

Rationale for 'OnTrac' a Program for Teens (14-17) with ADHD

Attentional Deficit Hyperactivity Disorder (ADHD) in adolescents is prevalent and impairing condition. The majority of childhood cases continue to meet the criteria for adolescent ADHD, resulting in up to 6% of the general population of adolescents having this condition.

Typical impairments include:

- Academic difficulties
- Risk for repeating grades,
- Suspended from school
- Dropping out of school
- Higher risk for tobacco, alcohol, and other substance use
- More likely to engage in high-risk behaviours such as antisocial activities
- Riskier sexual behaviours
- Relationship difficulties

Accordingly, adolescence is a developmental phase when psychosocial intervention may be particularly important because they transition from close supervision with teachers and parents to increased independence.

Although medication has been widely used as an effective treatment for many years in children, adolescents, and adults, medication alone is often not enough as a sole intervention for ADHD. Many adolescents continue to have residual symptoms, therefore, necessitating the need for evidence-based psychological intervention in order to provide a more comprehensive treatment.

Given the above, Grace da Camara, in partnership with ADHD WA deliver 'OnTrac', a Group Cognitive Behavioural Therapy (CBT) based program for teens with ADHD. The program aims to assist the teens with their gradual transition into environments that are less structured and less supervised; like high school, casual jobs, apprenticeships, and tertiary education, as well as help them cope with the emotional challenges that are inherent to this phase of development and often exacerbated by their ADHD.

The program comprises three modules:

- Psychoeducation
- Adaptive thinking
- Skills building

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, depression as well as learning disorders like dyslexia and dyscalculia that can interfere with academic, social awareness, and overall achievement. Many individuals have a combination of these characteristics not just impulsivity/hyperactivity or inattention. There is a significant risk for teens with ADHD to face several challenges in their academic environments. They may not directly have a learning disability, but the troubles they encounter because of a lag in their executive functioning capacity may interfere with their academic success.

This module covers:

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

Adaptive Thinking

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

This module covers:

- Understanding the relationship between thoughts, feelings and behaviours
- Learning how to identify and dispute negative thoughts
- Learning how to look at situations realistically and make rational choices about the best possible solutions
- Strategies for keeping thoughts in check
- Understanding cognitive distortions/thinking traps
- The role of core beliefs in negative thinking
- Exploring values

In this module the old CBT view of ADHD - that thoughts don't play a role in ADHD, and only relevant in cases of co-existing conditions such as anxiety or

mood disorders and thus putting the focus of ADHD interventions on changing behaviours is challenged. I acknowledge that unlike with depression thoughts do not cause ADHD but experiences of living with ADHD effects thinking and thinking effects ADHD. Negative thinking in ADHD erodes away the pillars of self-esteem and the trust in ones' ability to bring about change in one's life. Many studies repeatedly show that emotions play a strong role in ADHD symptoms, suggesting that there is a direct link between negative thinking and ADHD symptoms.

In line with the new view of ADHD 'OnTrac' gives the Cognitive Component of intervention for ADHD as much importance as the Behavioural/Skills Component.

Skills Building Module

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 coping skills (Safren, Sprich, Chulvick, & Otto, 2004). Given this the objective of the skills building module is to teach compensatory executive skills such as:

- time management
- planning, organising and prioritizing
- problem-solving
- communication skills
- self-regulation
- management of distractibility and procrastination
- bringing about change

Learning these skills at this young age can facilitate the transition to environments that require greater independence as mention previously. Accordingly, in the program, we balance the importance of involving parents with an understanding that, developmentally this is a time of increased independence and 'parenting to protect' needs to be balanced with 'parenting to prepare'. The teens are taught to rely less on their parents and more on their own cognitive and behavioural ability. However, some involvement is still needed and encouraged.

Treatment courses

The program comprises two treatment courses: the first a six-week treatment course plus a complimentary Q&A session, the second a follow up four-week treatment course, three months after the first one. In total a 10-week program.

This gives the teen an opportunity to implement the skills taught in the first treatment course and if needed, with the consent of his/her referring professional, to participate in the second treatment course of four weeks after three months of the first treatment course

The objective of the second treatment course is to:

- review treatment strategies and determine their effectiveness
- provide positive feedback regarding the strategies and skills that are working and the importance to keep on using them
- help the teens problem-solve any difficulties (e.g., strategies that no longer work or are not being done in the best possible way)
- help the teens understand that setbacks will happen, and that successful treatment does not mean that they will not experience future challenges and symptoms. For most conditions' symptoms will wax and wane over time
- help the teens feel supported by their mentors beyond the initial program.

Eligibility

Participants: Teens aged **14-17** are eligible. In order for the program to be delivered, we need the number of participants to meet Medicare's requirements in relation to group therapy numbers, namely, a minimum of 6 and a maximum of 10, participants per group.

Parent participation for the first treatment course

- Complete pre/post-intervention questionnaires
- Parenting Style Questionnaire
- Attend a free, 45 min one-on-one session with the psychologist. These sessions will be confirmed after the program starts
- Attend the Q&A session with their teen, if the teen consents

Parent participation for the second treatment course

- Complete pre/post troubleshooting questionnaire
- Provide consent for the second treatment course from the initial referring professional

Facilitator

The facilitator is a registered psychologist, who offers Medicare Services under the Better Access Initiative in collaboration with ADHD WA and third-year medical students from UWA who have chosen OnTrac as their Services Learning Project.

Place and Time

All sessions are delivered from ADHDWA in Nedlands. The first program follows the school terms, from 5:00 pm to 7:00 pm on Wednesdays for seven weeks. The second treatment course will start three months after the end of the first treatment course from 5:00 pm to 7:00 pm on Thursdays for four weeks.

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

Feedback will be given to the referring professional at the end of the first treatment course.

For more information please contact ADHD WA on 08-6457 7544 or email me directly on: szcounselling@gmail.com