Advances in Psychological Treatments for Adult ADHD

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The need for a multidisciplinary approach to adult ADHD

- Approximately 50% of individuals with adult ADHD are not able to tolerate, do not respond to, or fail to reach optimal outcomes on medication alone (Spence, Biederman and Wilens 2000)

- “Pills don’t build skills. Functional improvement in an adult requires both improvement in core symptoms and the opportunity to develop and apply new skills” (Weiss 2008)
Developmental Impact of ADHD

Behavioural disturbance

Pre-school

Behavioural problems
Academic problems
Poor social interaction
Co-morbidity

School-age

Academic impairment
Poor social interaction
Lower self-esteem
Smoking/alcohol/drugs
Antisocial behaviour
Forensic problems

Adolescent

Academic failure
Not coping with daily tasks
Occupational difficulties
Low self-esteem
Alcohol & substance abuse
Co-morbidity
Forensic problems

College-age

Unemployment
Low self-esteem
Relationship problems
Marital discord
Alcohol & substance abuse
Mood instability
Co-morbidity
Forensic problems

Adult

Not coping with daily tasks
Unemployment
Low self-esteem
Relationship problems
Marital discord
Alcohol & substance abuse
Mood instability
Co-morbidity
Forensic problems
Targets for psychological treatment

To address core symptoms i.e. inattention, hyperactivity, impulsivity e.g:

- Memory problems
- Procrastination
- Poor problem-solving
- Poor time-management
- Disorganisation
- Incurring debts
- Novelty-seeking behaviour
- Mood lability
Targets for psychological treatment
(2)

To address associated problems:
• Mood – anxiety, depression, anger, emotion regulation
• Self-esteem/self perception
• Social relationship problems/social skills
• Disrupted sleep
• Offending behaviour
• Substance misuse
1.7.1.4 Drug treatment for adults with ADHD should always form part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs.

1.7.1.9 Consider CBT for adults where:
• the person has made an informed choice not to have drug treatment
• drug treatment has proved to be only partially effective, ineffective or the person is intolerant to it
• people have difficulty accepting the diagnosis of ADHD and accepting and adhering to drug treatment
• symptoms are remitting and psychological treatment is considered sufficient to target residual (mild to moderate) functional impairment

Evidence update 45 (July 2013):
ADHD symptoms in adults receiving medication for ADHD may be improved by the addition of cognitive behaviour therapy (CBT).
Evidence base for psychological therapies in adult ADHD (1)

**Designs:**
Open label, uncontrolled: 2 individual, 4 group  
Controlled: 4 group  
RCTs: 3 individual; 7 group

**Treatments:**
- Cognitive-behavioural therapy (CBT)  
- Dialectical behavioural therapy (DBT)  
- Meta-cognitive therapy (MCT)  
- Cognitive remediation programs (CRP)  
- Mindfulness based therapies
Evidence base for psychological therapies in adult ADHD (2)

- Most show large effect sizes on primary outcome (usually ADHD symptoms) and more modest effects on associated symptoms e.g. self-esteem, anger management, internalising symptoms.
- Both group and individual approaches found to be helpful in reducing symptoms and improving occupational, social and psychological outcomes.
- Where comparison groups are used (relaxation therapy, support groups, medication alone) CBT has been found to be superior in symptom reduction.
- *Exploratory approaches are not indicated in this client group.*
- *No evidence for ADHD coaching as yet.*
Common aspects of effective psychological treatments (1)

Highly structured

1) short-term (average 10 sessions)
2) manualised
3) use of client handbook/handouts to guide work outside session
Common aspects of effective psychological treatments (2)

Content:

1) Teach compensatory skills
2) Focus on organisation and planning
3) Address motivation
4) To varying degrees target thoughts and feelings that may affect appropriate skill use primarily behavioural, evidence so far that “learning and practice of specific skills is critical” (Knouse and Safren 2010)
What do we still need to do?

- More rigorous trials – active control groups, multicenter, generalising to other samples; systematic review and meta-analysis
- Investigation of mechanisms of change including possible roles of cognitions and cognitive-behavioural formulation (moderators and mediators)
- Longer-term follow-up
- What primary outcomes – symptoms, skill use, functioning (and what areas e.g. parenting, driving, substance misuse), use of more objective measures
- Roles of CBT, meds and combination
- Individual vs group treatments
- Approaches to treating co-morbidity – axis I, II and LD/developmental disorders
- What works for whom
- Other foci of treatment (couples, carers etc)
Pilot randomised controlled trial of CBT for adult ADHD

**Trial Registration:** ISRCTN03732556

Started in 2010; end data collection March 2014

**Aim:** To investigate efficacy, patient acceptability and feasibility of formulation-driven cognitive-behavioural therapy (CBT) for adults with attention deficit hyperactivity disorder (ADHD)

**Hypothesis:** CBT plus treatment as usual will be more effective than treatment as usual alone in reducing i) ADHD symptoms ii) improving functioning

**Method:** 60 participants randomly assigned to one of two treatment arms

1) Treatment as usual
2) Treatment as usual + 16 sessions CBT

Each participant assessed and participants who consented randomly allocated to one of two treatments.

Measures at baseline, week 30 (after 15 sessions CBT) and week 42 (after 16 sessions CBT)

Independent statistical analysis underway
Psychological treatments in the Adult ADHD Service (1)

Psychoeducation workshop
Three-day workshop - information on core symptoms and associated difficulties and basic strategies to manage them

Topics covered:
- ADHD symptoms
- social relationships
- anxiety and low mood (intro to CBT)
- time management
- problem-solving
- preparing for the future

Programme based on intervention described in:
Psychological treatments in the Adult ADHD Service (2)

Individual CBT assessment and treatment

Assessment and up to 16 sessions adapted for CBT, focusing on the core symptoms of ADHD and associated problems

• Treatment tailored to the individual
• Client and therapist develop shared understanding of symptoms and set therapy goals
• Address thoughts and behaviours that contribute to symptoms
Adaptations to CBT for ADHD

Our treatments are adapted for ADHD in the following ways:

• detailed assessment of strengths and weaknesses to inform current and future treatment e.g. neuropsychology

• takes into account strengths and weaknesses as well as the individual’s experience of growing up with ADHD to identify current unhelpful beliefs and behaviours

• specific techniques to address problems related to executive functioning deficits such as:
  - distractibility
  - poor time-keeping
  - going ‘off-topic’
  - forgetfulness
  - difficulty forming new habits
  - impulsivity

drawing on long-term expertise in treating ADHD and associated disorders
Routine CBT outcomes

- Following individual CBT, ADHD symptoms and associated impairment were both reduced.
As an adult with a late diagnosis of ADHD I came to understand I had developed a range of...negative views of myself and my capabilities. By committing to the individual course of CBT offered and personally delivered by [my clinical psychologist], I learnt to understand where the roots of my [problems] lay...and...we were able to collaborate in developing strategies to meet my individual issues.

The programme of therapy...exceeded my expectations. It has altered the pattern of my thinking and provided a blueprint for change and the skills to manage this challenging condition.

Male, 40 years CBT
After some initial doubts about the workshop I found it to be an exceptionally enlightening experience. The workshop was professionally run, and from the first session the team running it outlined what was going to happen in a clear easy to understand way.

The CBT sessions have helped me with my planning and organisational skills, and strategies to cope with the negative sides of ADHD, and to realise the positive side of ADHD.

The workshop and CBT sessions has given me a clear understanding of my ADHD related problems of the past, and more importantly workable strategies to use in the present, and help plan for my future.

Male, 65 years
Psychoeducation workshop followed by CBT
References
