

# Group Therapy for Adolescents With Attention-Deficit/Hyperactivity Disorder: A Randomized Controlled Trial

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**Objective:** To determine the efficacy of group cognitive-behavioral therapy (CBT) on adolescents with attention-deficit/hyperactivity disorder (ADHD) who were in pharmacological treatment but still had persistent symptoms.

**Method:** We conducted a multicenter, randomized, rater-blinded, controlled trial between April 2012 and May 2014 in a cohort of 119 adolescents (15–21 years of age). Participants were randomly assigned to 12 manualized group CBT sessions ( $n = 45$ ) or a waiting list control group ( $n = 44$ ). Primary outcomes were assessed by a blinded evaluator (ADHD Rating Scale [ADHD-RS], Clinical Global Impression Scale for Severity [CGI-S], Global Assessment of Functioning [GAF]) before and after treatment, as well as by self-report and parent informant ratings.

**Results:** Of the initial 119 participants enrolled, 89 completed treatment. A mixed-effects model analysis revealed that participants who were assigned to the group CBT sessions experienced significantly reduced ADHD symptoms compared to the control group (ADHD-RS Adolescent:  $-7.46$ , 95% CI =  $-9.56$  to  $-5.36$ ,  $p < .001$ ,

$d = 7.5$ ; ADHD-RS Parents:  $-9.11$ , 95% CI =  $-11.48$  to  $-6.75$ ,  $p < .001$ ,  $d = 8.38$ ; CGI-S Self-Report:  $-0.68$ , 95% CI =  $-0.98$  to  $-0.39$ ,  $p < .001$ ,  $d = 3.75$ ; CGI-S Clinician:  $-0.79$ , 95% CI =  $-0.95$  to  $-0.62$ ,  $p < .001$ ;  $d = 7.71$ ). Functional impairment decreased significantly in the CBT group according to parents (Weiss Functional Impairment Scale  $-4.02$ , 95% CI =  $-7.76$  to  $-0.29$ ,  $p < .05$ ,  $d = 2.29$ ) and according to the blinded evaluator (GAF:  $-7.58$ , 95% CI =  $-9.1$  to  $-6.05$ ,  $p < .001$ ,  $d = 7.51$ ).

**Conclusion:** Group CBT associated with pharmacological treatment is an efficacious intervention for reducing ADHD symptoms and functional impairment in adolescents.

**Clinical trial registration information—**CBT Group for Adolescents With ADHD: a Randomized Controlled Trial; <http://clinicaltrials.gov/>; NCT02172183.

**Key Words:** cognitive-behavioral therapy, psychological treatment, group therapy, ADHD

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Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disability affecting between 3% and 5% of the general population during childhood.<sup>1</sup> The defining features of the disorder are inattention, impulsivity, and hyperactivity, which impair functioning. ADHD can also lead to associated features of the disorder such as difficulties in anger management, low frustration tolerance, and depressive and anxiety symptoms. Although ADHD appears in childhood, 50% to 65% of children continue to have symptoms and impairment during adolescence,<sup>2</sup> and 78% of patients show some form of persistence of ADHD during adulthood.<sup>3,4</sup> Persistence of ADHD during adolescence is associated with low academic achievement, interpersonal difficulties, risky sexual behavior, risky driving, and substance use disorders.<sup>5,6</sup> Furthermore, adolescents (15–21 years of age) have high rates of treatment discontinuation,<sup>7</sup> which may impair function at a crucial developmental stage.

Clinical guidelines recommend psychological approaches as the first-line treatment for adolescents with ADHD,<sup>8</sup> drawing attention to adolescents who are in transition from childhood to adult services.<sup>9</sup> Nevertheless, compared with the amount of research on psychosocial interventions in children<sup>10</sup> and adults,<sup>11</sup> little is known regarding appropriate

psychological treatment for adolescents with ADHD. The majority of psychological interventions in teens with ADHD have focused on parent treatment programs<sup>12–15</sup> and school interventions,<sup>16–19</sup> which essentially represent a continuation of childhood treatments. However, numerous developmental and environmental changes characterize adolescents, and, consequently, treatments that are effective for children with ADHD may not be appropriate for adolescents.<sup>20,21</sup> Not surprisingly, parent training programs have reported limited clinical improvements in adolescents with ADHD. School interventions have primarily focused on young adolescents, leaving a lack of evidence regarding late adolescents. Although cognitive-behavioral therapy (CBT) approaches have not been proved to be efficacious in children,<sup>22,23</sup> a preliminary study has reported that individual CBT could be an effective treatment for adolescents with ADHD.<sup>24</sup>

In relation to group formats, there is an ongoing discussion as to whether group sessions could be effective in this age range. Group CBT has been proved to benefit adults with ADHD<sup>25</sup>; however, its usefulness in adolescents with ADHD is uncertain. Only 1 noncontrolled study on rational-emotive group therapy has been tested in adolescents with ADHD.<sup>26</sup> The treatment program, which focused on associated symptoms such as difficulties in anger and frustration

management and depressive and anxiety symptoms, obtained nonsignificant improvements at posttreatment assessment. Some evidence of improvement has been observed after mindfulness training in adolescents, albeit in studies that have included participants with probable ADHD.<sup>27</sup> Thus, although clinical guidelines recommend individual CBT for older adolescents when a group format has not been effective,<sup>8</sup> there are insufficient data to support the efficacy of CBT group treatments.

The rationale of this study was to test a psychological intervention that consisted of a direct focus on the adolescent. In view of the unclear effects of group therapy in this age range,<sup>26,27</sup> we designed a group CBT approach. The main objective was to assess the efficacy of a CBT group in relation to its effects on ADHD symptoms, functional domains, anxiety and depression symptomatology, and associated symptoms such as difficulties in anger management. This objective was accomplished through a randomized controlled study of group CBT for adolescents with ADHD.

We hypothesized that, at the end of treatment, compared to the control group: the CBT group would exhibit reduced ADHD symptoms and reduced severity of ADHD; the CBT group would show a significant reduction in associated symptoms such as anxiety, depression, and an improvement in anger management; and the CBT group would show less functional impairment related to ADHD.

## METHOD

### Study Design

The design was a multicenter, randomized, rater-blinded, controlled trial that assessed the efficacy of a CBT group in adolescents with

ADHD. Participants were randomly assigned either to a CBT group (n = 59) or to a waiting list control group (n = 60).

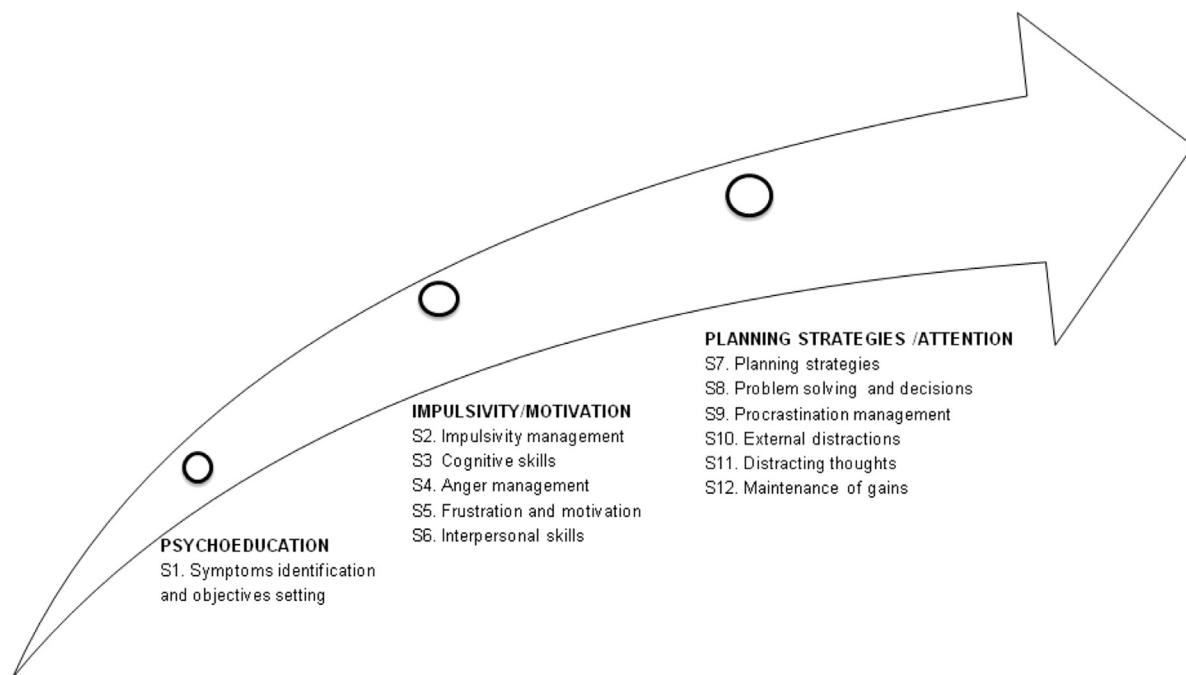
### Participants

Patients were recruited from the 2 ADHD units in university hospitals in Barcelona, Spain. All participants were in psychopharmacological treatment before the study but still presented significant symptoms of ADHD. We considered residual impairment after medication if the patient obtained a Clinical Global Impression Scale (CGI) score (clinician version) of 3 (mildly ill) or greater. The inclusion criteria were as follows: *DSM-IV* ADHD diagnosis; age between 15 and 21 years; stabilized doses of medication for ADHD for at least 2 months before the study; and agreement not to seek out any other psychiatric or psychological treatment during the study. The exclusion criteria were the presence of the following: affective disorders; anxiety disorders; psychotic disorders; personality disorders; substance use disorders in the past 6 months; pervasive developmental disorder (PDD); an IQ lower than 85; and concurrent psychological intervention. The only comorbidities accepted were oppositional defiant disorder (ODD) and learning disorders such as dyslexia. Patients who had symptoms of depression and anxiety but did not meet diagnostic criteria for anxiety and depressive disorders were included in the study. Individuals who were not in pharmacological treatment or could not stay on stable medication were also excluded from the study.

### Intervention

**CBT Group.** The CBT group program was based on cognitive-behavioral principles and used motivational interviewing techniques to facilitate skills implementation. The treatment comprised 12 manualized sessions.<sup>28</sup> The first session consisted of psychoeducation of ADHD (symptom identification and myths and realities of ADHD). The sessions in the impulsivity module were as follows: session 2, self-control strategies (functional analysis);

**FIGURE 1** Contents of the cognitive-behavioral therapy (CBT) group program.



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