## CBT for Adult ADHD

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& Sandra - Clinical Pharmacist

Week 1

### Session 1

### **Program Overview**

- Session 1: Committing to Growth (Time Awareness and Scheduling)
- Session 2: Breaking Down Tasks, Reward System, and Prioritizing
- Session 3: Overcoming Emotional Obstacles
- Session 4: Activation and Motivation
- Session 5: Using an Organizational System
- Session 6: Project Planning
- Session 7: Medication Management and Lifestyle Changes
- Session 8: Good Bye!

# Session 1: Committing to Growth

- Introductions
- Schedule overview
- Why Cognitive Behavioural Therapy for ADHD?
- Discuss 'Mantras'
- Acceptance of Diagnosis
- Skills evaluation

## Why Cognitive Behavioural Therapy for ADHD?

- Evidence-based
- Short term
- Goal-oriented therapy
- Coping strategies (time management, task-initiation)
- Manage negative expectations and emotions

### 'Mantras'

- If its not in the planner, it doesn't exist
- If you can't get started, the first step is too big
- All things in order of priority
- Starting is the hard part
- Everything in its right place
- Out of sight, out of mind
- What you resist persists (and gets worse)
- Proper planning prevents poor performance

### Accepting 'ADHD' Diagnosis

- Mixed feelings
- Relief at having problem recognized
- Hope that help is available
- Curious about what the diagnosis means
- Doubt about the diagnosis
- Dislike the idea of any diagnosis
- Angry that it wasn't recognized/treated before

### **Open Discussion**

Answer one of two of the following:

- Why come for treatment now?
- What are the pros/cons of treatment?
- What was the hardest thing as a child?
- What would you say to someone else with ADHD?
- What positive qualities have you developed as a result of struggling with ADHD?

### Time Awareness and Scheduling

- Target Skills
  - Constant access to timepieces
  - Effective Time Estimation
  - Planner selection
  - Use of planner for scheduling and to-do list

Skill	Start score (%)	End score (%)
Wears a watch		
Uses a planner		
Has bedtime/wakeup time		
On time for appointments		
Has plan for the day		
Has plan for the week		
Starts tasks on time		
Avoids/overcomes distraction		
Completes tasks		
Stops tasks on time		
Plans projects		
Completes projects		
Has organization system		
Avoids emotional barriers		

#### **Time Awareness**

Access to a time piece AT ALL TIMES

Time estimation biases (wishful thinking, rounding, over/under-estimation, over/under-calculation)

### Selecting a planner

- Portable
- Available
- Easy
- Calendar and task lists
- Neat

### Using the planner -Commandments

- 1. Thou may have one planner and only one planner
- 2. Thou must carry the planner at all times
- 3. Thou shalt put every appointment and task into the planner
- 4. Thou shalt consult thy planner at least 3 times per day

### Mantra:

#### If it's not in the planner, it doesn't exist

### Using to-do lists

- 1. Set up regular daily/weekly time slots in the calendar for recurrent tasks to avoid over-using task lists
- 2.Set up separate to-do lists for each project
- 3. Transfer to-do tasks to calendar
- 4.Check-off or delete items as soon as they are completed

### Time cracks

- Spaces in the schedule, small or large
- Review your planner
- Make a to-do list
- Generate ideas for a project
- Have a book handy
- Avoid 'mindless' distractions
- Plan 'mindless' time if required

### Scheduling tips

- 1. Schedule repeat tasks for the same time each day/week
- 2. Observe regular 'business hours' even if you don't have regular business
- 3. Plan the more challenging tasks for when you have the most energy
- 4.Never abandon a task at the difficult part
- 5.Over-estimate for difficult tasks (50% rule)
- ▶ 6. Fill your time cracks
- 7. Schedule unscheduled time
- 8. Remember you are learning this no perfectionism

Evaluate your current planner system

Feature	Yes	Νο
Easily Portable?		
Easy to use?		
Ample space?		
Easy to update?		

If 'No' to any feature, you MUST acquire a new planner before next session

Estimate the time require to complete these tasks, then calculate the actual time it took

Task	Estimated time	Elapsed time
Get ready for work		
Prepare dinner		
Respond to emails		
Wash dishes		
Meet a friend		
Grocery shopping		
Check social media		

For a single, real, whole day, from wake up to bedtime, track all of your activity in 15-minute increments

Time	Activity	
5:00-5:15		
5:15-5:30		
5:30-5:45		
5:45-6:00		
6:00-6:15		
6:15-6:30		
6:30-6:45		

### Session 2

#### Session 2: Breaking Down Tasks, Reward System, and Prioritizing

Review Homework

Target Skills

- Chunking
- Prioritizing
- To-do Lists
- Using rewards

### Chunking

Reduce the magnitude of that you are trying to accomplish to the smallest part that you can do easily

Task: Clean the whole house

- Break into small, discrete tasks (chunks)
- Create a schedule of chunks
- Plan a reward for every chunk

### Mantra:

#### If you can't get started, then the first step is too big

# Implementing a Reward System:

Behaviour that is rewarded is likely to repeat

Reward Tips:

- Plan rewards in advance
- Use naturally occurring rewards
- Pair the most aversive tasks with the most desirable rewards

#### Generate a personal reward list

- Make a list of potential rewards
- Rank in order of desirability
- Consider different types of rewards: natural, available, easy, expensive, 'once-in-a-lifetime' etc.

Select a task you have been avoiding. Break it into chunks, estimate the time for each chunk, complete the chunks, time yourself and apply the reward

Task	Chunks	Estim . time	Scheduled date/time	Elapse d time	Reward
Clean House	Dust	15	3pm	25	Chocolate
	Vaccuum	30	3:15pm	20	Squid Game
	Bathroo m	20	6:30pm	30	Walk dog
	Kitchen	25	8:00pm	30	Call Jim

## Mantra:

Do all things in order of priority

### Prioritizing is important

- There are only 24 hours in a day
- Without prioritizing, we fall victim to biases eg. Gravitate towards what is easy, fun, available etc

### What is priority?

- Urgency/Deadlines
  - Is there a hard limit?
- Importance
  - Is it necessary for the next step towards goals?
- Goals, values, objectives
  - Does it align with my goals/values/objectives?
- Efficiency and feasibility
  - Can I chunk it with something similar?
  - Does it fit neatly into a time crack?
- Gratification
  - Will it feel good to get done?

### **In-Session Exercise**

#### Prioritizing and Scheduling -Order the following into a 1-day schedule

- 11:00am meeting
- Lunch with colleague
- 4:00pm print deadline
- Proofread print copy
- Drop letters in mailbox
- 1:30 telephone Roger
- Buy milk
- Prepare 11am meeting

- 8:00pm Jenny Birthday dinner
- Buy card
- Prepare budget for next week finance meeting
- Call Jeff
- Call Christine
- Walk dog

### To-do lists

- Prioritized
- Actionable
- Transferable to Planner

### ABC To-do List

A- Today	B- This Week	C- Whenever
Wash car	Plan garden	Learn Latin
Call Bob	Buy Latin dictionary	
	Investigate duo lingo	

### Urgency/Importance Grid

	Urgent	Not Urgent
Important	1- Important and Urgent	2- Important, not urgent
Not important	3- Not important, but urgent	4-Not important or urgent

Create a prioritized to-do list

Organize your main types of tasks/projects/activities into the following grid:

	Urgent	Not Urgent
Important	1- Important and Urgent	2- Important, not urgent
Not important	3- Not important, but urgent	4-Not important or urgent

### Session 3

#### Session 3: Overcoming Emotional Obstacles

- Review Homework
- Emotions Affect Efficiency
- The Cognitive Behavioural Model
  - Automatic thoughts
  - Cognitive Distortions
  - Core Beliefs

#### Take Home Assignment Review

#### Urgency/ Importance grid

- Outcomes
- Issues/ concerns/ successes

	URGENT	NOT URGENT
IMPORTANT	<u>Quadrant I</u> urgent and important <b>DO</b>	<u>Quadrant II</u> not urgent but important <b>PLAN</b>
NOT IMPORTANT	<u>Quadrant III</u> urgent but not important <b>DELEGATE</b>	<u>Quadrant IV</u> not urgent and not important <b>ELIMINATE</b>

#### How Emotions Affect Efficiency

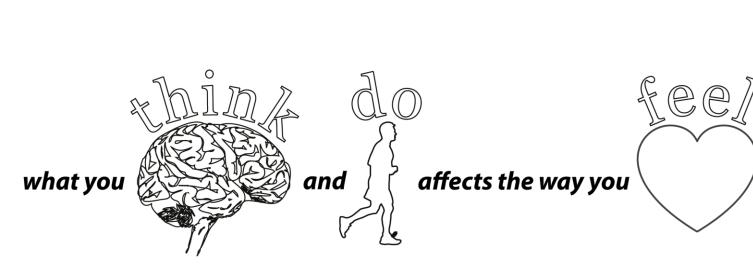
- Procrastination and/or avoidance can come from anxiety and/or depression
- Depression--> demoralization & hopelessness
- Anxiety--> need for perfection, total control, need for certainty

## Mantra:

What you resist, persists

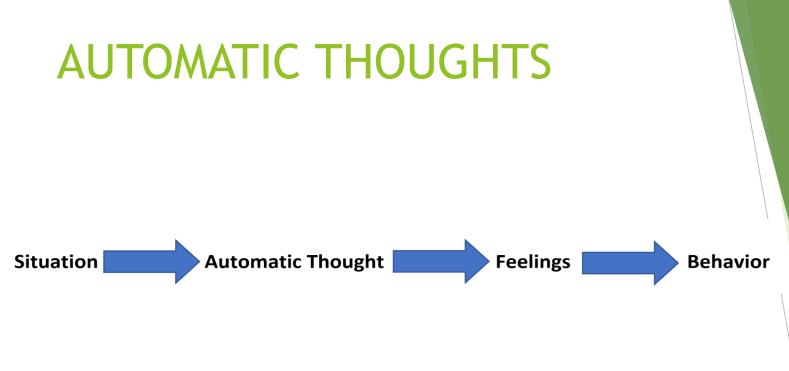
### The Cognitive Triangle





**AUTOMATIC THOUGHTS** 

PSYCHOLOGY**TO&LS**°



Automatic Thoughts are the thoughts that automatically arise in our minds all throughout the day.

#### **COGNITIVE DISTORTIONS**

- Cognitive distortions are exaggerated patterns of thought that are not based on facts and can result in people viewing things more negatively than they really are.
- Cognitive distortions are 'mental shortcuts' that can help us make rapid appraisals and decisions.
- People may attribute negative and unhelpful thoughts about themselves, others, and the world.

#### **COGNITIVE DISTORTIONS**

- Catastrophizing: can go hand-in-hand with jumping to conclusions. Sometimes, when we're fortunetelling or predicting possible outcomes, we predict that the outcome will be so terrible that we won't be able to manage.
- All-or-Nothing Thinking: In reality, few situations are as clear-cut and black-and-white as our thoughts make them seem. There are many shades of gray between black and white.
- Over generalizing: drawing broad conclusions based on limited information. With over generalizing, a single incident gets inflated into a perceived larger pattern that, in actuality, doesn't exist

#### **Should Statements**

• "Should" about self  $\rightarrow$  guilt

#### Where do Cognitive Distortions Stem? CORE BELIEFS

- Core beliefs are a person's most central ideas about themselves, others, and the world.
- Acts as a lens through which every situation and life experience is seen.
- Underlie automatic thoughts.

#### **CORE BELIEFS**

- Core beliefs are generally learned early in life and are influenced by childhood experiences and seen as absolute.
- The cognitive triad of negative core beliefs captures how they relate to:
  - 1. The self, e.g. 'I'm useless'
  - 2. The world/others, e.g. 'the world is unfair'
  - 3. The future, e.g. 'things will never work out for me'

# Questions to Challenge Cognitive Distortions:

- Where's the evidence?
- Is there an alternative explanation?
- What is the most realistic outcome?
- What is the effect of my believing the automatic thought?

#### Take Home Practice: 3.0 Identifying and Correcting Automatic Thoughts

When you notice procrastination, emotional distress when starting a task, activity, chore complete recording exercise:

- 1) Notice & identify emotions
- 2) Identify current situation, event, task
- 3) Record automatic thoughts
- 4) Identify cognitive distortions being used in thoughts
- 5) Challenge distortions by asking yourself questions
- 6) Develop more rational response
- 7) Evaluate outcome

## Session 4

#### Session 4: Activation and Motivation

Homework Review!

Target Skills

- Emotional distracters
- Self-activation
- Distraction control
- Visualization of rewards
- Emotional distracters: Dealing with Anger

#### **Emotional Distracters**

- In addition to anxiety & depression
  - May find resistant or oppositional to demands, instructions, expectations
  - May result in anger
    - Assess thoughts & challenge
    - ► Ask who are you doing this for (you or loved ones) → if not reconsider priorities

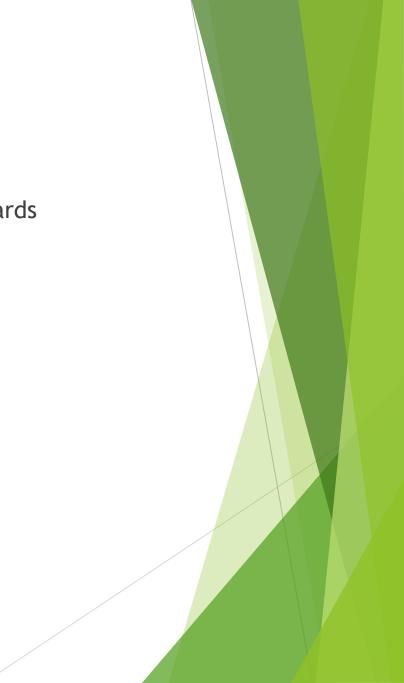
# Get Activated: Energy of Activation

Getting started is hardest part:

- 1) Start small: break up task into small chunks
- 2) Start easy: begin with easiest task
- 3) Break it up into parts
- 4) Plan a reward
- 5) Schedule it in your planner!

#### **Distraction Control**

- Distractions can be more immediate rewards
- Can be physical or social distractions



## Mantra:

Out of sight, out of mind

#### **Avoiding Sensory Distractions**

- Pre-commit to working in space with reduced distractions by:
  - Creating workspace with no visual distracters
  - Create workspace with no auditory distracters
    - No t.v, others talking
    - Use headphones
    - Some types of music may be calming or focusing
  - Take yourself to another workspace that will be devoid of distracters

#### **Avoiding Social Distractions**

#### Common issues:

- Chatting with friends, colleagues in the workplace
- Job demands- be constantly available by phone, email, drop in visits
- Workarounds: Setting reasonable limits on availability
  - Set formal appointment hours
  - Do Not Disturb sign
  - Turn off phone ringer
  - Close email & set designated times to check

#### **Sustaining Motivation**

- Short term vs. long term reinforcers
  - Small immediate vs. major long term rewards
  - Easy to get bored, discouraged, lose interest with longer term goals, rewards
  - Key → make rewards feel more real & powerful in the present : 'visualize rewards' or remind yourself of the why

### Emotional Distracters: Dealing with Anger

- Anger directed towards authority
  - Usually results in self-sabotage
- Tips: identify & challenge thoughts when noticing anger
  - Create more rational response

#### Take Home practice 4.0

- 1) Identify long term goal
- 2) Write down positive (but realistic) rewards
- 3) Break down your long-term goal into a set of smaller, short-term
- 4) Schedule the first task, above, in your planner.
- 5) Write down the outcome. Did you complete it?
- 6) What 'resistance' came up for you?

### Session 5

# Session 5: Setting up and organizational system

**Review Homework** 

Target Skills

- Organize a physical (or digital) space for efficiency and reduction of distraction
- Chaos-to-Order Process
- Maintaining Order

## Mantra:

Everything in it's right place

### Why get organized?

- Reduce cognitive load
- Time efficiency
- Reduced subjective stress
- Ease of coordination with others
- Aesthetically pleasing

#### Organization system basics

Everything must have a place

- Unique and discrete
- Easily identifiable
- Easily accessible
- Neat in appearance
- Free of distractions/superfluous material
- In order of frequency of use

#### Creating a system

#### Physical spaces

- Desk
- Workshop
- Frequently misplaced items
- Mail/papers
- Digital spaces
  - Files vs. desktop, downloads & tabs

#### Creating a system

Design the system without contents (tabula rasa)

Organize 'stuff' into the system

#### In-session exercise



#### Chaos-to-Order process

- Design a plan
- Divide plan into chunks
- Sort chunks by FAT (File-Action-Trash)
- Enlist help to sort
- Sort Action last
- In-Box (things to process) vs. Out-Box (things to 'action')

### Maintaining order

Regular review of system goes in planner

#### Spaces

- Plan
- Modifications if needed
- Trash out

#### Take Home Assignment 5.0

- Make an organizational system plan
- Divide plan into chunks
- Complete at least 1 chunk

# Session 6

### Session 6: Project Planning

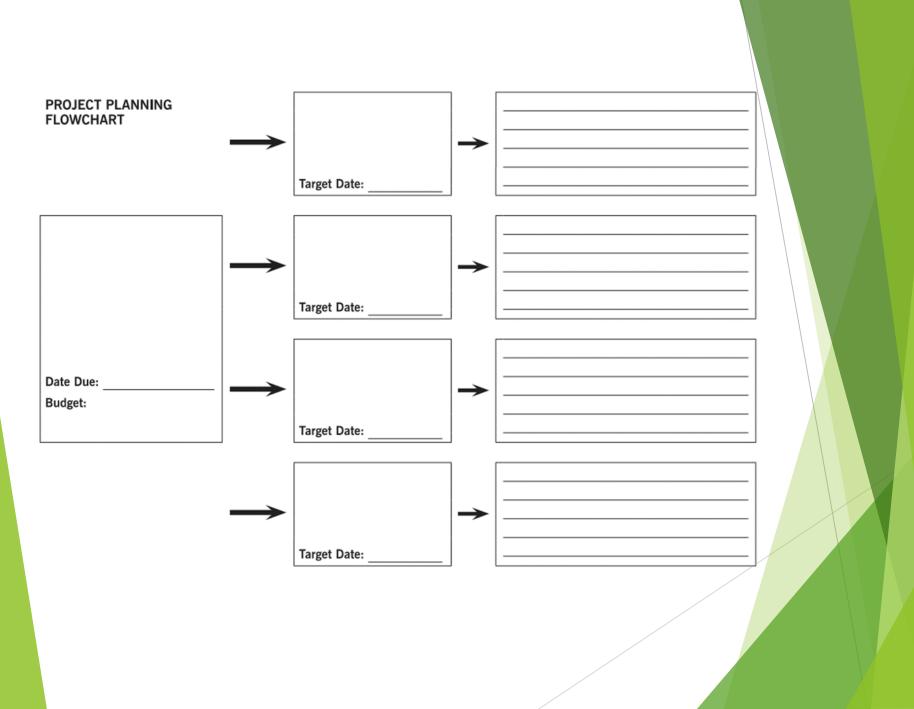
**Review Homework** 

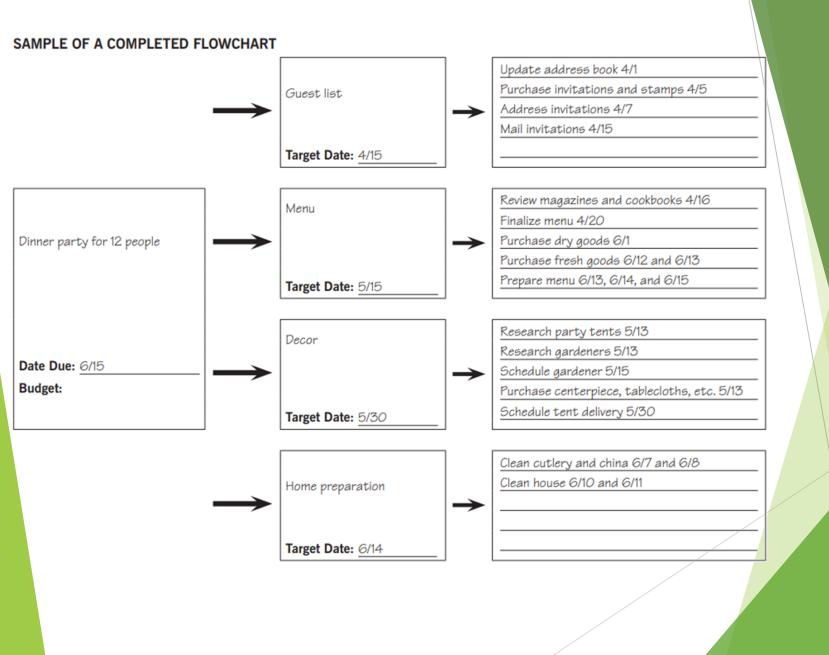
Target Skills

Planning a complex project utilizing previously discussed skills

## Mantra:

#### Proper Planning Prevents a Piss-Poor Performance





#### In-session exercise

Using the flowchart template, plan a simple project

#### Discussion

- How did you find using the flowchart template?
- Is this something that will help you 'stay on track'?
- Is it helpful to conceptualize tasks?

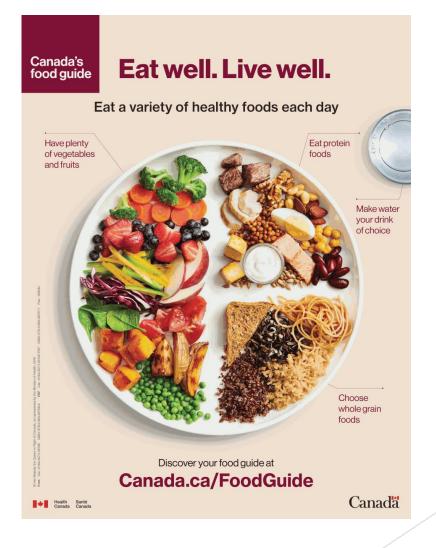
# Session 7

# Week 7: Medication Management & Lifestyle Changes

#### Nutrition and ADHD

- Brain is fuelled by what we eat
- Serotonin and dopamine synthesized in the gut
- A balanced diet (Canada's Food Guide) containing:
- Omega 3
- Vitamin D
- A wide range of phytonutrients

#### Canada's Food Guide



#### **ADHD and Exercise**

- Exercise increases dopamine and norepinephrine, both regulate attention
- Exercise helps basal ganglia-smooth shifting of the attention system
- Improves hair-trigger response, limbic system-amygdala

#### **ADHD Medications**

- Stimulant and non stimulant options
- Increase dopamine levels in the brain
- Improves executive functioning (impulse control and selective attention)

#### Side Effects of Stimulants

- Anxiety, insomnia, increased in blood pressure, future heart concerns
- ECG recommended in some prior to therapy
- Ensure concurrent conditions managed
- Non Stimulant medications used when stimulants not appropriate, side effects, drug addiction or medical conditions (ie BP)
- Watch Caffeine

Medications & Illustrations			Delivery	Duration of action <sup>1</sup>	Starting dose <sup>2</sup>	Release mode Immediate/ Delayed (%)	Dose titration per product monograph <sup>3</sup>
AMPHETAMINE-BASED PSYCHOSTIMULANTS							
First Line	Adderall XR <sup>*</sup>	Capsules 5, 10, 15, 20, 25, 30 mg	Granules can be sprinkled	~12 h	5-10 mg q.d. a.m.	50/50	▲5-10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents & Adults = 20-30 mg
First Line	Vyvanse	Capsules 10, 20, 30, 40, 50, 60, 70 <sup>4</sup> mg	Capsule content can be diluted in liquid or sprinkled	liluted in liquid or sprinkled ~13-14 h 20-30 mg q.d. a.m. Not Applicable (Prodrug) Max. dose/	▲ 10-20 mg by clinical discretion at weekly intervals		
		Chewable Tablets 10, 20, 30, 40, 50, 60 mg	Chewable tablets should be chewed thoroughly				Max. dose/day: All ages = 60 mg
Second Line	Dexedrine	Tablets 5 mg	Scored Tablet	~4 h	Tablets = 2.5 to 5 mg b.i.d.	100/0	▲5 mg at weekly intervals Max. dose/day: (q.d. or b.i.d.) Children & Adolescents = 20-30 mg Adults = 50 mg
		Spansules 10, 15 mg (15) (15)	Beaded Formulation	~6-8 h	Spansules = 10 mg q.d. a.m.	50/50	
METHYL	PHENIDATE-BASE	ED PSYCHOSTIMULANTS					
First Line	Biphentin <sup>*</sup>	Capsules 10, 15, 20, 30, 🚦 🚦 🖶 🖶 🖶 🖶	Granules can be sprinkled	~10-12 h	10-20 mg q.d. a.m.	40/60	▲10 mg at weekly intervals Max. dose/day: Children & Adolescents = 60 mg Adults = 80 mg
First Line	Concerta*	Extended Release Tablets (27, 36, 54 mg	Osmotic-Controlled Release Oral Delivery System (OROS')	~12 h	18 mg q.d. a.m.	22/78	▲18 mg at weekly intervals. Max. dose/day: Children & Adolescents = 54 mg Adults = 72 mg
First Line	Foquest*	Capsules 25, 35, 45, 55, 70, 85, 100 mg	Granules can be sprinkled	~13-16 h	25 mg q.d. a.m.	20/80	▲10-15 mg in intervals of no less than 5 days Max. dose/day: Children & Adolescents = 70 mg Adults = 100 mg
Second	Methylphenidate short-acting	Tablets 5 mg (generic) 5 10 20 </td <td>Scored Tablet</td> <td>~3-4 h</td> <td>5 mg b.i.d. to t.i.d.</td> <td>100/0</td> <td rowspan="2">▲5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg</td>	Scored Tablet	~3-4 h	5 mg b.i.d. to t.i.d.	100/0	▲5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg
Line	Ritalin* SR	Tablets 20 mg	Wax Matrix Preparation	~8 h	Adult: 20 mg q.d.	100/0	
NON-PSY	YCHOSTIMULANT	- SELECTIVE NOREPINEPHRINE REUPTAKE INH	IBITOR				
Second Line	Strattera* (Atomoxetine)	Capsules 10, 18, 25, 40, 60, 80, 100 mg	Capsule needs to be swallowed whole to reduce GI side effects	Up to 24 h	Children & Adolescents: 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Not Applicable	Maintain dose for a minimum of 7-14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg
NON-PSY	YCHOSTIMULANT	- SELECTIVE ALPHA-2A ADRENERGIC RECEPTO	R AGONIST				
Second Line	Intuniv XR* (Guanfacine XR)	Extended Release Tablets 💿 🥌 🌑	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (morning or evening)	Not Applicable	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly. Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants: 6-17 years = 4 mg
			1		1		1

#### CADDRA GUIDE TO ADHD PHARMACOLOGICAL TREATMENTS IN CANADA - NOVEMBER 2022

Illustrations do not reflect actual size of pills/capsules. Longer-acting stimulants tend to have lower abuse potential than shorter-acting formulations. Non-stimulant formulations have no abuse potential. <sup>1</sup>Pharmacokinetic and pharmacodynamic responses vary from individual to individual. The clinician must use clinical judgment as to the duration of efficacy and not solely rely on reported values for PK-PD and duration of effect. <sup>2</sup>Starting doses in table are taken from product monographs. CADDRA recommends usually starting with the lowest dose available. <sup>1</sup>For specific details on how to start, adjust and switch ADHD medications, clinicians should refer to the Canadian ADHD Practice Guidelines (www.caddra.ca). <sup>4</sup>Syvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Original version of this sheet developed by Dr. Annick Vincent in collaboration with Direction des communications et de la philanthropie, Laval University. Access provincial and federal formulary information at tinyuri.com/uf3mxr1



# Session 8

#### Week 8: Good bye!

Debrief

Open floor

Final Questions?

#### **Review Discussion**

- What are you taking home with you?
- What was the single-most useful tool/technique/idea that we saw?
- What content was missing?