



Rationale for 'ONTRAC' Program for Tweens (11-13) with ADHD

Attentional Deficit Hyperactivity Disorder (ADHD) in children is a prevalent and challenging condition. Most childhood cases continue to meet the criteria of adolescent ADHD, contrary to the belief that children will grow out of the disorder. Between 50-80% of children diagnosed with ADHD will continue to meet the criteria. Typical struggles include:

- Inattention
- Impulsiveness
- Hyperactivity
- Organisation and Planning
- Compliance
- Self-regulation
- Socialisation

During middle school years, signs of ADHD may become clearer as your child faces greater demands at school, at home and in the social world of tweens. It's a big transition. At this age, academic challenges become greater, but so do social challenges. This puts additional pressure on the tweens' executive functioning and may exacerbate other issues such as anxiety, depression and defiance.

On the academic front, tweens are working on more complex concepts. The workload increases, and they are expected to juggle more demands - all at the same time. On the social side, things are also more complex. Tweens are so eager to 'fit in' that they'll avoid doing just about anything that makes them seem different from friends and classmates. They dress alike, talk alike, and wear the same hairstyles as their peers.

"Take ADHD meds? Forget about it. Work with a tutor? No way. There's nothing wrong with me!", these young people tell their parents. "Why do you want me to learn this? I'm never going to use it anyway."

And so, as these tweens refuse the help that they accepted in earlier years, their ADHD symptoms flare up, grades go down and parental conflict increases. "How did my sweet and obedient primary school child become this defiant?", parents ask.



For all its challenges, however, the middle school years are also a time of growth and greater self-awareness. Kids are often able to understand their issues in a way they couldn't before, leading to clearer insight into their condition. Generally, kids in this age bracket (11-13), still tend to be open to guidance from their parents and open to treatment options.

This is a good time for parents to revisit discussions with their child about ADHD and evidence-based interventions, including ones that target the tweens directly, preparing them to gradually depend less on their parents and more on their developing, cognitive ability to manage their condition.

Children with ADHD typically have secondary problems which are not resolved with medication alone. For example, [Pelham and Gnagy \(1999\)](#), point out that although stimulants may improve parent-child interactions in some settings, problems of low self-esteem, poor peer relationships and other secondary or coexisting problems may exacerbate ADHD symptoms and may not improve with medication alone. Also, a significant number of children with ADHD may be intolerant to stimulant medication.

Given the above, ADHD WA is now offering a Cognitive Behavioural Therapy (CBT) based program for tweens with ADHD. The aim of the program is to assist tweens with their gradual transition into environments that are less structured and less supervised, as well as help them cope with the emotional challenges that are inherent to this puberty phase of development.

Ontrac is now one of the 'Services Learning Project' options for UWA's medical students.

The program comprises 3 modules:

- Psychoeducation
- Adaptive thinking
- Skills building

Module1: Psychoeducation

For individuals to understand ADHD, they need to know what characteristics affect them and how. ADHD is recognised as a disorder that seldom exists in isolation. It has a list of co-morbid conditions like anxiety and depression, and



learning disorders like dyslexia and dyscalculia that can interfere with academic efforts, social awareness and overall achievement. Many individuals have a combination of these characteristics, not just impulsivity/ hyperactivity or inattention. Children with ADHD are at significant risk to face several challenges in their academic environments. They may not have a specific learning disability, but their academic success may be compromised by the lag in their executive functioning capacity.

This module covers:

- How ADHD is diagnosed
- That ADHD is a neurobiological disorder that impairs the self-management system in the brain
- That ADHD is a valid diagnosis
- That it is not related to laziness or lack of intelligence
- Treatment options

Module2: Adaptive Thinking

The focus of this module is to help the participants think about problems and challenges in the most adaptive and realistic way possible. This is done by helping the children understand their ADHD-related issues from a CBT perspective.

The module covers:

- Relationship between thoughts, feelings and behaviours
- How to identify and dispute negative thoughts
- How to look at situations realistically and make rational choices about the best possible solutions
- Strategies for keeping thoughts in check
- Cognitive distortions/thinking traps
- Core beliefs
- Mindfulness
- Exploring values



Module3: Skills building

The CBT model of ADHD suggests that many of the consequences of neurobiological symptoms of ADHD are maintained or exacerbated by a lack of adequate psychosocial coping skills (Safren, Sprich, Chulvick, & Otto, 2004). Given this, the objective of the behavioural skills component of the program is to teach the children compensatory executive skills, such as time management (planning, organizing and prioritising), problem-solving, and management of distractibility and procrastination that can exacerbate ADHD symptoms. The goal is to prevent the development/emergence of some of the impairments that can arise as a result of untreated or partially treated ADHD.

The **first** part of the skills building module involves teaching time management, organisation, planning, prioritising and problem-solving skills.

The **second** part involves using the skills learned in the first part to manage the environment, distractibility, and procrastination.

This module covers:

- Understanding time and identifying what you really spend your time on.
- The use of a diary and maintaining a disciplined routine in order to manage time more effectively.
- The use of problem-solving skills to:
 - break down big tasks into steps and
 - choose a best solution for a problem when no solution is necessarily ideal
- Recognise the length of time they can hold their attention to tasks and to divide tasks into chunks that do not exceed this time, as well the management of distractibility.
- Use learned skills to address problems with getting started and completing tasks.
- Communication skills

Eligibility:

Participant selection: Tweens aged 11-13 who meet full criteria for ADHD as their primary diagnosis.



Parent Involvement:

Pre/post intervention questionnaires:

- Barkley's Rating Scale (BFIS-CA) Parent Rating Scale
- Parenting Style Questionnaire
- Attend a free, 45 min one- on- one session with founding psychologist. These sessions will be confirmed after the program starts and you will be contacted to arrange a time that is workable for you.
- Attend the Q&A session with your child. Panel - Psychiatrist, GP and nutritionist.

Facilitators:

Founding psychologist, together with medical/psychology students from UWA who have an interest in ADHD or who have chosen Ontrac as their service learning project.

Place and Time:

All sessions will be delivered at ADHD WA in Nedlands. The program follows the school term, from 5:00pm to 7:00pm on Wednesdays for seven weeks.

The program is offered under Medicare's Better Access Initiative, namely Group Therapy (item 80120). In order to obtain the rebate, participants need to provide ADHD WA with a referral from their Paediatrician/Psychiatrist or a Mental Health Plan from their GP stating the item number above.

A free mentoring program for children who have completed 'OnTrac' is currently being considered.

For more information, contact ADHD WA's office and speak to Akvile or Melanie.

Thank you