

# Psychosocial interventions for adults with ADHD

Jessica Bramham

Associate Professor in Clinical Neuropsychology

UCD School of Psychology

[jessica.bramham@ucd.ie](mailto:jessica.bramham@ucd.ie)



UCD School of Psychology

Scoil na Síceolaíochta UCD



# Overview of presentation

- Review of evidence-based psychosocial interventions for adults with ADHD
- Details on some key ingredients of psychosocial interventions
- Reflections on what works (and what doesn't)

# Improvements in adult ADHD symptoms

- Three primary factors which determine the extent that symptoms will cause functional problems:-
- **Biological change** affects the symptoms directly, e.g. pharmacological treatment, maturation of the brain.
- **Environmental change**, e.g. the ability to change the environment so that problems arising from the symptoms are reduced.
- **Psychological coping strategies**, e.g. by the individual recognising how symptoms affect them and the development of internal techniques to manage their symptoms and problems.



# Improvements in adult ADHD symptoms

- Three primary factors which determine the extent that symptoms will cause functional problems:-
- **Biological change** affects the symptoms directly, e.g. pharmacological treatment, maturation of the brain.
- **Environmental change**, e.g. the ability to change the environment so that problems arising from the symptoms are reduced.
- **Psychological coping strategies**, e.g. by the individual recognising how symptoms affect them and the development of internal techniques to manage their symptoms and problems.



# Evidence-based psychological treatments

- **Cognitive Behavioural Therapy (CBT)**
- **ADHD Coaching**
- **Dialectical Behavioural Therapy (DBT)**
- **Mindfulness**
- **Couples Therapy**



# Systematic review of psychological treatment of ADHD in adults

(Vidal-Estrada et al, 2012)

- 18 studies (15 efficacy studies + 3 reviews)
- Cognitive behavioural therapy is the most effective psychological treatment for ADHD symptoms in adults and the comorbid symptoms of anxiety and depression
- However more research is needed to know the differential effects of each psychological approach in relation to improved ADHD



# Cognitive Behavioural Therapy

## Individual therapy

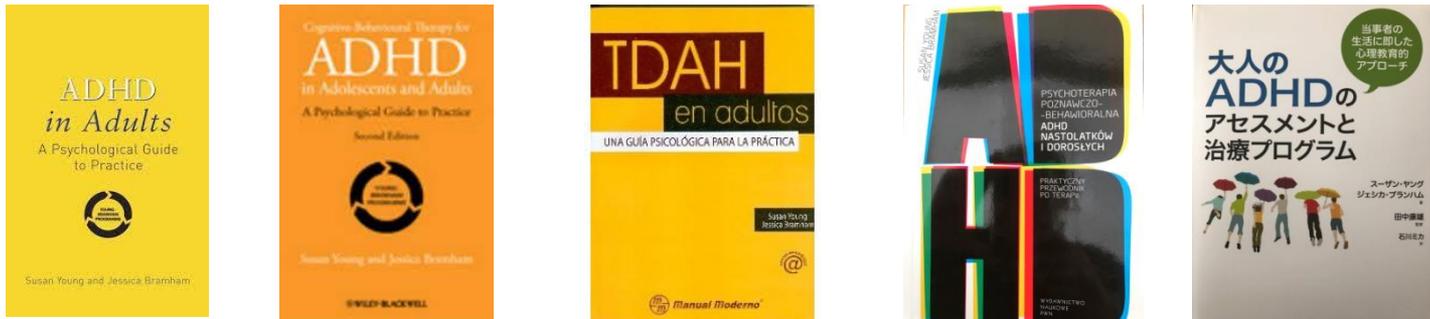
- Cognitive therapy (Wilens et al, 1999)
- CBT + medication v medication alone (Safren et al, 2005)
- CBT + medication (Rostain & Ramsay, 2006)
- CBT vs relaxation and support (Safren et al, 2010)
- Brief CBT and cognitive training (Virta et al, 2010)
- RCT protocol of CBT vs treatment as usual (Dittner et al, 2014)

## Group therapy

- Brief group therapy (Wiggins et al, 1999)
- Metacognitive therapy (Solanto et al, 2008)
- Cognitive behavioural group rehabilitation (Virta et al, 2008)
- Brief CBT v waiting list controls (Bramham et al, 2009)
- Metacognitive therapy vs psychoeducation (Solanto et al, 2010)
- CBT vs psychoeducation (Vidal et al, 2010)



# Young-Bramham CBT Programme



- Second edition includes group treatment agendas and exercises
- Included in NICE guidelines
- Training workshops delivered by UKAAN

Companion website – all downloadable materials



<http://bcs.wiley.com/health/Books?action=resource&bcsId=7251&itemId=1119960746&resourceId=28404>



# Programme Modules



## Core problems

- Attention
- Memory
- Organisation/ time management
- Impulsivity

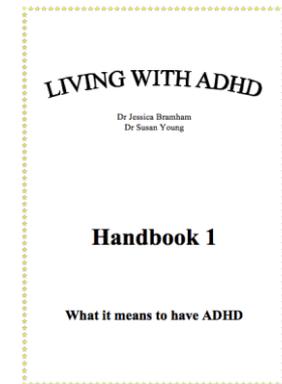
## Associated problems

- Interpersonal relationships
- Anxiety
- Frustration and anger
- Low mood and depression
- Sleep
- Substance misuse



# Brief Group CBT Package

Bramham et al (2009)



- Six sessions (3 hours)
- Groups with 8-15 people
- N=61 treatment vs N=37 waiting list control
- 97% also on medication

## Topics

- 1) What it means to have ADHD
- 2) Anger and frustration
- 3) Emotions and ADHD
- 4) Relationship skills
- 5) Time management and problem solving
- 6) The future with ADHD

## Outcomes

- High acceptability and feasibility
- Improved knowledge about ADHD
- Improved self-efficacy and self-esteem
- Hearing personal experiences of others was the most valued aspect



# Some common ingredients



- Psychoeducation about ADHD
- Attentional strategies
- Time management techniques
- Problem-solving strategies
- Impulse control
- Addressing associated problems
- Positive psychology

# Psychoeducation



- Dispelling myths
- Recognising ADHD as requiring long term adjustments
- Grief and regrets
- What is me and what is ADHD?
- Putting ADHD in the context of life experience
- Setting the stage for intervention and instilling hope



# Attention strategies



## Internal strategies

- Goal setting
- Cognitive challenges
- Maximization of novelty
- Repetition and rehearsal
- Spaced retrieval
- Create a visual cue
- Mnemonics
- Keeping calm
- Physiological arousal

## External strategies

- Minimising distraction
- Cue cards
- Diary
- Portable dictaphone/ recorder
- Answerphone messages
- Lists
- Help cards
- Watches and clocks
- Alarms and/or computerized reminders
- Personal organizers and mobile phones



# Impulsivity



- Using ‘double-check’ techniques
  1. Is this what I really want to happen?
  2. For how long have I wanted to do this?
  3. What will happen if I do this?
  4. What will happen if I don't do this?
- ◆ Identifying triggers and vulnerabilities
- ◆ Self-instructional training



# Time management

- Reconceptualising time as a resource
- Activity planning
- Prioritisation and rewards
- Time management of time management
- Spotting time-wasting traps
  1. Attention switching  
i.e. jumping from task to task
  2. Delay aversion  
i.e. opting for immediate gratification
  3. Procrastination  
i.e. there's always tomorrow
  4. False busyness  
i.e. being busy achieving nothing



# Frustration and anger



Helping to recognise potential situations and triggers e.g.

- Low threshold for irritability and boredom
- Frustrated by attentional difficulties, lack of achievement and failure to finish tasks
- High emotional arousal is distracting but also stimulating
- Anger as an avoidance mechanism to processing other emotions
- Feelings of anger towards psychiatric services, particularly when previously misdiagnosed or labelled, or misjudged



# Anxiety

Helping individuals to recognise –

- Fear of failure - anticipatory anxiety
- Marked self-consciousness
- Concerns about competence and performance anxiety
- Over- focusing and perseverative behaviour
- 'Adaptive' OCD
- How anxiety exacerbates attentional difficulties



# Anxiety in adults with ADHD

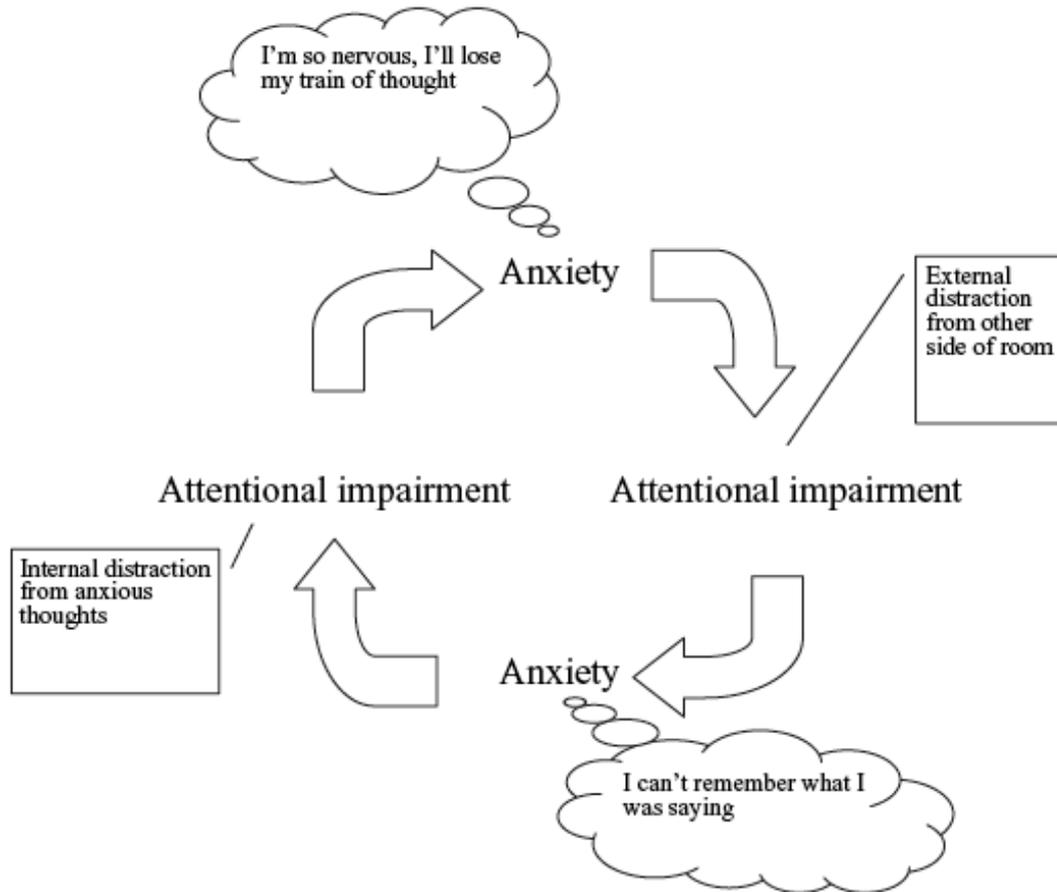


Figure 4.1a The spiral of anxiety and attentional control

# Low mood and depression



Helping to recognise precipitating and maintaining factors such as

- Adverse events in childhood
- Criticism for being 'lazy' or 'stupid'
- Lack of supportive relationships
- Low self-esteem through not achieving potential
- Failure to finish tasks – lack of sense of achievement/mastery
- Mood regulation difficulties- emotional lability
- Low mood following diagnosis
- Increased risk of self-harm



# Low mood in ADHD – thought challenging

Negative thoughts	Challenges
“I am not as capable as other people.”	“Like everybody I am good at some things and not so good at others.”
“There is no way I can complete that task. What is the point in trying?”	“If I don’ t try, I won’ t know. If I break it down into smaller sections I will be able to complete it. Trying in itself will broaden my experience and skill. Nobody is expecting me to do it all in one go.”
“I’ m bound to miss something out or make a mistake.”	“Everybody makes mistakes, even people without ADHD. I know how to check what I have done for mistakes and I can ask others to help me. Sometimes it is good to make mistakes because that is the best way to learn.”
“I end up talking about rubbish and nobody wants to listen to me.”	“I have opinions, thoughts and feelings. A lot of people find it very difficult to talk in public and I may put them at their ease. I can make sure I talk about things which interest them.”
“Everybody hates me and thinks I’ m a moody person.”	“There are people who like me for who I am. Everyone is allowed to have their down moments.”
“People without ADHD are happier than me.”	“I don’ t know this for a fact. Some people may be and others may be very unhappy. Just because somebody seems like they are in control, doesn’ t mean they are more satisfied.”
“It would be best if I avoided people, because I end up being rude and offending people.”	“If I stay away I don’ t give myself a chance. There are many more occasions when I get on well with people than occasions when I offend them.”
“My mood swings around so much - I may start crying in front of everyone.”	“It is acceptable to be upset sometimes. When I see others crying, I am understanding and do not think any worse of the person. It would not be the end of the world. What is wrong with showing emotion?”
“I’ m hopeless at everything and always have been. I’ ve been trying all my life to sort myself out and have got nowhere.”	“There are many things that I can do very well. I have made great improvements in many areas of my life and this aspect is not any more important.”



# Positive side of ADHD



## Disorder Perspective

- Distractible
- Attention span is short, but can become intensely focused for long periods of time
- Poor planner
- Disorganized

Distorted sense of time



## Positive Perspective

- Constantly monitoring environment
- Able to throw themselves into the chase at a moment's notice
- Flexible
- Ready to change strategy quickly
- Tireless

# Positive side of ADHD

## Disorder Perspective

- Unaware of how long it will take to do something
- Impulsive
- Impatient
- Has difficulty following instructions
- Acts without considering consequences



## Positive Perspective

- Capable of sustained drives, but only when "hot on the trail" of some goal
- Results oriented
- Acutely aware of whether the goal is getting closer
- Independent
- Willing and able to take risks

# Some thoughts on running CBT groups for adults with ADHD

- Psychoeducation vs therapy
  - Many benefits from psychoeducation
  - Unlikely to impact on core symptoms etc
- Frequency and length of sessions
  - Can be difficult for individuals to sustain long treatment packages
- Open vs closed groups
  - More anonymity and increased access in open groups
  - More scope for therapeutic input in closed groups
- Support function
  - Very important ingredient
  - Debate around role of psychology and mental health services



# ADHD Coaching



## Evidence-base mainly from college settings

- Kubik (2010)
  - Stevenson et al (2002, 2003)
  - Swaetz, Prevatt & Proctor (2005)
  - Zwart & Kallemyn (2001)
- 
- Aim is to assist individuals to take charge of and better manage their lives
  - Supportive, pragmatic and collaborative
  - Intensive e.g. daily brief phone calls, emails
  - Assistance with staying on task, accountability and gentle confrontation
  - Determined by needs and desires of individual
  - No standard methodology



# Some differences between CBT and coaching

## CBT

- Goal to train in domain-general skills that can be applied in variety of contexts
- Focuses on mediation of thoughts and beliefs
- Face-to-face appointments

## Coaching

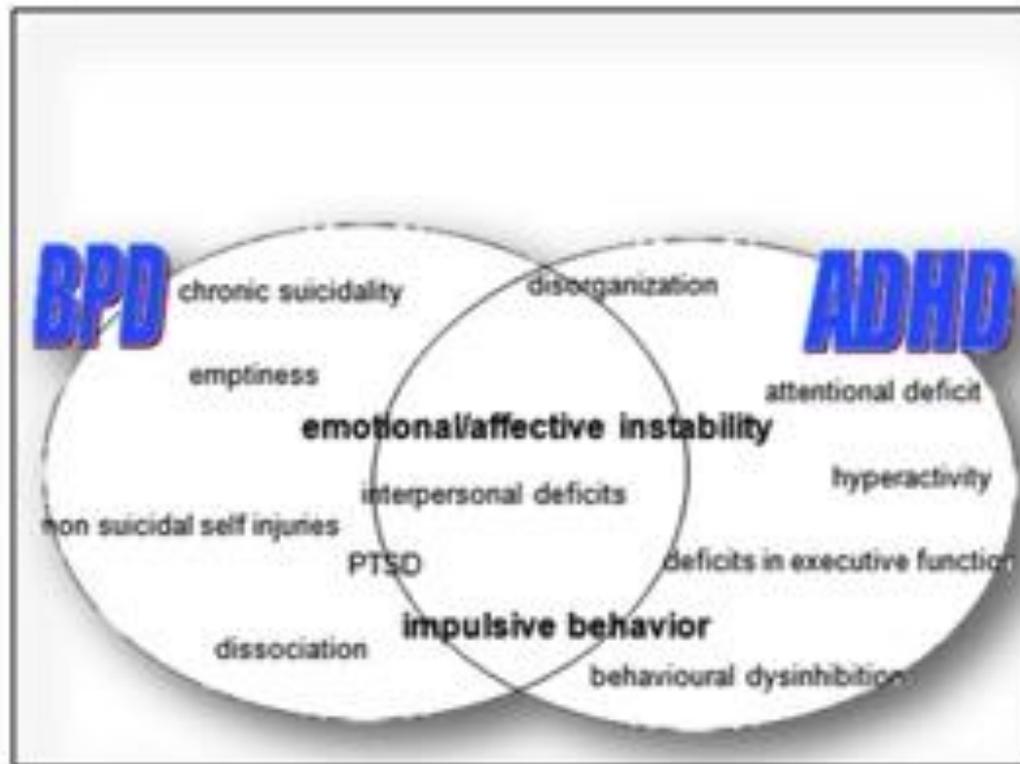
- Focused on handling specific problems and reaching concrete goals
- Specifically doesn't focus on the 'why' of a problem, but on 'what to do'
- Can be telephone, email, more brief and frequent as needed



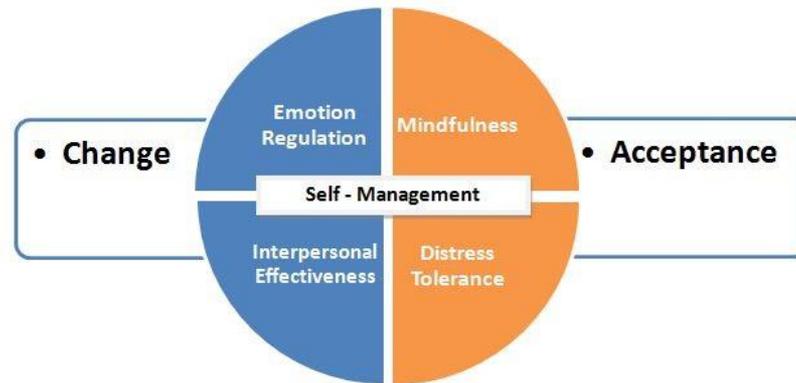
# Dialectical behavioural therapy

## Evidence-base with specific cohorts

- Philipsen et al (2010) Group DBT skills in ADHD
- Hirvikoski et al (2011) RCT of DBT skills in ADHD
- Fleming et al (2015) DBT skills training for ADHD in college students
- Bihlar Muld et al (2016) DBT skills training for men with substance use disorders
- Cole et al (2016) Combined CBT/DBT skills training



# Dialectical behavioural therapy



Key skills training involving

- Psychoeducation
- Mindfulness
- Organisational strategies
- Emotion regulation
- Stress management
- Substance use
- Self-respect

# Mindfulness-based interventions

## Evidence-base

Meta-analysis of effectiveness of mindfulness-based therapies for ADHD (Cairncross & Miller, 2016) – 10 studies

Showed possible benefits of mindfulness-based therapies in reducing core symptoms of ADHD

### Adult studies

- Zylowska et al (2008) Mindfulness meditation training in adults and adolescents
- Van der Oord et al (2012) Mindfulness for children and parents
- Hepark, Kan, and Speckens (2014) Mindfulness in adults
- Edel et al (2017) Comparison of mindfulness-based group training and skills training in adults with ADHD



# Mindfulness-based interventions



## Adaptations of mindfulness for ADHD

- 8 week programme of 2½ hour sessions
- Daily at-home practice
- Psychoeducation about ADHD and consideration on a continuum
- Shorter sitting meditation or walking meditation
- Didactic visual aids
- Loving-kindness meditation to address low self esteem



# Couples therapy

- Very little formal research yet relationship problems are one of most common reasons for adults seeking treatment
- Young, Gray & Bramham (2008) Partner's perspective on adults receiving diagnosis and treatment of ADHD – three themes
  - 1 Perceptions of inadequacy
  - 2 Impact of diagnosis
  - 3 Medication not being a panacea

## Model for couples therapy (Pera, 2016)

1. Psychoeducation
2. Communication and problem-solving training
3. Partner-assisted change e.g. help with time management
4. Disorder-specific change e.g. revising roles and responsibilities



# Further research needed

- Comparison of individual versus group therapy
- Comparison of CBT versus DBT
- Comparison of CBT versus mindfulness
- Further consideration of comorbidities
- Interventions for couples/relationships



# Summary

- Several standard psychological interventions now have an evidence-base as applied to adult ADHD
- Some of the ingredients are common across different forms of therapy
- Many adults with ADHD can benefit from psychological interventions to manage the challenges that ADHD presents over the lifespan to achieve optimal outcomes

