Bringing compassion to adults with ADHD: A 10 session CBT for ADHD group

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Introduction

CBT for ADHD is recommended by NICE (2008/2013) in the treatment of adults with ADHD alongside medication. The Brighton & Hove neurobehavioural service has been offering CBT for ADHD groups for the last 3 years, utilising the behaviourally-orientated Solanto (2011) programme, the most efficacious group protocol currently available (Knouse & Safren, 2010). However, previous service evaluations have demonstrated that the Solanto programme's almost exclusive focus on time management and organisation was failing to meet the needs of our population, which is characterised by higher levels of psychological distress and complexity than the university-based clinic in Solanto's study. Furthermore, high drop-out rates (approx 50%) and feedback from patients saying they wanted more time to address the emotional impact of the diagnosis, led to the current revision of the group. The new group featured greater focus on cognitive-emotional themes (Young and Bramham, 2006), with some sessions integrating mindfulness (Zylowska et al., 2008) and compassion-focused practices (Gilbert, 2010).

Method

Ten 3 hour groups were delivered between January and April 2016 to 8 patients. Pre-and post-test measures of ADHD symptoms (CAARS: Inattention/Memory Problems, Hyperactivity /Restlessness, Impulsivity/Emotional Lability, Problems with Self-Concept; ADHD Index), depression (PHQ9), anxiety (GAD7), everyday functioning (WSAS), and single-item measures of perceived problems and progress towards goals were taken.

Results

Engagement:

- Drop-out rates were reduced compared to previous groups (50% to 20%) with 10 patients starting the group and 8 finishing.
- Homework completion showed high level of engagement when one considers that ADHD can cause forgetfulness, distraction which can impact negatively on task completion

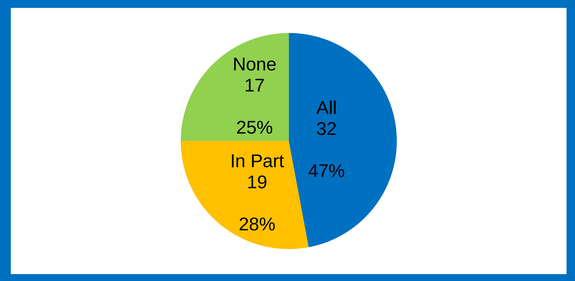

Figure 1: Total group homework completion (n = 10)

ADHD symptoms:

- Clinically significant improvement was observed across all subscales, excepting self-concept which already in the non clinical range initially
- Although the WSAS showed a reduction of the impact of mental health on everyday functioning, this was not clinically significant

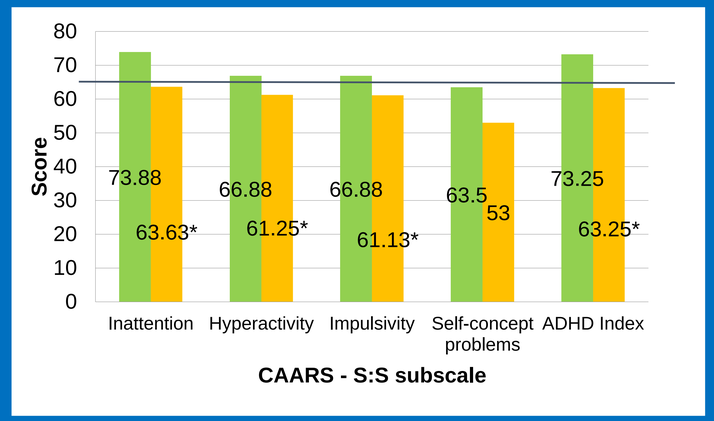

*Figure 2: Pre- and post-intervention group mean ADHD scores measured by CAARS – S:S Subscales, showing 65 point clinical cut off. * Indicates clinically significant change. Criteria: CAARS <=65*

Distress:

- Clinically significant change was observed in a measure of depression (PHQ-9) and anxiety (GAD-7)
- Patient-reported distress caused by perceived problems fell by 43%

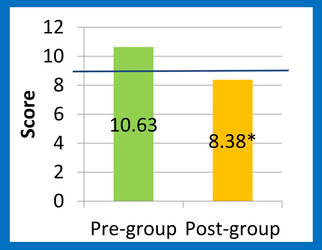

*Figure 3: Depression scores Pre- and post-intervention group means, measured by PHQ-9. * Indicates clinically significant change. Criteria: PHQ9 <9 (n = 8)*

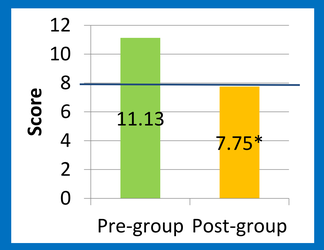

*Figure 4: Anxiety scores Pre- and post-intervention group means, measured by GAD-7. * Indicates clinically significant change. Criteria: GAD7 <8 (n = 8)*

Personal goals:

- Goal accomplishment rose by 173%.

Developing a compassionate attitude to the self:

- Most patients appreciated the cognitive-emotional and compassionate elements of the group, with two people citing the compassionate elements of the group in particular:

"I am not an angry person just because I feel anger. I will break down tasks and be compassionate towards myself and others"

"I am now more compassionate to myself when I get frustrated…"

Discussion

The group was successful in addressing ADHD symptoms with clinically significant improvement being observed on Inattention/Memory Problems, Hyperactivity/Restlessness, Impulsivity/Emotional Lability, and the overall ADHD Index. The changed focus of the group appeared successful in addressing patients' previously unmet cognitive-emotional needs with similar improvements evidenced on depression, anxiety, general distress and goal attainment. While most responded positively to the mindfulness and compassionate elements of the group, two did not, with one commenting that they found the practices 'difficult to get into' and another reacting very negatively to mention of the Dalai Lama. Not all sessions featured mindful compassionate exercises and this lack of regularity may have prevented sufficient skills consolidation. Future groups will include daily practice as well as pre-group briefing session where patients can learn more about the CBT and mindful compassion elements of the group, thus facilitating fully informed consent to treatment. Finally, compassion-specific questionnaires will be administered to highlight whether patients become more compassionate to self and others.

Implications for Clinical Practise

This pilot evaluation provides initial evidence that compassion-focused approaches can be effectively integrated with CBT in the alleviation of ADHD-related psychological distress. Further research is warranted, especially given that many medicated patients experience residual ADHD symptoms and distress, and others prefer non-medical ways of managing their condition.

References

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