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Can CBT Help Your Adult AD/HD?

by Steven A. Safren, Ph.D.

COGNITIVE BEHAVIORAL THERAPY (CBT) can play an important role in fully treating attention-deficit/hyperactivity disorder (AD/HD) in adults, even though the disorder is a neurobiologically based illness. While medications are the most widely studied and valid treatment for adult AD/HD, medications do not intrinsically provide patients with concrete strategies and skills for coping.

What is CBT?

Cognitive behavioral therapy is a type of psychological treatment that focuses on the role of thinking in how individuals feel and what they do. CBT treatments typically view psychiatric disorders as having three components: cognitive, behavioral and physical. The **cognitive** component involves thoughts and beliefs that individuals have that may keep a problem or set of symptoms going. The **behavioral** component involves the behaviors or actions of a person that may maintain or exacerbate one's problems. The **physical** component involves the biological or neurological components of a disorder. CBT is different from traditional psychotherapy in that it involves active skills training—almost like a course in coping.

Studies of CBT for AD/HD in Adults

There are a few studies of CBT treatments for AD/HD in adults. My colleagues and I conducted a randomized controlled trial of the CBT program that is in use within our practice (funded by the National Institute of Mental Health). In a randomized controlled trial, patients are randomly assigned to either the treatment group (in this case, the group that received the CBT treatment program) or a control group. Randomized controlled trials are the best way to test interventions. We were able to find two other randomized controlled trials of CBT treatments for adult AD/HD and two uncontrolled studies. An uncontrolled study is one where there is no control group or where individuals are not randomly assigned to the treatment and control group.

Uncontrolled Studies

The first uncontrolled study (McDermott, 2000; Wilens et al., 1999) focused on the cognitive component of CBT—dysfunctional thoughts that lead to negative emotional reactions to external demands and encourage procrastination and other forms of avoidance. The second study focused on the behavioral component of CBT (Hesslinger et al., 2002). In both of these studies, individuals who received treatment showed improvements. Despite the limitations of being an open study and an uncontrolled trial, both show initial evidence for structured cognitive behavioral treatments for adult AD/HD, and both support future research to investigate these promising approaches.

Randomized Controlled Trials

In addition to a study I conducted as part of a clinical research group at Massachusetts General Hospital (described below), there are two other randomized controlled trials of CBT interventions for adult AD/HD. An Australian research group conducted both trials, examining both therapist-delivered (Stevenson et al., 2002) and self-directed (Stevenson et al., 2003) treatment for adults with AD/HD. The sessions involved strategies to cope with AD/HD, homework exercises, and a manual and participant workbook. Additionally, the treatment required involving a supportive person for between-session contact. The supportive person could be someone the patient already knew or, if he or she could not identify someone, a trained undergraduate student to provide support. Both of these studies revealed that those who were assigned to this inter-



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vention showed more self-reported improvement in their AD/HD symptoms than those who were assigned to the control group.

The Massachusetts General Trial

My colleagues and I recently completed a randomized controlled trial of cognitive behavioral therapy for AD/HD in adults (Safren et al., 2005a) at Massachusetts General Hospital, in Boston, Mass. The purpose of the study was to estimate the effect of CBT treatment modules. After that, the group made minor revisions to the treatment approach (see Safren et al., 2005b,c for therapist guide and participant workbook for the revised treatment), and we are now conducting a full-scale efficacy study comparing the treatment to an alternate program. Below is a description of the treatment that was utilized in the first study, followed by a discussion of the results.

The cognitive behavioral treatment was organized into six modules: three core modules that all participants received and three optional ones. The three core modules were (1) organizing and planning, (2) dis-

tractibility and (3) cognitive restructuring (adaptive thinking). After the first session, each session involved homework, and each session began with a review and practice of the homework and previously learned skills.

Organizing and planning. The organizing and planning module emphasizes the consistent use of a calendar and tasklist (notebook). In all sessions to follow, the therapist and the patients review the task list, and patients refine and update the system. The notebook and calendar are key components in building future skills to be covered in the remaining sessions. This module also contains training or re-training in problem-solving skills (D’Zurilla et al., 1999). Finally, patients learn a system by which to prioritize their tasks.

Distractibility. The distractibility module involves using a timer and uses the skills from the problem-solving module to break down tasks into steps that correspond to “doable” chunks of time. When patients work on a task and have distracting thoughts, they learn to write down the distraction and then quickly return to the task at hand. After the work segment is over, they then can address these distractions.

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Adaptive thinking. The last core module focuses on helping patients think adaptively in stressful or distressing situations. Procedures for cognitive restructuring for AD/HD are adapted from those outlined by Judith Beck, Ph.D., in her book *Cognitive Therapy: Basics and Beyond* (1995). For patients with AD/HD, identifying automatic thoughts can be useful because it can help them slow down their thinking and identify and evaluate the role of these thoughts in making a decision to avoid a task that is perceived as unpleasant.

Optional Modules

In the first study, we utilized optional modules for coping with procrastination, anger management, communication skills and relationship problems. However, as we delivered the treatment, we learned that adding topics was quite difficult for many participants. The core modules alone involve a great deal of behavioral change. Hence, in the revised treatment (Safren et al., 2005b,c), we dropped the modules on anger management and communication skills as these were not chosen frequently in the first study. We retained the procrastination module as an optional module as many participants found this necessary. Finally, we added a session with a spouse or significant other in order to attempt to help facilitate the treatment in the home setting.

Findings

Our study found the cognitive behavioral treatment described to be superior to continued medications alone (Safren et al., 2005a). Participants were adults between the ages of 18 and 65 who were stable on their medications for AD/HD but still had significant symptoms. Participants completed a battery of self-report measures and an independent evaluation with an assessor who did not know which treatment was used. Assessments occurred before and at the end of the CBT treatment (or approximately three months later for those in the control group).

At the outcome assessment, those who participated in CBT had less severe and fewer AD/HD symptoms (both self-reported and assessor rated) than those who had medication alone. Those in the CBT group also had lower independent-assessor rated and self-report anxiety, lower independent-assessor rated depression and a trend to lower self-reported depression.

Conclusions

Published guidelines for the treatment of AD/HD based on clinical experience recommend using CBT

with medications. However, studies of such an approach are just beginning to emerge. Those that do exist reveal that skills-based CBT approaches can significantly add to the benefit achieved by medications. Based on our randomized controlled trial, we have shown CBT to be beneficial compared to continued medications alone.

Individuals who are interested in CBT may wish to visit the Web site of the Association for the Advancement of Behavioral Therapy (www.aabt.org). The site includes a list of referral sources. Additionally, Oxford University Press has a new series entitled, “Treatments that Work” (see www.oup.com/us/ttw), which includes resources for therapists and clients wishing to conduct or participate in cognitive behavioral treatments that have been shown to work in randomized controlled trials. ■

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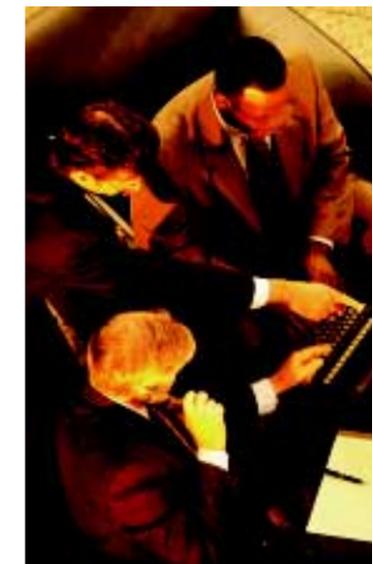
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