Master Clinician Workshop: CBT for Adult ADHD

Anxiety Disorders Association of America

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### Disclosure of Potential Conflicts

<table>
<thead>
<tr>
<th>Source</th>
<th>Research Funding</th>
<th>Advisor/Consultant</th>
<th>Employee</th>
<th>Speakers’ Bureau</th>
<th>Books, Intellectual Property</th>
<th>In-kind Services (example: travel)</th>
<th>Stock or Equity &gt; $10,000</th>
<th>Honorarium or expenses for this presentation or meeting</th>
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Plan

- Background and Overview
  - Rationale
  - Goals
  - Underlying Principles
  - Major Components
- Clinical Guidelines
  - Selection of Candidates
  - Style of Presentation
  - Roundtable Inquiry of Home Exercise
- Therapist Manual
  - Overview of Sessions
  - Modification for Individual Therapy
Rationale for Psychosocial Intervention

- Inadequate medication response or untoward effects in 20-50% of adults (Wilens, 2002)

- Definition of Medication “response”
  - 25-30% reduction in core symptoms

- Residual deficiencies in time management, organization and planning (TOP) skills, even among medication responders.
Rationale for Psychosocial Intervention (continued)

- Lack of development of “meta-cognitive” skills in childhood due to ADHD symptoms (Douglas; Barkley).

- Need to address psychiatric comorbidity (e.g., anxiety and depression) and related dysfunctional “automatic thoughts”

- Need to address ingrained, maladaptive behavior patterns, obstacles to change, and psychosocial impact of ADHD
Targets of Treatment

- Problems with time-estimation (late and missed appointments)
- Procrastination, avoidance (failure to initiate)
- Failure to complete tasks, especially on boring, routine, non-gratifying tasks (e.g. bills, laundry, mail, taxes)
- Failure to STOP and shift to a new task as appropriate (failure to inhibit, misnamed “hyperfocus”)
- Difficulties with organization (losing and forgetting)
- Failure to follow through on long-term projects, life goals
- Measured using our “ON-TOP” questionnaire
Goals of Treatment Design

- Practical, “real”, easy to assimilate
- New meta-cognitive skills must be taught – e.g., filing system, steps in project planning
- New behaviors must be assimilated into all the activities of daily life in a way that becomes “habitual” and automatic
- Neuropsychologically informed
- Address impairing self-attributions
- Manualized - to be researched & replicated

Cognitive-Behavioral Group Treatment – Methods

- Impart explicit skills (e.g. filing system)
- Impart “rules” (adaptive internal speech) to guide daily scheduling, prioritizing, self-activation, organization
- Contingent self-reinforcement
- Visualization of long-term rewards of present behavior
  - Counteracting steeper delay-of-reinforcement gradient
- Use of traditional CBT to address demoralization, anxiety, and perfectionism
- Intensive practice, group support, positive reinforcement
Treatment Parameters

- Group modality (can be adapted for individual therapy)
- Exclusive focus on “TOP” skills
- 12-sessions, 2 hours, 6-8 persons
- Components of each session
  - Review of home exercise
  - Presentation of new material
  - In-session exercise
  - Review of upcoming Home exercise
- Handouts summarize the session, home exercise
In-Session Exercises

- Break down complex tasks into parts
- Create a week’s schedule from to-do list
- Visualization of distant rewards
- Set up a filing system
- Sort a stack of papers from a typical desk
- Organize a physical space
- Plan a project using the flow chart
# Prioritization Work Sheet

<table>
<thead>
<tr>
<th>Task</th>
<th>Date/Deadline</th>
<th>Estimated Time Needed</th>
<th>Priority (1 to 5)</th>
<th>Scheduled for ___</th>
<th>Completed on___</th>
</tr>
</thead>
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Project Flow Chart
Home Exercises

- Choose one procrastinated task of less than 1 hour, schedule, complete it, and self-reinforce.

- Prioritize and schedule task list into a week.

- Select a space to be organized, divide into “zones”; schedule; complete one zone; self-reinforce.

- Plan a project (over 2 weeks) using flow-chart.
“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.”
- “All things must be done in the order of their priority.”
- “Getting started is the hardest part.”
- “A place for everything - and everything in its place” (organization)
- “Out of sight, out of mind” (distraction control)
Efficacy Study

- Sponsored by NIMH
  - Treatment Development Award
- 88 adults with ADHD randomly assigned to CBT Group or Support Group
- CBT superior via blind evaluator, self- and other-report
Candidates

- Exclusions (ascertained in pre-group interview)
  - Other more severely impairing condition -
    - E.g. severe anxiety, depression, suicidality
  - Borderline personality disorder
  - Active alcohol, substance abuse
  - Anger control problems
  - ?Asperger’s, PDD Spectrum
    - Extreme verbal impulsivity/insensitivity to social cues
Screening Visit

- To confirm diagnosis of ADHD via
  - Current symptoms
  - History
  - Scores on standardized Questionnaires (eg. CAARS)
- To ascertain co-morbidities (eg. BDI, BAI)
- To prioritize current problems vis-à-vis choice of treatments
- To learn details of current life-situation, problems, goals.
Style of Presentation

Roles the Leader Plays

- Cheerleader
  - Warmly supportive and encouraging;
  - Energizing, Exhorting

- Teacher
  - Engaging style of presentation
    - *Socratic method* – invites dialogue, active thinking
    - Always get “real-world” material for Exercise from Group
      - e.g. for project flow-chart
    - Use visual cues – white-board for lists, diagrams
    - Didactic – background, psychoeducational material, mantras etc.

- Therapist
  - Know how to follow up disclosures in HE
  - Know when/how to probe defenses
  - Know when to (gently but firmly) hold patients accountable
  - Know when to let group do the therapeutic work
Review of the Home Exercise

- **Central Importance of the Home Exercise**
  - Sole significant predictor of outcome
  - Comprises 50% of session

- **Firm control of timing (need to be assertive)**

- **Exercises are intended to be cumulative**

- **If successful, praise. Solidify by asking:**
  - How did it feel?
  - What did you do differently this time?
  - What would you do in the future in same sit?
Review of the Home Exercise cont

If not successful or only partially successful:

- Identify and address obstacles.
  - Realistic or not?

- Trouble-shoot and cue the relevant strategy, for example:
  - “Did you schedule it in your planner?”
  - “Are you trying to do too much?
  - “Did you break it down into parts?
  - “Did you plan to reward yourself afterward?
  - “Were you trying to work in an area with distractions?”
Patterns of non-compliance with HE

- **Manifestations:**
  - Started, but stopped
  - Did not start, but wanted to
  - Did not start and did not want to

- **Causes:**
  - Classic ADHD
  - Anxiety about being overwhelmed/failing
    - Shame at non-completion may lead to missing session
  - Depression/demoralization
    - Doubts about self-competency
    - Unable to summon the “energy of activation”
  - Oppositionality
Treatment Manual

■ 1. Introduction

■ Time Management
  ■ 2. Time Awareness & Scheduling
  ■ 3. Making Tasks Manageable and Self-Reward
  ■ 4. Prioritizing and To-Do Lists
  ■ 5 (5-6) Overcoming Emotional Obstacles (via CBT)
  ■ 6. Activation and motivation

■ Organization
  ■ 7. Setting up Organizational Systems
  ■ 8. Implementing Organizational Systems
  ■ 9. Maintaining Organizational Systems
Treatment Manual - cont

- Planning
  - 10. Plan a Project
  - 11. Project Implementation

- 12. Conclusion, Summation, Future Planning

- Optional Session:
  - Going to bed, getting up and getting to work on time.

- Optional Exercise:
  - Planning a business or week day
Project Flow Chart
Modification for Individual Therapy

Indications

- **Advantages of Individual Treatment**
  - Allows for focus on specific areas of deficit
  - Allow for progress at the individual’s pace
  - Allows opportunity to address resistance
  - Flexible scheduling, privacy

- **Contraindications for Group Treatment:**
  - Significant anger management problems
  - Active drug or alcohol abuse
  - Other severe psychopathology
  - Social Phobia (usually self-select out)
Modification for Individual Therapy

Methods

- Guided Inquiry of Skills
  - Corresponds to Hierarchy of Skills keyed to sessions
## Hierarchy of Skills Keyed to Sessions

<table>
<thead>
<tr>
<th>Hierarchy of Skills:</th>
<th>Strategy</th>
<th>Session</th>
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<tbody>
<tr>
<td>1. Wears a watch daily</td>
<td>Discuss benefits</td>
<td>2</td>
</tr>
<tr>
<td>2. Planner</td>
<td>Methods and benefits of planner use. Prioritizing</td>
<td>2, 4</td>
</tr>
<tr>
<td>3. Gets to bed and awakens at the desired time</td>
<td>Proper evening and next-day planning. Use of alarms and incentives. Stops/inhibits current activity</td>
<td>4</td>
</tr>
<tr>
<td>4. Gets to work, appointments, and other engagements on time</td>
<td>Time-estimation and planning. Stops/inhibits current activity</td>
<td>2</td>
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<tr>
<td>5. Daily Task Completion</td>
<td></td>
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<tr>
<td>a. Has a plan for the day</td>
<td>Review use of task lists to prioritize and plan a schedule for the day and week</td>
<td>4</td>
</tr>
<tr>
<td>b. Has a plan for the week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Avoids or overcomes distractions</td>
<td>Set up workplace to avoid physical and human distractions</td>
<td>7, 8</td>
</tr>
<tr>
<td>e. Completes tasks on time</td>
<td>Proper time estimation. Break down tasks into manageable chunks. Contingent self-reward</td>
<td>2, 3</td>
</tr>
<tr>
<td>f. Stops (inhibits) tasks appropriately</td>
<td>Self-notification (alarm). Avoid over-focusing</td>
<td>3</td>
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### Hierarchy - continued

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<tr>
<th>6. Long-Term Projects</th>
<th></th>
<th>10</th>
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<tbody>
<tr>
<td>a. Planning</td>
<td>Use Flow-Sheet</td>
<td></td>
</tr>
<tr>
<td>b. Completion</td>
<td>Visualization of long-term rewards.</td>
<td>6</td>
</tr>
<tr>
<td>7. Organization:</td>
<td>Setting up,</td>
<td>7</td>
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<tr>
<td></td>
<td>Implementing,</td>
<td>8</td>
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<td>Maintaining</td>
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<td>organizational</td>
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<td></td>
<td>systems.</td>
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<tr>
<td>8. Emotional Issues</td>
<td>Identify and address &quot;automatic thoughts&quot; during inquiry of home exercise and throughout session as appropriate.</td>
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<td></td>
<td>Repeat thought-log as needed</td>
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Modification for Individual Therapy – continued

- Setting and Adhering to the Agenda
  - Balance between maintaining structure and responding to current emotional needs/issues
  - Importance of laying the groundwork

- Time Allocation (approximate)
  - 10-15 min for review of Home Exercise
  - 20 min for new material
  - 10-15 for review of new Home Exercise
Modifications for Individual Therapy

Review of the Home Exercise

- Share expectation that home exercises will be challenging
- Repeated failure to complete HE signals emotional issues, resistance
- As in Group, query reasons for success/partial success/failure; expansion of strategies
- HE’s can be repeated to mastery
Modification for Individual Therapy
Termination

- Decision to Terminate
  - Mastery of strategies OR
  - Focus has shifted to emotional/personality issues

- Termination Process
  - Review progress in treatment
  - Anticipatory trouble-shooting/problem-solving

- Spaced follow-up
  - Eg. monthly for 1st month
  - Then “as needed”