TREATMENTS THAT WORK

Mastering Your Adult ADHD

A Cognitive-Behavioral Treatment Program

Second Edition

THERAPIST GUIDE

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About ✓TREATMENTS THAT WORK

Stunning developments in healthcare have taken place over the last several years, but many of our widely accepted interventions and strategies in mental health and behavioral medicine have been brought into question by research evidence as not only lacking benefit, but perhaps, inducing harm (Barlow, 2010). Other strategies have been proven effective using the best current standards of evidence, resulting in broad-based recommendations to make these practices more available to the public (McHugh & Barlow, 2010). Several recent developments are behind this revolution. First, we have arrived at a much deeper understanding of pathology, both psychological and physical, which has led to the development of new, more precisely targeted interventions. Second, our research methodologies have improved substantially, such that we have reduced threats to internal and external validity, making the outcomes more directly applicable to clinical situations. Third, governments around the world and healthcare systems and policymakers have decided that the quality of care should improve, that it should be evidence based, and that it is in the public's interest to ensure that this happens (Barlow, 2004; Institute of Medicine, 2001; McHugh & Barlow, 2010).

Of course, the major stumbling block for clinicians everywhere is the accessibility of newly developed evidence-based psychological interventions. Workshops and books can go only so far in acquainting responsible and conscientious practitioners with the latest behavioral healthcare practices and their applicability to individual patients. This series, Treatments *ThatWork*, is devoted to communicating these exciting new interventions to clinicians on the frontlines of practice.

The manuals and workbooks in this series contain step-by-step detailed procedures for assessing and treating specific problems and diagnoses. But this series also goes beyond the books and manuals by providing ancillary materials that will approximate the supervisory process in assisting practitioners in the implementation of these procedures in their practice.

In our emerging healthcare system, the growing consensus is that evidence-based practice offers the most responsible course of action for the mental health professional. All behavioral healthcare clinicians deeply desire to provide the best possible care for their patients. In this series, our aim is to close the dissemination and information gap and make that possible.

This Therapist Guide and the companion Workbook for clients address the treatment of adult attention-deficit/hyperactivity disorder (adult ADHD). ADHD is prevalent in adults but under recognized and undertreated. With its characteristic symptom picture of hyperactivity, impulsivity, and difficulties focusing attention, adult ADHD can be as impairing as it is in children. *Mastering Your Adult ADHD* was the first evidence-based treatment for adult ADHD from a leading group of clinical investigators. After years of research, and with support from the National Institute of Mental Health, this team developed a treatment that directly attacks the symptoms of ADHD in a collaborative framework with patients.

Now in its second edition, the clinical components of this program have been updated based on the research team's experiences and on the most current strategies in cognitive behavioral therapy (CBT). The intervention includes use of technology (such as using smart phones), and optional strategies that help with organization and planning. Optional sessions with a partner or spouse of someone with adult ADHD have more focus on providing education about ADHD, which can reduce disharmony in the relationship. Either as a complement to medication, or for the cases where medication is relatively ineffective,

every practitioner treating this very common disorder will want to incorporate this intervention into their armamentarium.

David H. Barlow, Editor-in-Chief,
Treatments *ThatWork*
Boston, MA

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Accessing Treatments *ThatWork* Forms and Worksheets Online

All forms and worksheets from books in the TTW series are made available digitally shortly following print publication. You may download, print, save, and digitally complete them as PDF's. To access the forms and worksheets, please visit http://www.oup.com/us/ttw.

Contents

Introductory Information for Therapists

This therapist manual is an accompaniment to the client workbook for the second edition of *Mastering Your Adult ADHD*. The treatment and manuals are designed for use by a therapist who is familiar with cognitive-behavioral therapy (CBT). The reason for both a therapist manual and a client workbook is to help clients with attention-deficit/hyperactivity disorder (ADHD) receive information in two different modalities—verbally from the therapist, and in writing in the form of the client workbook. We have found that presenting information in multiple modalities can be helpful for adults with ADHD who have low attention spans. Hence, we recommend that all of the material presented in the client workbook also be presented in the treatment sessions, and we recommend that clients have their own copy of the client workbook so that they can refer back to it for questions that may come up. You will notice that the chapters and page numbers in the therapist manual and client workbook do not always correspond because additional information is provided in the therapist manual. However, there is a note at the beginning of each session in the therapist manual indicating which chapter in the client workbook coincides with the chapter in the therapist manual.

Each of the treatment sessions builds on previous ones. Each session begins with a review of skills learned in previous sessions. Repetition is the key to helping adults with ADHD learn new skills that will ultimately become more habitual. If necessary, we recommend spending extra time on skills that have not yet been mastered before moving on to additional skills. The first skills module is on organizing and planning. We consider this module to be the foundation for all additional modules,

and therefore recommend spending as much time as it takes for clients to learn these skills in order to maximize the chances of the treatment being a success. We believe that all of these modules are important and that the order in which the sessions are presented in the manuals is the appropriate way to present the information. However, if you are working with a client for whom it seems to make sense to present the skills in a different order (e.g., the client exhibits difficulties in some areas but not others or experiences significant comorbidity), customizing the approach in a way that makes sense to you and your client will lead to successful treatment.

Background Information and Purpose of this Program

Information about the Validity of ADHD as a Diagnosis in Adulthood

ADHD in childhood and adulthood is a valid, reliably diagnosed, neurobiological disorder. It can be reliably diagnosed in adults; the diagnosis meets acceptable standards of diagnostic validity; and the functional impairment caused by adult ADHD includes impairment in employment, education, and economic and social functioning (see Agarwal, Goldenberg, Perry, & Ishak, 2012; Barkley, Murphy, & Fischer, 2008; Biederman, Faraone, Spencer, et al., 1993; Biderman, Wilens, Spencer, et al., 1996; Spencer, Biederman, Wilens, & Faraone, 1998). Psychopharmacological treatment studies (see Wilens, Biederman, & Spencer, 1998), genetic studies, including adoption (Cantwell, 1972; Morrison & Stewart, 1973; Sprich, Biederman, Crawford, Mundy, & Faraone, 2000) and family studies (Biederman, Faraone, Keenan, Steingard, & Tsuang, 1991; Biederman, Faraone, Keenan, et al., 1992; Biederman, Munir, Knee, et al., 1986; Biederman, Munir, Knee, et al., 1987; Faraone, Biederman, Keenan, & Tsuang, 1991; Goodman, 1989; Goodman & Stevenson, 1989; Lahey,

Piacentini, McBurnett, et al., 1988; Morrison, 1980; Safer, 1973; Stevenson, Pennington, Gilger, DeFries, & Gillis, 1993; Szatmari, Boyle, & Offord, 1993), as well as neuroimaging and neurochemistry research (e.g., Spencer, Biederman, Wilens, & Faraone, 2002; Zametkin & Liotta, 1998) and molecular genetic research (see Adler & Chua, 2002) all support that ADHD as a diagnosis meets the guidelines for diagnostic validity standards (i.e., Spitzer & Williams, 1985).

Estimates of the prevalence of ADHD in adulthood range from 1% to 5% (Bellak & Black, 1992; Biederman et al., 1996; Kessler, 2006; Murphy & Barkley, 1996b). Generally, the symptoms of ADHD in adulthood are similar to those in children, and although the literature on women and girls is limited, symptoms seem to be similar across both genders (Barkley, 1998; Biederman, Faraone, Spencer, Wilens, Mick, & Lapey, 1994; Biederman et al., 1996). Accordingly, core symptoms in adulthood include the following:

- Impairments in attention
- Impairments in inhibition
- Impairments in self-regulation

These core symptoms yield associated impairments in major life activities such as educational activities and occupational functioning (e.g., trouble with organization and planning, becoming easily bored, deficient sustained attention for reading and paperwork, procrastination, poor time management, impulsive decision making), impaired interpersonal skills (problems with friendships, poor follow-through on commitments, poor listening skills, difficulty with intimate relationships), and other adaptive behavior problems (less educated compared to ability, poor financial management, trouble organizing one's home, chaotic routine, leaving jobs or relationships even when they are going well). Additionally, research suggests that adults with ADHD have an elevated risk for substance abuse and engagement in risky behaviors, including risky driving and risky

sexual behaviors (see Barkley, Murphy, & Fisher, 2008, for a review). Our pilot work further details residual symptom presentation in adult patients treated with medication.

Diagnostic Criteria for ADHD

Generally, a diagnosis of ADHD is made by a mental health professional, using the definition set forth in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5; American Psychiatric Association [APA], 2013). The DSM-5 lists the symptoms and other requirements needed for individuals to qualify for all of the various psychiatric disorders.

To meet criteria for adult ADHD, individuals must have at least five symptoms out of the nine possible inattention symptoms and/or five symptoms out of the nine possible symptoms of hyperactivity/impulsivity. If an individual has five or more symptoms in only the inattention category, we would say that he has ADHD, predominantly inattentive presentation. If he has five or more symptoms in the hyperactivity/impulsivity category, we would say that he has ADHD, predominantly hyperactive/impulsive presentation. If he has five or more symptoms in both categories, we would say that he has ADHD, combined presentation.

Inattentive symptoms include such things as failing to give close attention to details, difficulty sustaining attention in tasks, seeming not to listen when being spoken to directly, failure to follow through on instructions, difficulties with organization, avoidance of tasks that require sustained mental effort, frequently losing things, getting distracted easily, and being forgetful.

Hyperactive/impulsive symptoms include fidgeting, leaving one's seat frequently, feelings of restlessness, being unable to engage in quiet activities, being "on the go," talking excessively,

blurting out answers, having difficulty waiting in lines, and frequently interrupting.

In addition, the person needs to have had at least some of the symptoms before the age of 12, the symptoms need to be present in at least two different settings, the symptoms need to clearly interfere with the individual's ability to function, and it must be clear that the symptoms are not better accounted for by a different mental disorder (APA, 2013).

Distinguishing Between ADHD as a Diagnosis and Normal Functioning

Some of the symptoms listed above sound like they might apply to almost anyone at certain times. For example, most people would probably say that they are sometimes easily distracted or sometimes have problems organizing. This is actually the case with many of the psychiatric disorders. For example, everyone gets sad sometimes, but not everyone suffers from a clinical diagnosis of depression. To consider ADHD a diagnosis for any individual, that person must have significant difficulties with some aspect of his or her life such as work, school, or relationships. In DSM-5, there is more attention to impairment specific to adults, such as impairment in work situations.

Also, to be appropriate for the diagnosis, the distress and impairment must be caused by ADHD and not by another disorder. It is important to conduct a thorough assessment in order to rule out the possibility that symptoms reflect another psychiatric disorder.

It is also important to note that ADHD in adults is still relatively unstudied. There is recent evidence for a cohort of adults who meet criteria for ADHD-related impairment, but without documented difficulties with attention in childhood (Moffitt, Houts, Asherson, et al., 2015). That is, a recent longitudinal study of over 1,000 people found

a 6% prevalence in childhood ADHD (most cases were male) and a 3% prevalence of adults with impairing ADHD symptoms (with equal numbers of women and men), but almost no overlap between these two cohorts. As is commonly reported, those individuals with childhood ADHD tended to outgrow the full syndrome over time but did have some select impairments that continued into their 30s. In contrast, the adults with ADHD symptoms had substantial impairment, but this impairment did not represent a continuation of a childhood-onset disorder. The authors of the study suggested reconsideration of the requirement that some symptoms of ADHD must be present before the age of 12 years should these findings be replicated. Another interpretation is that family support may mask ADHD symptoms in childhood, but when an adult has to take on significantly more responsibilities, symptoms begin to appear. Regardless of how these diagnostic issues are sorted out over time, ADHD symptom impairment in adulthood is an issue in clear need of effective treatment options.

Treatment of ADHD with Medications

Medications have been the most extensively studied treatment for adult ADHD (for a review see Faraone & Glatt, 2010). Although highly useful in the treatment of adult ADHD, it appears that medications are only partially effective. In controlled studies of stimulant medications, and open studies of tricyclic antidepressants, monoamine oxidase inhibitors, and atypical antidepressants, 20% to 50% of adults are considered nonresponders due to insufficient symptom reduction or inability to tolerate these medications (Wender, 1998; Wilens, Spencer, & Biederman, 2002a). Moreover, adults who are considered responders typically show a reduction in only 50% or fewer of the core symptoms of ADHD, and these response rates are worse than the rates found in children (Wilens, Biederman,

& Spencer, 1998a; Wilens, Morrison, & Prince, 2011; Wilens, Spencer, & Biederman, 2002a). In other words, many residual symptoms often persist for adults with ADHD despite adequate medication treatment.

Although psychopharmacology may ameliorate many of the core symptoms of ADHD (attentional problems, high activity, impulsivity), it does not provide the client with concrete strategies and skills for coping with associated functional impairment. Quality-of-life impairments such as underachievement, unemployment or underemployment, economic problems, and relationship difficulties associated with ADHD in adulthood (Agarwal et al., 2012; Biederman et al., 1993; Murphy & Barkley, 1996a; Ratey, Greenberg, Bemporad, & Lindem, 1992; Safren et al., 2010) require active problem-solving, which can be achieved with skills training over and above medication management. Recommendations for the optimal treatment of adult ADHD call for the use of concomitant psychosocial interventions with medications (Biederman et al., 1996; Wender, 1998; Wilens, Biederman, & Spencer, 1998a; Wilens, Spencer, & Biederman, 1998b; Wilens et al., 2011).

Development of This Treatment Program

This program was developed and initially tested at the Cognitive Behavioral Therapy Program at the Massachusetts General Hospital (MGH)/Harvard Medical School, Department of Psychiatry. Input for the treatment came from the psychiatrists who run the Adult ADHD program at MGH (Drs. Joseph Biederman, Timothy Wilens, and Thomas Spencer) and treat large numbers of adults with ADHD using medications. Through their clinical and research efforts, these providers noticed that although medications do help, they do not fully treat the problem.

To help conceptualize the treatment, we also reviewed published guidelines about therapy for adult ADHD, including a chart review by Wilens, McDermott, Biederman, Abrantes, Hahesy, and Spencer (1999) that reported on a CBT approach developed by Stephen McDermott (2000). This treatment was grounded heavily in cognitive therapy.

Secondly, members of our team met with medication-treated adults with ADHD for their input about the types of problems for which they would want help from a CBT. These individuals' difficulties included organizing and planning; distractibility; anxiety and depression; and procrastination. Additional issues included anger and frustration management, and communication skills. Examples are discussed below.

Organizing and Planning

Problems with organizing and planning involve difficulties figuring out the logical, specific steps to complete tasks that seem overwhelming. For many clients, this difficulty leads to giving up, procrastination, anxiety, and feelings of incompetence and underachievement. For example, several of our clients who were underemployed or unemployed had never completed thorough job searches, resulting in not having a job, working in much lower-paying positions than they could have, or not working at a job that would lead to appropriate employment.

Distractibility

Problems with distractibility can occur at work or school. Many of our clients have reported that they do not complete tasks because other less important things get in the way. Examples might include sitting down at one's computer to work on a project, but constantly going on the Internet to look up certain websites, or browsing social networking sites.