

Applying Cognitive-Behavioral Therapy for ADHD to Emerging Adults

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During emerging adulthood, people with attention-deficit/hyperactivity disorder (ADHD)—a disorder of self-regulation—face immense developmental challenges due to increasing demands for autonomy and self-reliance in the context of decreasing institutional and social supports. These challenges may also complicate the delivery of cognitive-behavioral treatments that have demonstrated efficacy in adults with ADHD. As such, this article highlights the implications of emerging adulthood for people with ADHD, describes common challenges in conducting skills-based treatment with these clients, and provides specific recommendations for the CBT therapist based on outcome studies, clinical literature, and clinical experience with this population.

ATTENTION-DEFICIT hyperactivity disorder (ADHD) is a developmental disorder characterized by deficits in the self-regulatory functions necessary to set and meet important goals across time (Barkley, 1997). The disorder's cardinal symptoms of inattention, hyperactivity, and impulsivity lead to functional impairment across domains and throughout the lifespan. As such, skills-based treatment for ADHD at any age should be informed by a developmental perspective. About two-thirds of people diagnosed with ADHD in childhood continue to lag behind their peers in self-regulatory functions into emerging adulthood and experience significant functional impairment (Barkley, Murphy, & Fischer, 2008; Biederman, Petty, Evans, Small, & Faraone, 2010). Although empirical support for cognitive-behavioral treatments (CBT) for adults and organizational skills treatments for adolescents with ADHD has evolved over the past decade (e.g., Langberg, Epstein, Becker, Girio-Herrera, & Vaughn, 2012; Safren et al., 2010; Solanto et al., 2010), emerging adulthood has not been the specific focus of this work. Our goal in this article is to highlight the implications of emerging adulthood for people with ADHD and to provide practical guidance on conducting skills-based cognitive-behavioral treatments with this population. Specifically, we will:

- Describe domains of impairment for emerging adults with ADHD

- Discuss how the developmental context of emerging adulthood presents special challenges for these emerging adults
- Highlight common challenges in conducting skills-based treatment with these clients
- Give an overview of CBT for adult ADHD
- Provide specific recommendations for conducting CBT for ADHD with emerging adults

ADHD in Emerging Adulthood: What Do We Know?

Emerging adulthood (EA) is typically defined as the period of development from the late teens through the twenties (approximately ages 18–25; Arnett, 2000). The strongest and most inclusive evidence regarding symptoms, impairment, and comorbidity in emerging adults with ADHD comes from longitudinal studies that follow youngsters over time. Hyperactive–impulsive (H/I) symptoms tend to decline more steeply across development (Biederman, Mick, & Faraone, 2000) while inattentive symptoms are more likely to be associated with functional impairment in adulthood (Stavro, Ettenhofer, & Nigg, 2007). With respect to impairment, education is a key domain. Emerging adults with ADHD are less likely than their peers to complete high school (Kent et al., 2011). They are also less likely to attempt and complete college (Barkley, Fischer, Smallish, & Fletcher, 2006; Barkley et al., 2008; Kuriyan et al., 2012; Weiss & Hechtman, 1993). College students with ADHD also display more severe academic impairment as evidenced by a lower grade-point average, higher rates of academic probation, and less consistent use of effective learning and study strategies (see DuPaul, Weyandt, O'Dell, & Varejao, 2009, for a review).

Keywords: ADHD; emerging adults; cognitive-behavioral therapy; psychosocial treatment

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Emerging adults with ADHD are also more likely to be impaired on the job. People with ADHD that persists into EA are more likely to be unemployed (e.g., 25% vs. 9–11%), to be employed in lower-status occupations, and to be disciplined at work or fired (Barkley et al., 2008; Kuriyan et al., 2012). EA is also characterized by more intimate relationship problems for people with ADHD, more financial problems, and more impaired driving (Barkley et al., 2008; Thompson, Molina, Pelham, & Gnagy, 2007), although driving may be less problematic for women with ADHD (Hinshaw et al., 2012). Because EA can be an inflection point for development in all of these domains (Arnett, 2000), interventions that ameliorate impairment in people with ADHD during this period have the potential to significantly impact a person's life course for the better.

ADHD in EA is also associated with increased rates of psychiatric comorbidity (Biederman et al., 2006; Biederman et al., 2010; Hinshaw et al., 2012). For example, in a recent study, having ADHD earlier in development nearly doubled the likelihood of experiencing major depression by EA (hazard ratio, 1.81; Meinzer et al., 2013). Comorbidity is likely to be the rule rather than the exception for emerging adults with ADHD, and clinicians should be prepared to tailor their assessment and treatment procedures appropriately. Risk of substance use disorders is also elevated for emerging adults with ADHD across studies (Lee, Humphreys, Flory, Liu, & Glass, 2011; Wilens et al., 2011), although here again risk may be lower for females (Babinski et al., 2011; Hinshaw et al., 2012). Risky sexual behavior also appears to be elevated, including more sexual partners and more partner pregnancies for men with ADHD (Barkley et al., 2008; Flory, Molina, Pelham, Gnagy, & Smith, 2006). ADHD is also associated with a higher frequency of criminal acts and arrests by EA (Barkley et al., 2008). Thus, clinicians treating emerging adults with ADHD should be prepared to address externalizing and impulsive behaviors as well as inattentive behaviors.

Impact of EA Developmental Context on ADHD

EA brings important neurobiological changes as well as dramatic sociocultural changes. Because of these neurobiological and contextual changes, emerging adults with ADHD face challenges that are distinct from those they encounter as teens and as older adults. In fact, we argue that EA is a period in which maximum demands are placed upon an individual's capacity to self-regulate, which creates significant risk for people with ADHD—itsself a disorder of self-regulation. In other words, emerging adults with ADHD are at a self-regulatory disadvantage because of both their disorder and their developmental stage (Fleming & McMahon, 2012).

The neurobiological underpinnings of self-regulation develop throughout EA. “Executive functioning” de-

scribes the capacity to regulate behavior toward adaptive, long-term goals. Executive functioning includes the ability to inhibit impulses, direct attention, organize and plan, regulate emotions, and put off short-term rewards in favor of long-term rewards. Two key processes are at the heart of executive functioning: impulse control and delay-of-reward. Impulse control improves throughout EA (Liston et al., 2006), but does not appear to be fully developed until the mid-20s (Giedd, 2004). Similarly, the capacity to put off short-term reward in favor of long-term reward increases throughout adolescence into young adulthood (Cauffman & Steinberg, 2000). Planning and anticipation of future consequences also does not peak until around age 25 (Steinberg et al., 2009).

Importantly, specific neural structures (e.g., dorsal lateral prefrontal cortex) integral to carrying out these executive functions are among the latest to mature, continuing to develop throughout the mid-20s (Giedd, 2004). A key process in the maturation of all neural circuits is myelination, or the encasing of neural axons within an insulating sheath. Neuroimaging studies have shown that more myelination predicts better performance on impulse control tasks among individuals between the ages of 7 and 31 (Liston et al., 2006). In addition, cortical regions of the brain associated with executive functioning are among the last to mature during EA (Gogtay et al., 2004). Until myelination and cortical maturation are complete, emerging adults may be more vulnerable to errors in self-regulation. Thus, emerging adults face the world with executive systems that are still “under construction” and people with ADHD show an even greater lag in the maturation of their executive brain systems (Shaw et al., 2013).

Socio-emotional context plays a powerful role in decision-making processes among emerging adults (Gardner & Steinberg, 2005; Steinberg, 2007, 2010). Although adolescents show adult-like ability to understand and evaluate risk and long-term consequences by around age 16 (Fischhoff, 1992), the social and emotional contexts under which *actual* decisions are made are often very different from controlled, laboratory settings. For example, to simulate more realistic socio-emotional context, Gardner and Steinberg (2005) used a computer-based driving program to compare risk/reward-related decision-making among adolescents, emerging adults, and adults. When playing the game with two peers present rather than alone, adolescents experienced more than double the number of crashes, and emerging adults experienced 50% more crashes while the number of crashes among adults was not affected by peer presence. Thus, emerging adults may be vulnerable to executive functioning failures in situations with high socio-emotional arousal.

To summarize the lessons learned from neurobiology research, emerging adults with ADHD tend to have poorer impulse control and greater difficulty putting off

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