



# **ADHD**

## **Evidence Based Intervention**

### **Guidelines**

#### **Across the Age Span**

Kimberly Roberts, M.A., L.L.P.



# Objectives



- ❖ Identify the EBG for ADHD/ADD
- ❖ Apply the evidence based guidelines in creating self management support with ADD/ADHD patients
- ❖ Describe strategies for measuring patient self management goal achievement.



# Objectives

## What if we do not treat people with ADHD?

- ❖ Profound effect on all relationships
- ❖ Frustration with self, school, life.
- ❖ Lost age-appropriate educational opportunities.
- ❖ Possible development of externalizing behavior.
- ❖ Adult disapproval and peer rejection, leading to poor self-esteem.
- ❖ Depression.
- ❖ Frustrated, unhappy, guilt-stricken parents.
- ❖ Children at higher risk of abuse than peers.
- ❖ Decreased hyperactivity with age, but possible persistence of inattentiveness and impulsivity.
- ❖ Higher probability of Axis I disorder as adults.
- ❖ Chronic misunderstanding of medications.



# Assessment Devices

- ❖ Unstructured Interview
- ❖ Structured Interview (BASC-2)
- ❖ Patient history profiles (BASC-2)
  - Self
  - Teacher
  - Parent
  - PRQ
- ❖ Possible Symptoms Questionnaires
  - Conners-3
  - Vanderbilt
  - Brown
- ❖ Liaison with Teachers
- ❖ Observation in Vivo



# APA Evidence Based Treatments



## ❖ Required

- Demonstration of efficacy through at least one randomized controlled trial with good experimental design, or
- Demonstration of efficacy through a large, well-designed clinical replication series

## ❖ Preferred

- Efficacy has been shown by more than one study
- Efficacy has been demonstrated by independent research groups
- Client characteristics for which the treatment was effective were specified
- A clear description of the treatment was available
- EBT's are short-term, problem-oriented treatments that focus on improving current symptoms related to a client's current distress



# Long-Term Goals



- ❖ Sustain attention and concentration for consistently longer periods of time
- ❖ Increase the frequency of on-task behaviors
- ❖ Demonstrate marked improvement in impulse control
- ❖ Regularly take medication as prescribed to decrease impulsivity, hyperactivity, and distractibility
- ❖ Parents and/or teachers successfully utilize a reward system, contingency contract, or token economy to reinforce positive behaviors and deter negative behaviors
- ❖ Parents set firm, consistent limits and maintain appropriate parent-child boundaries
- ❖ Develop positive social skills to help maintain lasting peer friendships



# OBJECTIVES/INTERVENTIONS



# Medication

(Resource #1, 2, 3, 4)

- ❖ Complete psychological testing to confirm the diagnosis of ADHD and/or rule out emotional factors
- ❖ Take prescribed medication as directed by the physician
- ❖ Arrange for psychological testing/evaluation and give feedback to the client and his/her parents regarding the testing results
- ❖ Arrange for a medication evaluation for the client
- ❖ Monitor the client for psychotropic medication prescription compliance, side effects, and effectiveness; consult with the prescribing physician at regular intervals





Brand Name	Generic Name
Adderall	dextroamphetamine
Adderall XR	dextroamphetamine
Catapres	clonidine
Concerta	methylphenidate
Daytrana	methylphenidate
Dexedrine	dextroamphetamine
Dexedrine Spansule	dextroamphetamine
Dextrostat	dextroamphetamine
Focalin	dextroamphetamine
Focalin XR	dextroamphetamine

Brand Name	Generic Name
Intuniv	guanfacine LA
Metadate CD	methylphenidate
Methylin	methylphenidate
Ritalin	methylphenidate
Ritalin LA, SR	methylphenidate
Strattera	atomoxetine
Tenex	guanfacine
Vyvanse	lisdexamfetamine
Wellbutrin	bupropion
Wellbutrin SR, LA	bupropion



# Psychoeducation

- ❖ Parents and the client demonstrate increased knowledge about ADHD symptoms
- ❖ Educate the client's parents and siblings about the symptoms of ADHD
- ❖ Assign the client readings to increase her knowledge about ADHD and ways to manage symptoms
  - "Putting on the Brakes" by Quinn and Stern
  - "Sometimes I Drive My Mom Crazy but I Know She's Crazy About Me" by Shapiro
- ❖ Assign the parents readings to increase their knowledge about symptoms of ADHD
  - "Taking Charge of ADHD" by Barkley;
  - "Your Hyperactive Child" by Ingersoll
  - Dr. Larry Silver's Advice to Parents on Attention Deficit Hyperactivity Disorder" by Silver



# School Success Strategies

(Resource #5,6,7,8)

- ❖ Parents develop and utilize an organized system to keep track of the client's school assignments, chores, and household responsibilities
- ❖ Assist the parents in developing a routine schedule to increase the client's compliance with school, household, or work-related responsibilities.
- ❖ Assist the parents in developing and implementing an organizational system to increase the client's on-task behaviors and completion of school assignments, chores, or household responsibilities
  - calendars
  - charts
  - notebooks/computer
  - class syllabi



# ... School Success Strategies

- ❖ Parents maintain communication with the school to increase the client's compliance with completion of school assignments
- ❖ Encourage the parents and teachers to maintain regular communication about the client's academic, behavioral, emotional and social progress
  - “Getting It Done” in the Child Psychotherapy Homework Planner, 2nd ed. by Jongsma, Peterson, and McInnis



# ... School Success Strategies

- ❖ Utilize effective study skills on a regular basis to improve academic performance
- ❖ Assign the client to read “13 Steps to Better Grades” by Silverman to improve organizational and study skills and “Establish a Homework Routine” in the Child Psychotherapy Homework Planner, 2nd ed. by Jongsma, Peterson, and McInnis
- ❖ Teach the client more effective study skills
  - clearing away distractions
  - studying in quiet places
  - scheduling breaks in studying



# ... School Success Strategies



## ❖ Objective:

- Increase frequency of completion of school assignments, chores, and household responsibilities

## ❖ Interventions

- Assist the parents in developing a routine schedule to increase the client's compliance with school, household, or work-related responsibilities.
- Consult with the client's teachers to implement strategies to improve school performance: sitting in the front row; using a prearranged signal to redirect client back to task; scheduling breaks from tasks; providing frequent feedback; calling on the client often; arranging for a listening buddy; implementing a daily behavioral report card.
- Encourage the parents and teachers to use a behavioral classroom intervention (e.g., a school contract and reward system) to reinforce appropriate behavior and completion of his/her assignments (or employ the "Getting It Done" program in the Child Psychotherapy Homework Planner, 2nd ed. by Jongsma, Peterson and McInnis).



# ... School Success Strategies



- ❖ Implement effective test-taking strategies on a consistent basis to improve academic performance.
- ❖ Teach the client more effective test-taking strategies
  - reviewing material regularly
  - reading directions twice
  - rechecking work



# Parenting Strategies

(Resource #9, 10)

- ❖ Delay instant gratification in favor of achieving meaningful long-term goals
- ❖ Teach client meditational and self-control strategies (e.g., “Stop, Listen, Think, and Act”)
- ❖ Assist the parents in increasing structure to help client learn to delay gratification
  - completing homework/chores before playing
  - financial responsibility





# Parenting Strategies

## Objective

- ❖ Parents implement Parent Management Training approach in which parents utilize a reward system, contingency contract, and/or token economy

## Interventions

- ❖ Teach the parents a Parent Management Training approach to reduce the frequency of impulsive, disruptive, negative attention-seeking behaviors and increase desired behavior (“Parenting the Strong-Willed Child’ by Forehand and “Living with Children” by Patterson)
- ❖ Teach parents how to specifically define and identify problem behaviors, identify reactions, determine whether reaction encourages or discourages the behavior and generate alternative to the problem behavior
- ❖ Teach consistency
  - establish realistic age-appropriate rules
  - prompting of positive behavior in the environment
  - Use of positive reinforcement to encourage behavior
  - Use of clear direct instruction
  - Time out
  - Loss of privilege for problem behavior
- ❖ Assign the parents home exercises in which they implement and record results of implementation. Review in session, providing corrective feedback.
- ❖ Ask parent to read parent training manuals (e.g., “Living With Children” by Patterson)



# Stressors/Triggers

- ❖ Identify stressors or painful emotions that trigger increase in hyperactivity and impulsivity
- ❖ Explore and identify stressful events or factors that contribute to an increase in impulsivity, hyperactivity, and distractibility. Develop positive coping strategies to manage stress (e.g. relaxation techniques)
- ❖ Explore possible stressors that may cause acting out behaviors. Identify coping strategies (e.g., “stop, listen, look and think”, guided imagery, “I messages”)



# Social Interaction Skills

(Resource #11, 12, 13)

- ❖ Learn and implement social skills to reduce anxiety and build confidence in social interactions
- ❖ Use instruction, modeling, and role-playing to build the client's general and developmentally appropriate social and/or communication skills
- ❖ Assign the client to read about general social and /or communication skills in books or treatment manuals (e.g., assign the "Social Skills Exercise" in the Child Psychotherapy Homework Planner, 2nd ed. by Jongsma, Peterson and McInnis. Resource #11)



# ...Social Interaction Skills

- ❖ Identify and implement effective problem-solving strategies
- ❖ Teach older clients effective problem-solving skills (e.g., identifying the problem, brainstorming alternative solutions, selecting an option, implementing a course of action, evaluating)
- ❖ Utilize role-playing and modeling to teach the older child how to implement effective problem-solving techniques in his/her daily life (assign, “Stop, Think, and Act” in the Child Psychotherapy Homework Planner, 2nd ed. by Jongsma, Peterson, and McInnis \*\*Resource #10. Also use the therapeutic game, Stop, Relax and Think by Bridges, available from Childsworld/Childsplay).



# ...Social Interaction Skills

- ❖ Increase the frequency of positive interactions with parent.
- ❖ Explore for periods of time when the client demonstrated good impulse control and engaged in fewer disruptive behaviors; process his/her responses and reinforce positive coping mechanisms that he/she used to deter impulsive or disruptive behaviors.
- ❖ Instruct the parents to observe and record 3-5 positive behaviors in between therapy sessions; reinforce and encourage him/her to continue these behaviors.
- ❖ Encourage the parents to spend 10-15 min daily of one-on-one time to create a closer bond. Allow the client to lead the activity.



# ...Social Interaction Skills

- ❖ Increase the frequency of socially appropriate behaviors with siblings and peers
- ❖ Give homework assignments where the client identifies 5 to 10 strengths or interests; review the list in the following session and encourage him/her to utilize strengths or interest to establish friendships.
- ❖ Assign the client the task of showing empathy, kindness, or sensitivity to the needs of others (e.g., allowing sibling or peer to take first turn in a video game, helping with a school fundraiser).



# ...Social Interaction Skills

- ❖ Increase verbalizations of acceptance of responsibility for misbehavior
- ❖ Firmly confront the client's impulsive behaviors, pointing out consequences for himself/herself and others
- ❖ Confront statements in which the client blames others for his/her annoying or impulsive behaviors and fails to accept responsibility for his/her actions.



# Additional Interventions

- ❖ Parents and the client regularly attend and actively participate in group therapy
- ❖ Identify and list constructive ways to utilize energy
- ❖ Encourage the client's parents to participate in an ADHD support group
- ❖ Give a homework assignment where the client lists the positive and negative aspects of his/her high energy level; review the list in the following session and encourage him/her to channel energy into healthy physical outlets and positive social activities.





# Adult ADHD

- ❖ Dirth of longitudinal studies
- ❖ Only 4 have retained at least 50% or more of their original samples in adulthood
  - Montreal study by Weiss & Hechtman, 1993
  - New York study by Mannuzza, Klein & colleagues, 1998
  - Swedish study by Rasmussen and Gillberg, 2001
  - Milwaukee study by Barkley & colleagues, 2002



# If Untreated...

- ❖ High risk for failure to complete formal schooling
- ❖ Oppositional behavior and antisocial conduct which is a strong predictor of adolescent substance abuse and late Antisocial Personality Disorder along with criminality
- ❖ Greater risk for peer rejection
- ❖ Great risk for high-risk sexual activities leading to a fourfold increase in risk for sexually transmitted diseases
- ❖ Greater number of driving problems: more accidents, traffic citations, and license suspensions
- ❖ ADHD adults are likely to be less educated and underachievers in occupational settings with problems working independently of supervision.
- ❖ Greater risk of co-morbid psychiatric diagnosis



## A Difficult Diagnosis

- ❖ The core symptoms of the disorder are also core symptoms of human nature
- ❖ Some ADHD symptoms are typical not only of normal behavior but also of the full range of psychiatric abnormalities
- ❖ Dimensionality - ADHD is not an all-or-nothing condition like pregnancy
- ❖ Because the diagnosis will be defined as a point along a continuum, its identification inherently involved a degree of subjectivity and even arbitrariness in establishing cutoff points
- ❖ Diagnosis in adulthood hinges on reports of functioning during childhood and most of this historical information resides in memory rather than actual records



# Even More Difficulties

- ❖ Adults are especially prone to suffer from a wide range of co-morbid conditions
- ❖ Many psychiatric disorders have onset in early adulthood. Evaluation has a broader range of disorders to rule out
- ❖ Adults are more prone to suffer from medical conditions that can produce ADHD-like symptoms
- ❖ A longer life also means more opportunities to suffer from stressful or traumatic life events
- ❖ It is more difficult to determine degree of impairment due to adult environments (No teacher ratings; supervisor ratings can be risky to obtain)
- ❖ Informant bias - patients are savvy about formal characterizations of the disorder



# Core Diagnostic Considerations

(Resource #14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26)



- ❖ Is there credible evidence that the patient experienced ADHD-type symptoms in early childhood or at least by the middle school years which led to chronic impairment across settings?
- ❖ Is there credible evidence that ADHD-type symptoms currently cause the patient substantial and consistent impairment across settings?
- ❖ Are there explanations other than ADHD that better account for the clinical picture?
- ❖ For patients who meet criteria for ADHD, is there evidence for the existence of co-morbid conditions?
- ❖ Impairment is defined relative to the average person, not to the individual's general cognitive ability or to some special group of peers (e.g., other graduate students)



Did the patient have a history of impulsive/hyperactive and inattentive behavior that:

1. Showed up early in life (Before 12-13 yrs.)?
2. Appeared consistently over the years and across most routine situations?
3. Led to significant underachievement relative to abilities?
4. Couldn't be accounted for by trauma, severe family dysfunction,, or serious emotional problems?

If "no", unless there's a good explanation for why criteria were not met (such as unique academic environment, family situation) pursue other psychopathology or consider possibility that patient is more normal than otherwise

If "yes" do problems with impulsive and inattentive behavior still interfere significantly with patient's ability to function in the workplace and at home?

If "no", consider possibility that patient has successfully compensated for impulsive and inattentive style

If "yes", make sure that problems aren't more easily understood as resulting primarily from:

1. Serious anxiety or depression
2. Formal psychiatric disorders
3. Medical problems
4. Learning Disabilities

If "no", carefully review all symptoms and consider other explanations

If "yes", chances are that patient has ADD. You then need to move on to identify any other problems that might be joining ADD



# Evidence-Based Treatments



- ❖ To date, very little well-controlled, scientific research has been done on non-pharmacological treatments for adult ADHD. Therefore, from a scientific standpoint, we do not yet have sound empirical data on how efficacious any of these approaches are in either managing symptoms or improving long- and short- term outcomes.
- ❖ ADHD in adults can often be treated effectively with both medication and psychosocial approaches
- ❖ Co-morbidity is common, so clinicians will need to incorporate treatments for accompanying diagnoses that include mood and anxiety disorders and substance abuse
- ❖ Explaining the ADHD diagnosis in an understandable way that instills hope and activates patients to be active participants in their treatment
- ❖ Multimodal treatment - medication, education, behavioral/self management skills, coaching, academic or workplace accommodations



# Resources

- ❖ Barkley, Russell A., “Attention-Deficit Hyperactivity Disorder” A Handbook For Diagnosis and Treatment, (The Guilford Press, 2006).
- ❖ Barkley, Russell A., Murphy, Kevin R., “Attention-Deficit Hyperactivity Disorder A Clinical Workbook, Third Edition (The Guilford Press, 2006).
- ❖ Barkley, Russell A., “Taking Charge of ADHD” The Complete, Authoritative Guide For Parents, (The Guilford Press, 2000).
- ❖ Jongsma, Arthur E. (Series Editor), “The Child Psychotherapy Treatment Planner” (Wiley & Sons, 2006).
- ❖ Jongsma, Arthur E. (Series Editor), “The Child Psychotherapy Homework Planner” (Wiley & Sons, 2006).
- ❖ Patterson, JoEllen, “The Therapist’s Guide To Psychopharmacology” (The Guildford Press, 2006).
- ❖ Wegmann, Joseph, “Psychopharmacology” Second Edition (Premier Publishing and Media, 2012).





# Questions?