

CBT & ADHD

A GUIDE TO EFFECTIVE USE OF CBT FOR ADHD



Attentional Deficit Hyperactivity Disorder (ADHD) affects how the brain works. The executive functioning in the frontal cortex responsible for memory, attention and organisation is impaired. It does not affect intelligence but depending on the severity of the symptoms it can prevent the person reaching their potential. Limitations of attention and concentration make every day tasks feel much more demanding. Easily distracted and prone to feelings of boredom, there is a tendency to be attracted to exciting stimuli which may be fleeting or lead to prolonged periods of intense focus called 'hyper focus'. Whilst this can be immensely satisfying to a person who finds focus generally challenging, hyper focus can lead to avoidance of other necessary tasks which are often forgotten or not completed.

Although medication is a common treatment option, it does not provide sustained and significant symptom relief for 30-50% of those prescribed. Many people choose not to take medication and can live fulfilling lives with some strategies to make daily activities and relationships more manageable.



There is a growing body of evidence that supports the use of CBT for ADHD.

This guide provides an outline of the main issues affecting people with ADHD, diagnostic criteria, NICE guidance on clinical interventions and a consideration of individual differences that make each person with ADHD unique. A strengths based approach is advocated to look beyond the diagnosis.

RECOGNITION & DIAGNOSIS

DSM-V state the presence of 5 or more symptoms from each category for more than 6 months and present since before the age of 12 years. Symptoms interfere in more than one area of life.

ADHD symptoms of INATTENTION

- careless mistakes/lacks attention to detail
- difficulty sustaining attention
- does not seem to listen when spoken to directly
- fails to follow through on tasks & instructions
- exhibits poor organisation
- avoids/dislikes tasks requiring sustained mental effort
- loses things necessary for tasks/activities
- easily distracted (including unrelated thoughts)
- is forgetful in daily activities

ADHD symptoms of HYPERACTIVITY/IMPULSIVITY

- fidgets with or taps hands and feet or squirms in chair
- leaves seat when expected to remain seated
- experiences feelings of restlessness
- has difficulty engaging in quiet leisurely activities
- is "on the go" or acts like 'driven by a motor"
- talks excessively
- blurts out answers
- has difficulty waiting their turn
- interrupts or intrudes on others

+ emotional dysregulation

Emotional dysregulation is not given much attention in the diagnostic criteria but we know that it is a common symptom that can impact the person severely. Patterns of emotional response are reinforced through repetitive demands that trigger the threat system. Rejection sensitivity Dysphoria (RSD) is another feature of ADHD that can increase emotional distress and cause interpersonal difficulties.



Physiological symptoms

sleep problems
trouble relaxing
Stress
metabolism

**risk of self-medicating
& substance misuse**



Gender difference occur due to stereotyping & hormones. Puberty is a time of flux and so is menopause.

Girls & women tend to have a more internal experience of ADHD symptoms leading to masking. Both men and women learn strategies to cope so symptoms are not always easy to see.



Ask for details of internal mental experience as hyperactivity is not always visible to the outside world.

When your internal world is so exciting and stimulating it makes sense that some less interesting external tasks will be avoided.



*"having ADHD is like being asked to do everything with your left hand when you are right handed. You could probably work it out but it would not feel **natural** and require much more attention"*

Helen Moya

Differential diagnoses

Taken from NICE (2018)

Attention deficit hyperactivity disorder:

What else might it be?

Last revised in January 2021

Anxiety disorders
depressive disorders
autistic spectrum disorder
personality disorder
oppositional defiant disorder
conduct disorder
other neurodevelopmental disorders
specific learning disorder
substance use disorder
neuro-cognitive disorder
disruptive mood dysregulation disorder
bipolar disorder
reactive detachment disorder
fetal alcohol syndrome
auditory or visual impairment
seizure disorder

Problems with diagnosis

- waiting time
- convincing HCP & school
- lack of understanding
- What next?

Teachers and school staff need to liaise with parents and GP for a thorough and reliable referral to be made. This process can be challenging and result in delayed referral or misdirected referrals that waste time and add stress to the process. Make sure school staff have information on gender differences in presentation.

Assessment



website:

You or your child may be referred to 1 of the following types of specialist for a formal assessment: **a specialist child or adult psychiatrist**, a paediatrician – a specialist in children's health, an appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

NICE GUIDELINE

Attention deficit hyperactivity disorder: diagnosis and management

NICE guideline [NG87] Published: 14 March 2018 Last updated: 13 September 2019

Recognition in adults

1.2.10 Adults presenting with symptoms of ADHD in primary care or general adult psychiatric services, who do not have a childhood diagnosis of ADHD, should be referred for assessment by a mental health specialist trained in the diagnosis and treatment of ADHD, where there is evidence of typical manifestations of ADHD (hyperactivity/impulsivity and/or inattention) that:

- began during childhood and have persisted throughout life
- are not explained by other psychiatric diagnoses (although there may be other coexisting psychiatric conditions)
- have resulted in or are associated with moderate or severe psychological, social and/or educational or occupational impairment. **[2008]**

For children and young people (CYP) a period of watch and wait is suggested before or during a referral for assessment. It should be treated 'as if' it is ADHD until disconfirmed through assessment rather than waiting until confirmation.

First line treatment for CYP is a behavioural programme for parents to understand and manage ADHD and medication. Psychological therapies are also recommended as below.

Psychological interventions for adolescents

1.5.14 Consider a course of cognitive behavioural therapy (CBT) for young people with ADHD who have benefited from medication but whose symptoms are still causing a significant impairment in at least one domain, addressing the following areas:

- social skills with peers
- problem-solving
- self-control
- active listening skills
- dealing with and expressing feelings. **[2018]**

For adults, treatment recommendations are medication with or without psychological interventions, or just psychological therapy if medication is ineffective or an informed decision has been made not to take it. **Section 1.5.18 recommends a CBT approach for adults.**

Treatment may involve elements of or a full course of CBT. **[2018]**

Being believed is the first step to help



"We are all a bit ADHD"

FALSE

ADHD is often misunderstood or completely dismissed altogether and not believed. This can lead to distress and mistrust of friends, family and professionals. The person may either try and mask their feelings and symptoms more or exaggerate them to be taken seriously. Both can be damaging and will maintain the problems.

We all have difficulty focusing, concentrating and remembering things sometimes, but our brains do not work the same. The impact of attentional difficulties in a non-ADHD person may not lead to a THREAT response as in ADHD. We are not all a bit hyperactive. There is not an on/off switch for ADHD.

The threat-demand cycle

This is the idea that every demand presents as a threat, then when on threat alert everything seems like a demand. This cycle can be perpetual for someone with ADHD. Identifying tasks that feel demanding is very useful as they can make good goals in therapy.

Things I find demanding
forms

time limited tasks

going to new places

agreeing to do a task

posting things

remembering birthdays

tech

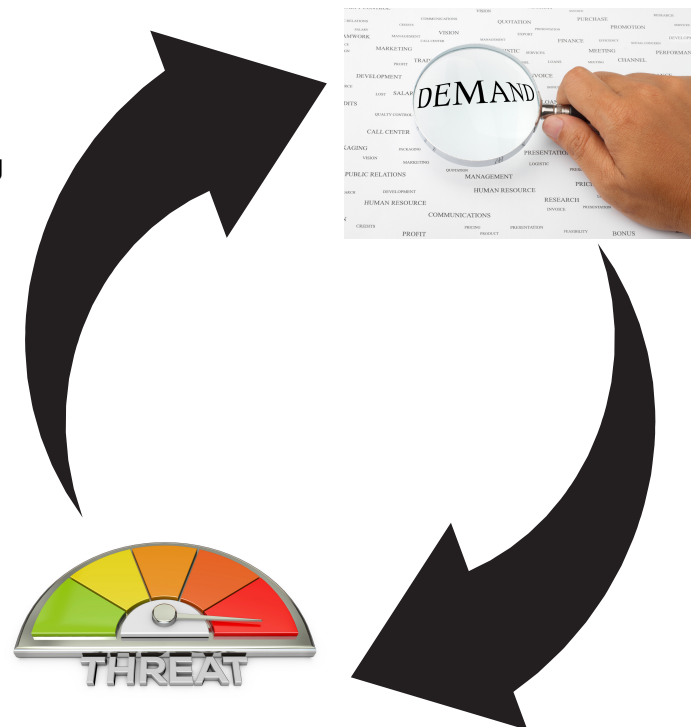
new systems

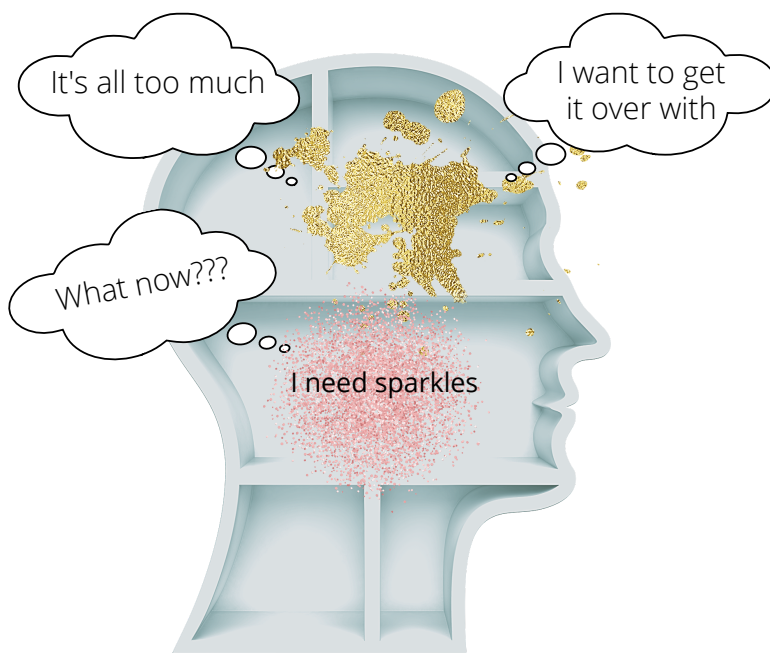
tasks requiring organisation

laundry

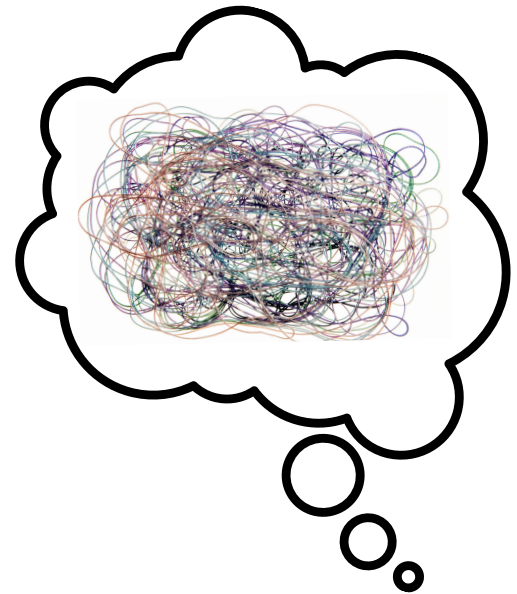
boring repetitive tasks

(housework and washing hair)

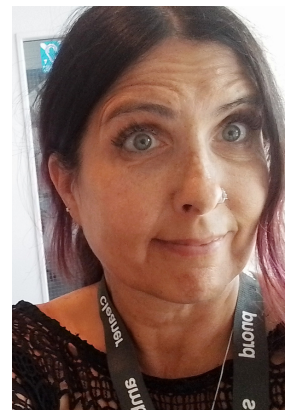




Common cognitions include a constant stream of perceived demands and a desire to get them over with, whilst fearing a void that risks boredom. In an attempt to get things out of the way as quickly as possible thinking and behaviours become more disorganised and impulsive.



Hyperactivity can be an internal sense of constant **reverberation**, which can be experienced positively as excitement or commonly as an **agitated state**



Decompression is necessary

Fidget toys can help with agitation and focus

ADHD & IDENTITY

ADHD can mean different things to each person. Some people will view it as part of their identity whereas others may see it as a 'disorder' or 'condition' that is lived with. There are many factors to consider here. Whether you have a diagnosis or not, when it was confirmed, the severity of symptoms and your gender all impact the lived experience of ADHD. It is likely that the person will have developed negative beliefs about themselves due to comparisons to others without ADHD. Some common labels are presented below. Not all will be viewed negatively as there are many wonderful qualities of ADHD. Use a strengths based approach focusing on what the person values about their identity and make the areas they do not value (like being reactive in relationships) goals of therapy.



Reflect honestly on how these characteristics may impact on you as a therapist

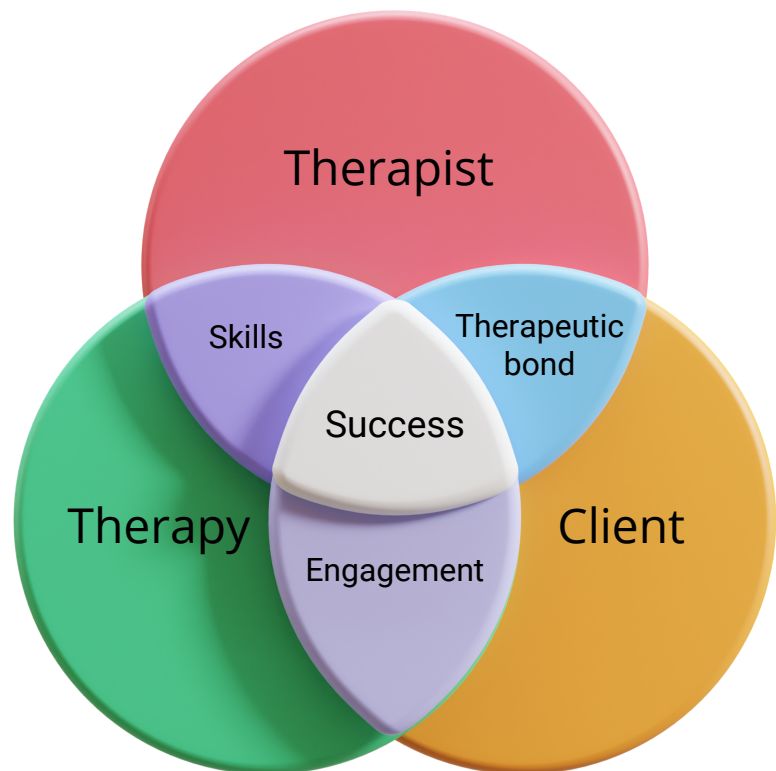


People with ADHD tend to see the bigger picture perspective more easily like a director on a film set. This allows creative thinking on a large scale which can be both exciting and distracting from the specific details of a task requiring attention in any given moment. When details of a project are less interesting then there is a tendency to focus on the more attractive parts. This disproportionate hyper focus adds to the sense of disorganisation. Awareness of this can help therapy tasks.

MAXIMISING THERAPEUTIC GAINS

Success in CBT depends on synergy between therapist, client and therapy factors. Between client and therapist there needs to be a good therapeutic relationship.

The connection between client and the therapy approach (CBT) requires engagement, and the link between therapist and therapy requires skills. You will need to keep reviewing these factors to understand any potential ruptures and how to repair them.



So to maximise success we need to ensure we have the appropriate level of skills, build a trusting relationship based on belief and encourage engagement. All of these factors are more challenging when working with ADHD but they can be overcome with patience, repetition and creativity.



Structure is essential in the sessions. Make sure you make the agenda manageable and review regularly. Sessions need to be organised to maximise attentional focus. This also helps to model new skills



Pay attention to the language used. Check how the person defines their ADHD. Are there preferred terms or terms that offend? For example, some people may or may not identify with the term 'neurodiversity'.

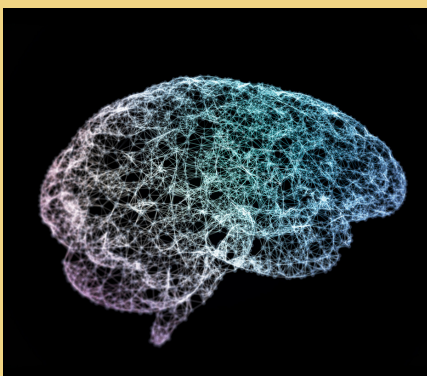
ASSESSMENT

Don't assume that any task or situation is too basic or simple to cause distress. For example, housework may seem straight forward to people without ADHD but it is actually a set of skills that require organisation to be executed effectively. Ask about all activities of daily living to identify the specific tasks and situations that affect the individual. A good example for a vicious cycle is leaving the house as this can be a trigger to ADHD symptoms (e.g. fear of forgetting something, impulsively doing tasks that had been avoided until having to leave)



Do a full CBT assessment and start psychoeducation before your first vicious cycle. This will make the explanation more concrete and easier to process before moving onto the formulation.

Introduce the brain

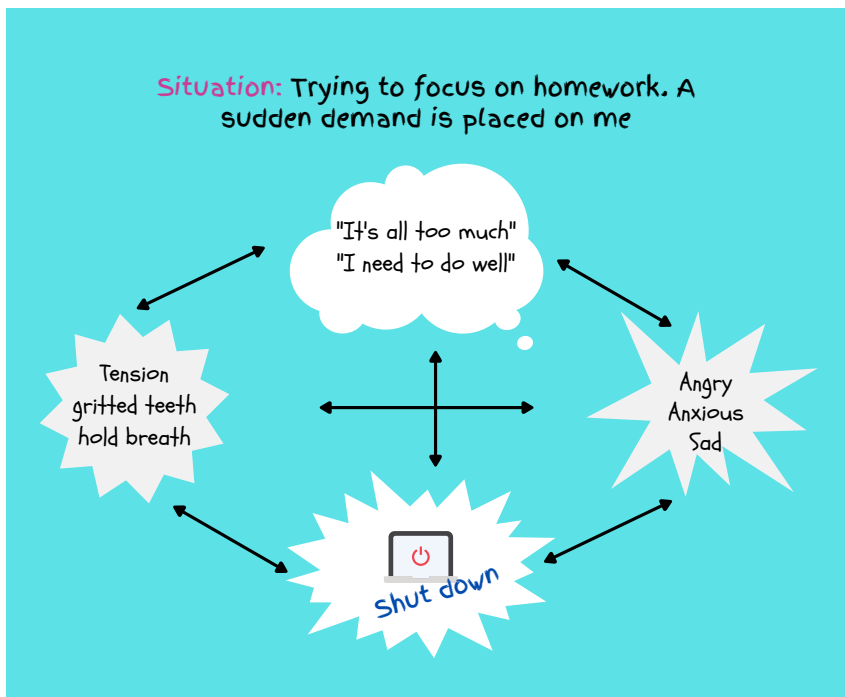


The symptoms of ADHD create a heightened state of arousal in the brain. This means that the brain is more readily reactive to potential **threat**. This causes excessive adrenaline and the **fight, flight or freeze** response. If triggered frequently this will lead to symptoms of anxiety and other emotional distress. Recognising the limited capacity to focus attention is a constant trigger and explains the cycle of distress.

Introduce the brain from the start to show the function of the threat system in maintaining symptoms of ADHD

FORMULATION

As with all CBT assessments you will need to develop a vicious cycle maintenance formulation. This will give you information on symptom experience and patterns that may indicate an ADHD presentation if not already diagnosed. A five areas model may be used with adults and some adolescents but be mindful of information processing issues (not intelligence). These formulations are abstract so find a way of explaining it in concrete terms and you may need to simplify the diagram.

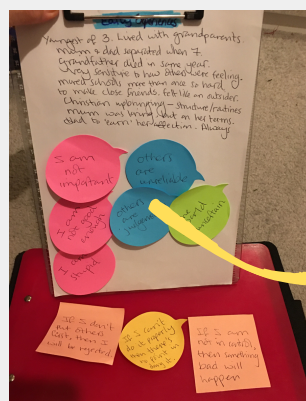


In this formulation it displays all the elements you would expect with an ADHD presentation in a relatively simple representation. We referred back to this diagram frequently to review progress and gain more information on her particular triggers. Similar diagrams can be adapted for adults if engagement with a full 5 areas is demanding.

This is the first maintenance formulation drawn out with a 15 year old female awaiting assessment for ADHD

A longitudinal formulation is very useful for adults to learn more about their early experiences and signs of ADHD

Be creative



Make it interactive to maintain attention

UNDERSTANDING EMOTIONAL DYSREGULATION

This is often overlooked in ADHD across the lifespan. In children the emphasis tends to be on behaviour. For boys it may be focused on managing hyperactivity whereas girls may be seen to be more inattentive. ALL symptoms can lead to distress and this distress can be confusing, misunderstood and cause shame. For example losing control of your emotions can cause unintended offence and lead to interpersonal problems. The person can develop negative core beliefs based on something they can not control.

Use psycho-education based on the brain right from the start. The amygdala fires more readily and there is a lag before the frontal cortex assesses the threat more rationally. Sometimes the impulsive behaviour has already occurred (e.g. snapping at a family member for not responding quick enough to a request).



You can't control it completely, but you can learn to manage it



Emotional thermometers can help to gauge where you are in terms of 'control'. If feeling relatively calm then this is green, rising agitation and impulsivity is amber, and uncontrollable urge to snap is red. Learning to recognise triggers and resisting urges to respond will help to regulate strong emotions. Adapt for age of person.

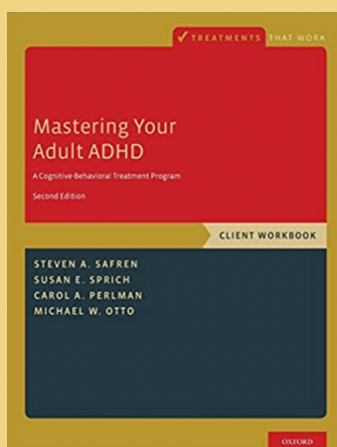
There are many issues that can affect medication use in ADHD. Taking ADHD medication can improve some symptoms but may not regulate the emotional distress associated with interpersonal issues. People may self-medicate to calm down but this can lead to further impulsive behaviours. If experiencing depression it is worth knowing that SSRI's do not produce a good therapeutic effect in ADHD. If undiagnosed then depression can be very hard to treat with medication. Familiarise yourself with the medications used by your client and help them to monitor useage and effectiveness.

MEDICATION USE



CBT PROTOCOL FOR ADHD

This protocol is the culmination of over two decades of research and clinical practice of the team from Boston Massachusetts & Harvard medical school including Susan Spruce & Stephen Saffren. Key paper was published in 2012 (see link in resources) and a later version of the protocol was published in 2018 by Oxford University press and endorsed by UK CBT authorities. It is a modular protocol with client and therapist workbooks, but these are not necessary for delivery. In fact the 2012 paper contains video extracts on how to present each module and contains all the information needed to structure your treatment plan when working with someone with ADHD.



This programme has been developed for adults. However, there are elements that could transfer easily to adolescents and adapted for children.

You may adopt parts of the protocol or all of it, but a key factor is to start with organisational skills training as this is fundamental to the success of the programme. It is the foundation on which the rest is built. Additional modules can be added such as procrastination.

Modules

- 1 Organisation & planning**
This involves setting up a calendar and task system. It also addresses regular tasks avoided and problem solving these (e.g. mail, shopping lists). Homework could be included here for adolescents.
- 2 Distractibility**
This includes recognising triggers and concentration span for specific tasks then planning around this. Delaying distraction is another technique.
- 3 Adaptive thinking**
Recognition of task interfering cognitions and overly positive thinking (e.g. "there's enough time to do everything")

ADDITIONAL ISSUES

Attentional focus

Clearly attentional focus is a key symptom of ADHD. Encouraging a present focus will not only help to reduce distractibility but will settle the brain down and reduce the effects of the threat-demand cycle.



Mindfulness

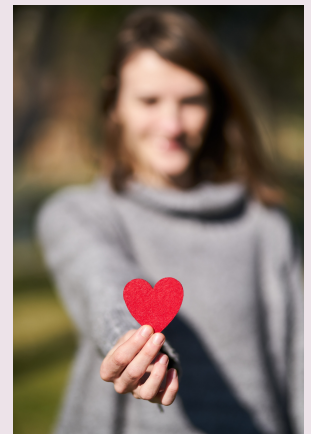
The best psycho-education regarding attentional focus is live work in the session. Experiential exercises help the person to recognise the emotional impact of worry and rumination. Bringing the attention back using a **grounding technique** provides an immediate comparison. Encourage mindful activities and practice between sessions. Challenge the belief that ADHD makes meditation impossible. See mindfulness guide in Resources section. Progressive muscle relaxation (PMR) is also useful to reduce agitation.



ADHD can lead to shame due to perceived deficits or constant failure to complete tasks. Self compassion is a great addition to any CBT work.

Ways to increase self-compassion

- Make a fresh coffee instead of an instant
- Sit down to eat your meal rather than picking on the go
- Wear your best underwear rather than the plain ones
- Treat yourself to something even if you don't think you 'deserve' it
- If you are tired but a friend has asked you to go out say 'no'
- Have a bath with candles lit
- Use special toiletries and skincare products
- Keep a daily journal of things you are proud of
- Allow yourself to be disorganised sometimes (don't fight it 24/7)
- Take some time every day to do at least two things you enjoy



REFERENCES & RESOURCES

Nice guideline 'Attention Deficit Hyperactivity Disorder: Diagnosis & management'.
NICE guideline [NG87]

<https://www.nice.org.uk/guidance/ng87/>



Paper by Sprich et al (2012) Description and demonstration of CBT for ADHD in adults. This link contains video extracts for skills training. It was the early development of the manuals later published in 2018 (see below).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3874265/>

The 'How to ADHD' series of videos by Jennifer McCabe are very informative for client and therapist.

<https://www.youtube.com/c/HowtoADHD>

Mate, G. (2019) 2nd Ed. Scattered Minds: The origins and healing of Attention deficit Disorder. This is a classic book written by Gabor Mate who is a medical doctor who was diagnosed with ADD later in life and has children with the diagnosis.



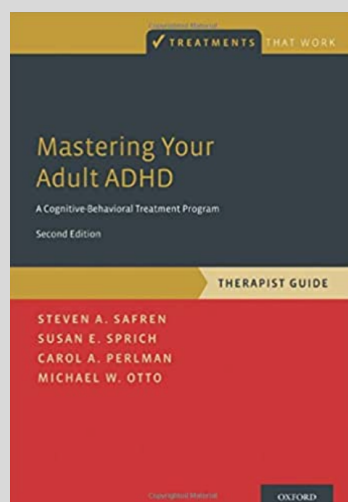
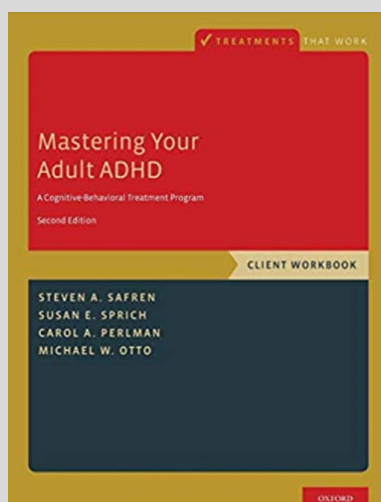
Adult ADHD self-report scale (ASRS-v1.1) can be downloaded here:

<https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf>

Hartman, T. (2019) ADHD: A hunter in a farmer's world. Updated since first publication in 1993. Prolific writer on this subject.

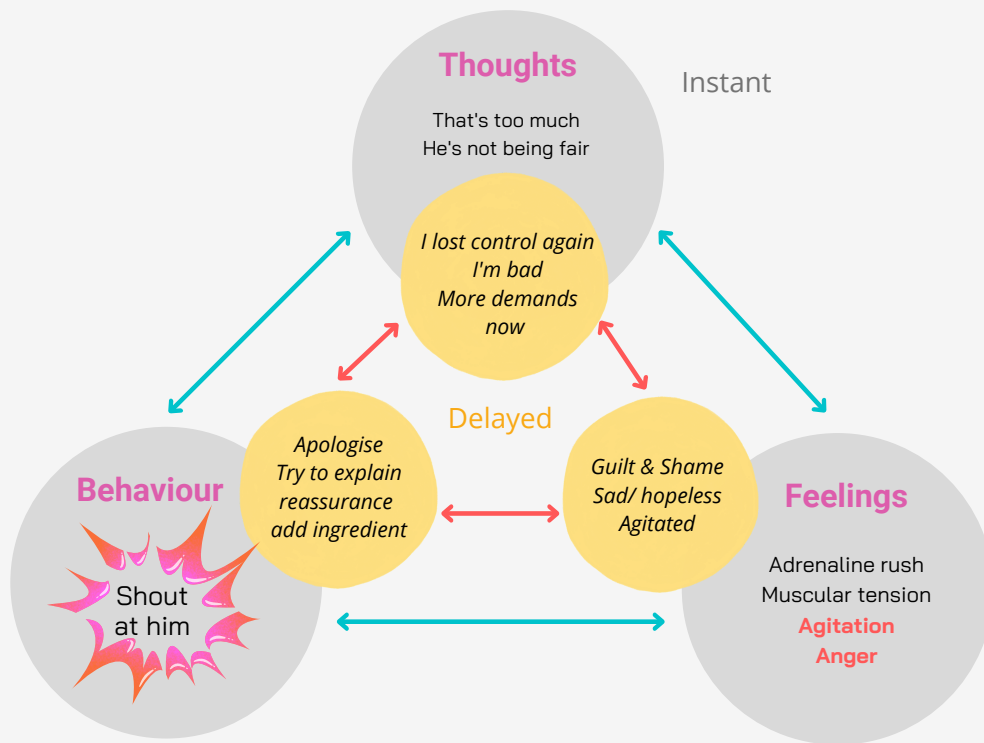
Mindfulness guide:

<http://www.moyacbt.co.uk/wp-content/uploads/2021/05/Mindfulness-Guide.pdf>



These guides to using CBT for ADHD by Safren et al (2018) outline the main modules of the CBT protocol to address organisation, distractibility and altered thinking.

Situation/trigger: making a regular recipe and husband asks me to add an ingredient



Situation/trigger:

