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Psychiatry and Addictions Case Conference

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COGNITIVE BEHAVIORAL THERAPY (CBT) FOR ADULT ADHD: DOES ADHD NEED THERAPY?

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SPEAKER DISCLOSURES

- ✓ No relevant conflicts of interest to disclose.

OBJECTIVES

1. Review diagnostic criteria for ADHD
2. Understand the Role of CBT in the Treatment of adult ADHD
3. Describe how combined medication and CBT can benefit adults with ADHD

A CLINICAL CASE

A 26-year-old white female with history of ADHD diagnosed in college who now presents for treatment of ADHD.

- Stimulant medication has been helpful in the past
- Not taking any currently
- Problems at work and at home
- Low mood

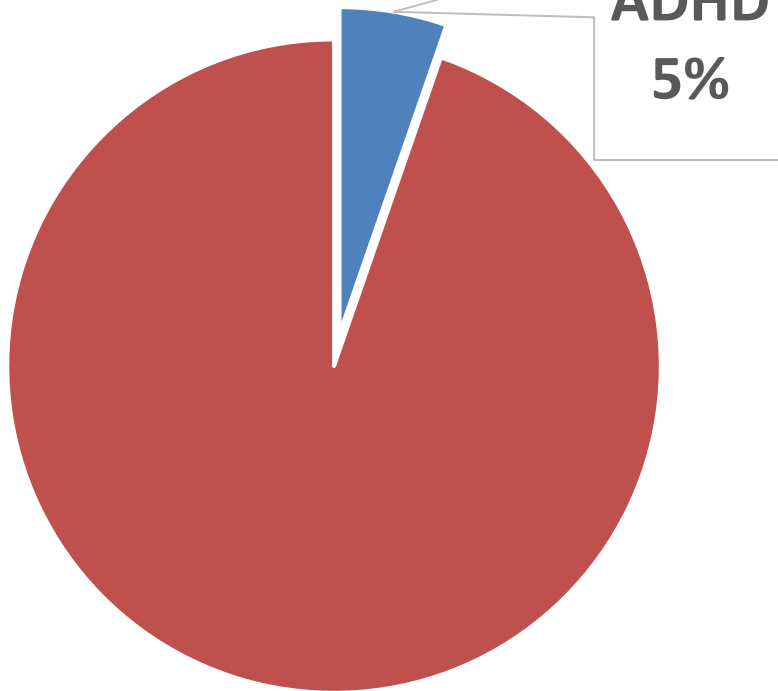
WHAT IS ADHD?

A neurodevelopmental disorder characterized by symptoms of:

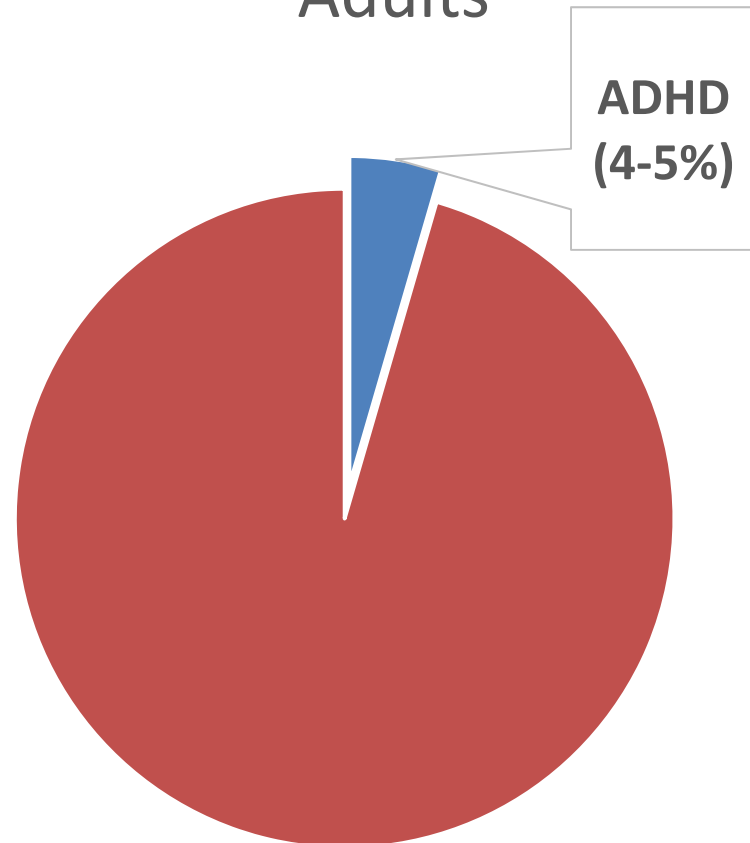
- Inattention
- Impulsivity
- Locomotor hyperactivity

HOW PREVALENT IS ADHD?

Children &
adolescents



Adults



Sources: Kessler et al (2006); Polanczyk (2007)

HOW DO WE DIAGNOSE?

DSM-5 criteria for ADHD

≥5 symptoms per category in adults, ≥6 months; age of onset ≤12 years; noticeable in ≥2 settings; impact on social, academic or occupational functioning; not better accounted for by another mental disorder



Inattention

- (a) Lack of attention to details / careless mistakes
- (b) Difficulty sustaining attention
- (c) Does not seem to listen
- (d) Does not follow through on instructions (easily side-tracked)
- (e) Difficulty organising tasks and activities
- (f) Avoids sustained mental effort
- (g) Loses and misplaces objects
- (h) Easily distracted
- (i) Forgetful in daily activities

Hyperactivity / Impulsivity

- (a) Fidgetiness (hand or feet) / squirms in seat
- (b) Leaves seat frequently
- (c) Running about / feeling restless
- (d) Excessively loud or noisy
- (e) Always "on the go"
- (f) Talks excessively
- (g) Blurts out answers
- (h) Difficulty waiting his or her turn
- (i) Tends to act without thinking

You may not have ADHD!

You may just be a restless, impatient, anxious, driven, mercurial, moody, forgetful, distracted, motor-mouthing, mind-wandering, space cadet who never finishes anything, can't do paperwork, doesn't listen, and self-medicates with caffeine, cannabis, and cigarettes.



Got ADHD? We're cool with that!
www.TotallyADD.com

HOW DO WE DIAGNOSE?

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date				
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.					
	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					
Part B					

- Patient self report
- Family member report
- School report if relevant

WHAT CAN YOU ASK TO DETERMINE IF FURTHER SCREENING AND/OR REFERRAL IS NECESSARY?

1. Have you had long-standing and consistent problems with attention and distractibility?
2. Have your current complaints been present over the last 10 or 20 years?
3. If I could see you in the classroom when you were a child, what would you be like?

Source: Katzman et al. (2017)

IF THE ANSWERS ARE YES (OR SUGGESTIVE OF PROBLEMS), CONSIDER:

1. Using an established screening tool
2. Referring for to psychiatry, neuropsychology
3. Assessing for additional, common comorbidities – untreated anxiety, depression, trauma, sleep disorders/problems, substance/alcohol use problems

HOW DOES COGNITIVE BEHAVIORAL THERAPY (CBT) FIT INTO ADHD TREATMENT?

SOME INDIVIDUALS

- **Don't respond** to medications*
- **Can't tolerate** medications
- **Don't want** medications
- **Aren't candidates** for medications

Up to 50% of adult patients show less than a 30% decrease in symptoms with medication

Source: Castell et al., 2011; Hazell et al., 2011; Wilens et al. 2001

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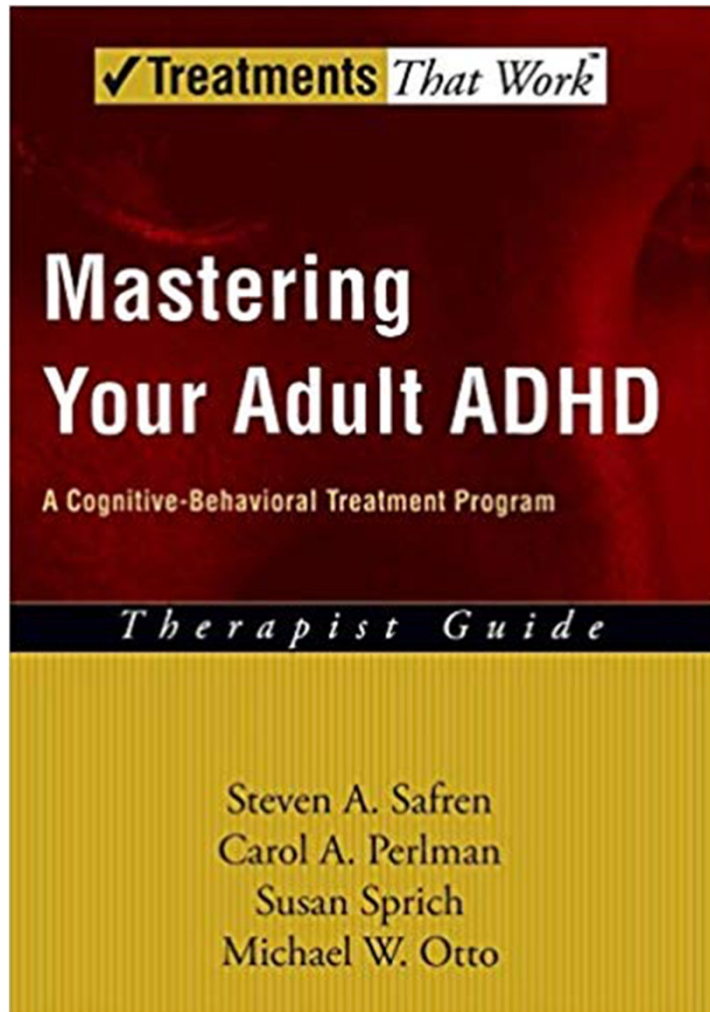
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CBT **teaches skills** to address key impairments & emotional consequences of ADHD

Source: Castell et al., 2011; Hazell et al., 2011; Wilens et al. 2001

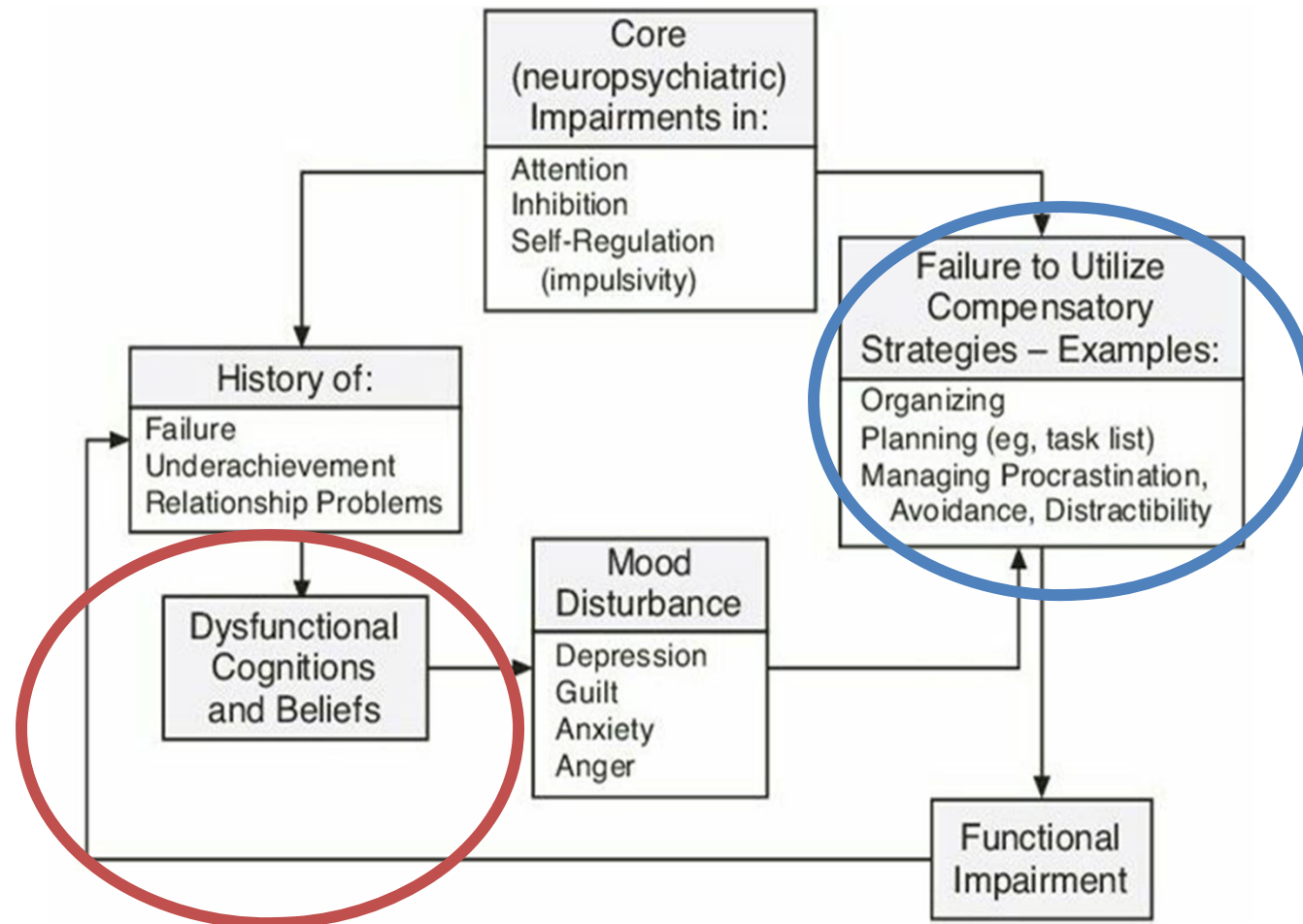
CBT FOR ADHD IS MANUALIZED



TREATMENT IS:

- TIME LIMITED
- MEASUREMENT BASED
- FOCUSED ON EDUCATION, BEHAVIOR CHANGE, & CHANGING UNHELPFUL THOUGHTS
- EFFECTIVE

CBT CONCEPTUALIZATION OF IMPAIRMENT IN ADULT ADHD



Source: Safren et al, 2005

WHAT DO SESSIONS TYPICALLY INVOLVE?

Weekly meetings

Group or individual

Learning skills

Homework & skill repetition

Monitoring & assessment

Significant others*



WHAT SKILLS ARE TAUGHT?

TOP SKILLS

- Time management
- Organization
- Planning

COGNITIVE

- Identity & change thoughts that**
- worsen ADHD symptoms
 - decrease mood

BEHAVIORAL

- Reduce avoidance & procrastination
- Monitor & improve medication adherence*

CBT for ADULT ADHD is EVIDENCE-BASED

- **Trials mostly evaluate MEDs vs. MEDS + CBT**
- **Homework adherence predicts (better) outcomes**
- **Reduces core symptoms of ADHD and improves functional outcomes**
- **Patients appear to respond more and faster with meds + CBT vs. CBT solo (early data)**

Source: Cherkasova et al. (2020), Knouse et al. (2017)

WHAT HAVE WE LEARNED?

- ✓ LOTS of ADULTS with ADHD will need more than meds
- ✓ Brief screening and referral are important
- ✓ CBT is an effective treatment
 - ✓ Stronger evidence base in conjunction with meds
 - ✓ But also helpful without meds

THANK YOU!