your attention span
- Distractibility delay
  - Come back to it
- Modifying your environment
  - Antecedents to behavior that are modifiable
- Keeping track of important objects
- Use of reminders
  - "Am I doing an A on my list, or is this a B or a C?"

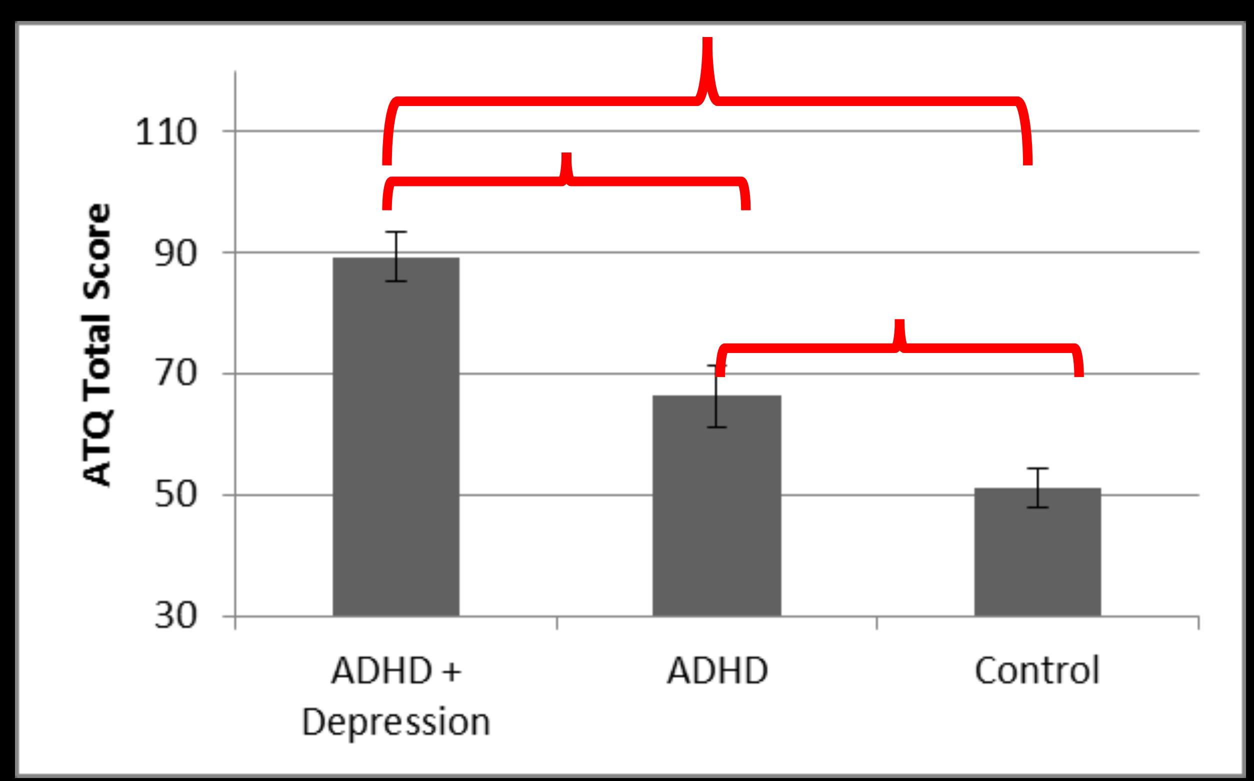
Motivation (from Solanto treatment)

- What's my motivation? Think values
- Use contingent self-reinforcement
- Visualization of long-term rewards for present behavior
- Impart adaptive internal speech to guide behavior
  - Mantras:
    - "if it's not in the planner, it doesn't exist"
    - "if I'm having trouble getting started, then the first step is too big"

Cognitive Restructuring



Depressive Cognitions are Higher in ADHD



Mitchell, Benson, Knouse, Kimbrel, & Anastopoulos (2012). Are negative automatic thoughts associated with ADHD in adulthood? *Cognitive Therapy and Research, 37*, 851-859.

Thought Journal: What HAT are you wearing?

Directions: Use this form to identify and challenge harmful automatic thoughts (HATs). Look for trends in your thinking and ways that you can make your thoughts helpful—not harmful. Remember to keep it short.

What happens before the thought? Who? What happened? When? Where?	What is the harmful automatic thought (put the thinking pattern in parentheses)?	How did you feel as the result of that thought?	What is an alternative and helpful thought to replace this harmful automatic thought?
At home, thinking about doing my taxes	I have to do all of this today(All-or-nothing thinking) If I do not finish now, my partner will be upset (Jumping to conclusions/ mind-reading) If it is not perfectly done, I will get audited and owe so much money (Fortune-telling / catastrophizing)	Overwhelmed (80) Anxious (75) Frustrated (80)	I can do parts of it to make progress. I've had a busy week, and carving out some time to work on it now will help me not feel overwhelmed later. I can ask my partner for help in reviewing for accuracy.

Common thinking errors
(Harmful Automatic Thoughts)

All-or-nothing thinking

Jumping to Conclusions

Fortune telling

Magnification/Minimization

Catastrophizing

Emotional reasoning:

Maladaptive Thinking

Overly Optimistic Cognitions

- "I can get it done in 1 night"
- "I work best under pressure"
- "I do well without planning"

Knouse, L. E., & Mitchell, J. T. (2015). Incautiously optimistic: Positively valenced cognitive avoidance in adult ADHD. *Cognitive and Behavioral Practice, 22*, 192-202.

Application to Procrastination

- Positive qualities (subjectively)
- Real world consequences
- Application of skills to this specific behavioral repertoire
  - ABC list
  - Problem solving
  - Stimulus control
  - Adaptive thinking

Relapse Prevention

- Review the program
- Components that were effective
- Areas that can be improved
- Anticipated difficulties and relapsing into old behavioral routines

GMT – Goal Management Training

Content:

- Psychoeducation –Mindset, Metacognition, Neuroplasticity, Automatic Pilot
- Attention Training Using Mindfulness
- EF Toolkit – Task Focus, Decision Making, Procrastination, Problem Solving

- Population: A wide range of ages and conditions with mild to moderate attention and executive functioning difficulties. Amnestic patients find this group challenging (even with support)
- Format: 8 weeks skills training program (90 min sessions)
- Group Size: 8 to 12 clients

For more information: https://gmt.learnworlds.com/

Review of your potential role

- Assessment
  - Screening
  - Diagnostic evaluations
  - Refer to diagnostic eval or med management
- Treatment
  - Medication – psychoeducation, adherence support
  - Evidence-based therapy (CBT for ADHD; Goal Management Training)
  - Psychosocial support, resource and community-building
- Interdisciplinary collaboration with other healthcare providers
  - Medication – psychoeducation, adherence support
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Challenges to Assessing & Treating

- Tailoring Interventions to clients
  - Customize interventions based on clients' needs
  - OK to modularly incorporate evidence-based interventions for ADHD
  - Strategies for addressing trauma and PTSD in clients with ADHD.
- Collaborative Care Model
  - Importance of collaboration with other healthcare providers
  - Need for an interdisciplinary approach

Conclusion & Take aways

- Understand the nuances of ADHD in the context of client's life
- Choose your measurement appropriately catered to your needs
- Learn to use CBT for ADHD as a new tool in your clinical toolbox

Questions?

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