

ADHD and Transition to Adulthood

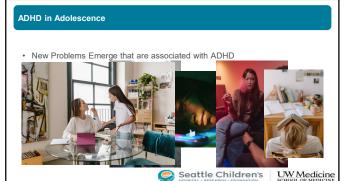
- 11x risk to be both unemployed and not in school at age 19
- Among college students with ADHD: at risk for course failure and dropout
- More frequent employment changes and firings
- Lower wage earning and supervisor ratings- <u>lifetime earnings 40% less</u>
- · More likely to live with family
- · Less likely to have a savings account or credit card
- · Higher rates of food and housing instability
- Lower life satisfaction
- · Higher rates of depression
- Heavier use of substances, especially marijuana





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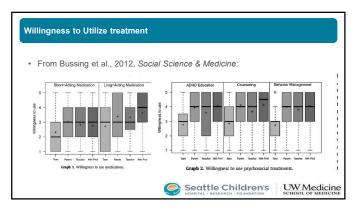
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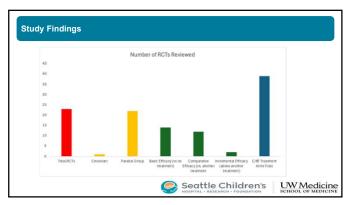
ADHD in Adolescence: treatment utilization Long-term Follow-up Multimodal Treatment of ADHD Study (MTA; Molina et al., 2009, Journal of the American Academy of Child & Adolescent Psychiatry) Tracked participants' naturalistic treatment after participation in initial 14-month RCT concluded. Only 17.2% of the sample was medicated at every assessment from 14 months (approx. 9 years old) to 96 months (approx. 16 years old)

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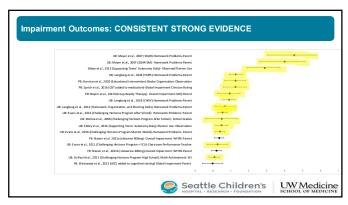
Retention in traditional Behavior therapy • Difficulties engaging teens in behavior therapy (Barkley et al., 2001, Journal of Consulting and Clinical Psychology) Retention in Services in Barkley et al., 2001 **The Markley Services** **The Weeks Parent Only ** 9 weeks Parent Teen **The Markley Services** **The Markley Servi

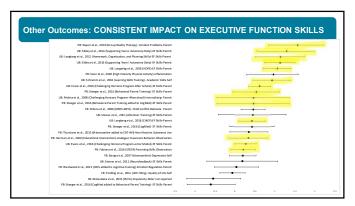


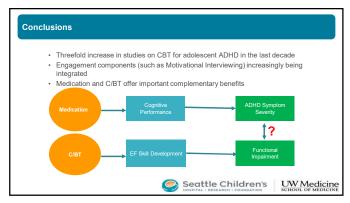




ADHD Symptom Outc	omes: INCONSISTENT
Non-FB-fully bladed, PB-Pertully Bladed, UB-bladedded fifter stee represent groups time effects (representing group differences in change from baseline).	His beaumout of 2010 bit beautomation of the continues of
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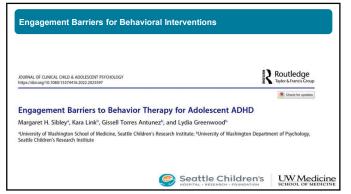




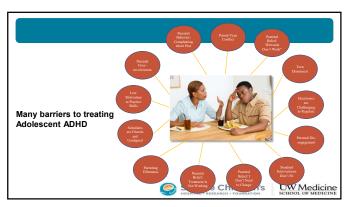
Clinical Implications

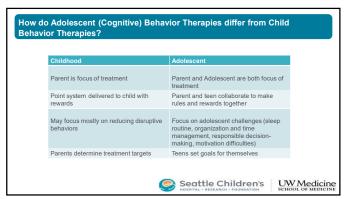
- No reason to reserve CBT for adolescent medication non-responders?
- Professional practice guidelines should consider this updated review of the literature (currently the guidelines are mixed)
 - AACAP, NICE: Reserve CBT for med non-responders only
 - AADPA, AAP: Offer combined treatment to patients from the outset
- Need to broaden treatment targets to other areas of impairment:
 - · Emotion regulation
 - Safe behavior with peers
 - · Responsible use of digital media
 - Sleep
- Long-term effects are present for adolescent ADHD C/BT—critical period for prevention
- Is yet to be a true combined treatment RCT for ADHD in adolescence
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Category	% (n)	
Low teen desire for treatment	75.2 (91)	
Parental failure to monitor teen practice	69.4 (84)	
Teen forgetfulness	60.3 (73)	
Teen believes no change is needed	56.2 (68)	
Low teen self-efficacy	49.6 (60)	
Parent intrusiveness	49.6 (60)	







Common Elements of Evidence-based practices for ADHD in Adolescence

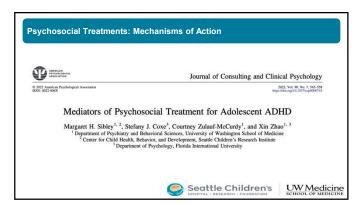
- · Treatment Packages meeting this criteria
 - Challenging Horizon's After School Program (Evans et al., 2011; 2016)
 - Homework, Organization, and Planning Skills (HOPS) Intervention (Langberg et al., 2012)
 - Supporting Teens' Autonomy Daily (STAND; Sibley et al., 2013, 2016)
 Cognitive Behavioral Therapy (CBT; Sprich et al., 2016)

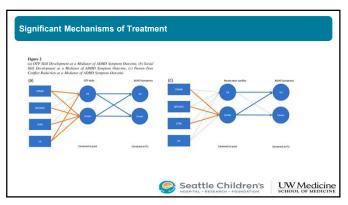
Rios-Davis et al., 2022

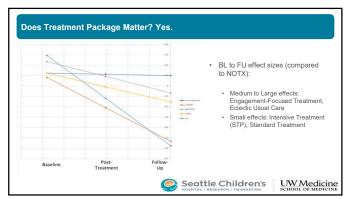


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Effective Treatments for Adolescents with ADHD are Blended Therapy Models

- Models have multiple skills and motivation components blended together in modular format
- · Skills Training
 - Family communication skills
 - Organization, time management, and planning skills
 - Cognitive restructuring and emotion regulation skills
- Motivation/Engagement Components
 - Goal Setting

Rios-Davis et al 2022

- Strength-based approach (build self-efficacy)
- · Parent-Teen contracting
- Motivational Interviewing

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Family Communication Skills

- · Reflective Listening Skills
- I statements
- "I feel angry when you take away my phone because I need it to talk to my friends.
- "I feel sad when you say a disrespectful comment to me because I am your parent and I work hard to give you a good life."
- Recognizing Triggers (situations or topics that create arguments)
 - · Homework difficulties
 - Messy room
 - Breaking rules
- Planning one-on-one time each week to have a positive conversation

 - Take a walk, eat a meal together, get coffee or tea
 Talk about positive steps family members are taking toward goals
- Make a plan to deescalate conflict





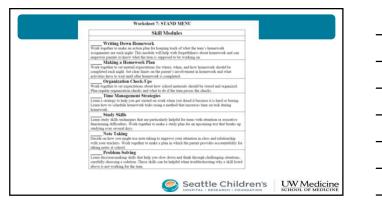
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Organization Skills Training

- Bookbag organization to aid with materials management
- · Writing down information to aid with memory difficulties
- · Planning interventions to organize homework time and daily
- · Creating a structured homework time plan that minimizes distractions and creates a consistent routine
- · Teaching study skills that help with memory problems



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Cognitive Restructuring

- · Identify maladaptive thoughts that promote problem behaviors
 - "I don't want to do this work its boring"
 - "I just want to play video games."
 - · "I can do my project later."
- Replace with adaptive thoughts that promote positive behaviors
 - "If I do this work, I'll get an A."
 - "Its hard for me to stop playing video games and then I don't get my work done."
 - "If I do my project now, I'll have time to play video games later."
- · Track the maladaptive thoughts to notice when they occur
- Track the adaptive thoughts to notice when you successfully use them





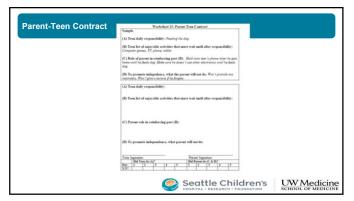
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Parent-Teen Contracting

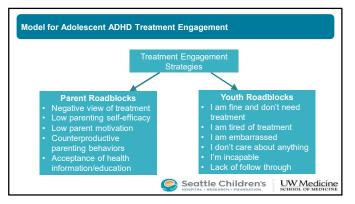
- Parent and teen come together as equals to discuss a shared problem at
- Each compromises to reach a shared goal
- Teen may have to agree to contingent rules at home about free time and getting work and chores done
- Parent may have to be willing to extend greater freedoms to the teen if he or she earns them
- Important: Specify what the parent won't do. (i.e., give reminders, help, do things for the teen) so that autonomy is promoted

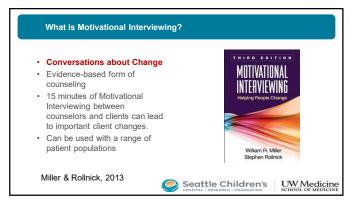


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Blended Motivational Interviewing

- Honoring family autonomy in knowing what strategies will fit best in their lives
- Building the self-efficacy of families through genuine affirmation of their worth
- Developing deep empathy for the challenging situations of the parent and teen
- Surrendering the expert role to collaborate with family members as equals





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Blended Motivational Interviewing

- Selectively reinforcing family member language and thinking about change
 - Using therapeutic strategies to deepen and broaden existing interest in making changes
 - Helping family members become more aware of their personal goals, values, and priorities related to treatment and improved functioning
 - Reinforcing small positive steps in treatment (forward-focused
 - Reframing failures as wisdom gained rather than treatment non-compliance



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Strengthen values Advecing in my video games Getting Kids to be Mour to Me · Stable goals that guide behavior over Mere Prinary Getting Time to do what I want time and contexts · Visualize link between therapeutic Driving Printlegen change and values-consistent living Stoping out up Later Earning Money Bater internal ptirilepin Getting into a magnet program Deing able to relax and do nothing more effen. Deing good at therete or performing arts Going to do more firm activities or codines Seattle Children's UW Medicine

Strength-based approach



- Build client self-efficacy
- Affirm all forward steps taken in therapy, no matter how small

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Self-selected practice activities

- Client should design their own home practice activities with therapist support
 Allow client to explore personal reasons for wanting to complete practice activities





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Personal goal setting

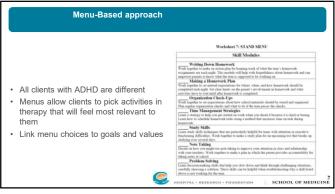
- Allow client to set their own personal goals—ensure they are personally meaningful
- Create concrete outcomes allow progress to be monitored

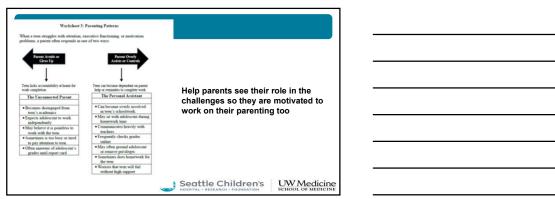




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· How, when, and where home practice will occur • What day(s) of the week one-time actions will occur Gathering materials needed to enact steps

Focus on Therapy Homework: Practice Skills Outside of Sessions

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· When skill practice will occur · Query confidence to carry out actions

during the next week

HW Process: Cognitive walkthroughs

- · Pose scenarios to family that may complicate or derail home practice
- Elicit solutions from family members
- · Key topics:
 - Effectiveness of contingencies
 - · Exactly how teen plans to practice skill
 - Brainstorming initial ideas for written assignments



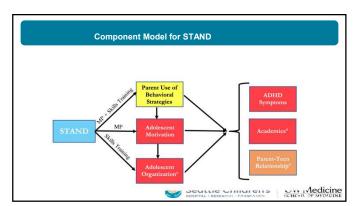
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Supporting Teens' Autonomy Daily (STAND)

- 10-12 weekly clinic based sessions
- Engagement Focused Approach
- Delivered to a dyad (primary caregiver and teen)
- Organization, Time management, and Planning Skills Training Modules (targets Executive Functions)
- · Parent-Teen Behavioral Contracting (targets Motivation)
- Blended Motivational Interviewing and Attention to Process Throughout Treatment (targets Engagement &







STAND: Engagement Phase

- Engagement Phase (4 sessions):

 - Identify parent and teen goals, values and priorities
 Select two OTP skills to master using Treatment Menu
 Reinforce parent-teen communication skills

 - Introduce parent-teen contract





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STAND: Skills Phase

- Skills Phase (2-3 sessions):
 - · Instruction in Executive Function skills
 - · Planning practice activities to ensure skill practice
 - Reviewing home/school practice to reinforce success/remediate difficulties
 - · Linking skill use to goals, values, and priorities



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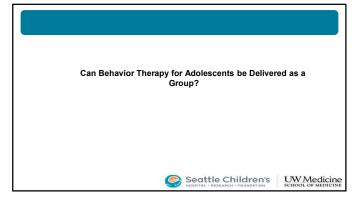
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STAND: Planning Phase

- Planning phase (3-4 sessions):
 Integrating new habits into a daily routine
 Empowering parent to engage school to support student
 - Finalizing a parent-teen contract
 - Consolidating learning during STAND with final MI session

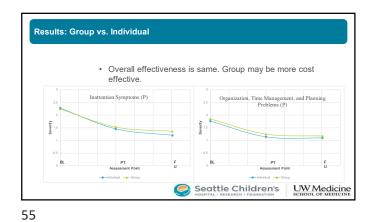


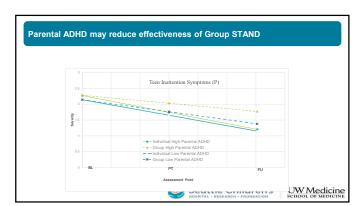


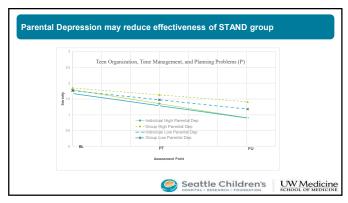


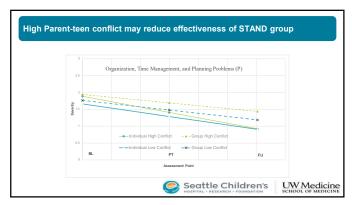












Conclusions

- Child an adolescent non-pharmacological treatments for ADHD differ
- Treatments for adolescent ADHD must focus on engagement first.
- Effective treatments involve both the parent and the teen together
- Skills can be taught to the adolescent to help manage their $\ensuremath{\mathsf{ADHD}}$
- Parents can learn strategies to help the teen manage their ADHD and find



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Video of Engagement Focused Approach (if Time)

• https://vimeo.com/manage/videos/508648313/4a7ecc2407



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