

Preliminary Evaluation of a Combined Group and Individual Treatment for College Students With Attention-Deficit/Hyperactivity Disorder

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The aim of the current study was to investigate the preliminary effects of a CBT intervention, designed for adults with ADHD (Safren, Perlman, et al., 2005), adapted to a combined group and individual format for college students with ADHD. Participants included undergraduate and graduate students with the final sample consisting of 12 completers and 5 noncompleters. Treatment effectiveness was examined by comparing changes in baseline and post treatment levels of ADHD symptoms and functional impairment for these college students receiving both individual and group CBT. For this preliminary study, there was no comparison group. The adapted intervention resulted in significantly lower levels of inattention symptoms in completers. Further, completers reported significant improvement in functioning at school and work. Although the data showed no statistically significant reduction in hyperactivity/impulsivity or the other measured areas of life impairments, estimates of effect size suggest that the small sample size might have limited the detection of statistically significant differences in both hyperactivity/impulsivity and impairment in certain domains (i.e., self-esteem and daily living skills). Preliminary data suggested that the adapted intervention was effective in reducing symptoms and impairment in several critical areas. Limitations and directions for future research are discussed.

ATTENTION-DEFICIT/ hyperactivity disorder (ADHD) is characterized by significant impairment in daily functioning as a result of difficulties with attention, impulse control, and activity-level modulation (American Psychiatric Association [APA], 2000). Although ADHD has traditionally been viewed as a disorder of childhood and adolescence, research conducted in the last 15 years has suggested that ADHD-related symptoms and functional impairment frequently persist into adulthood (Mick, Faraone, Biederman, & Spencer, 2004; Spencer, Biederman, Wilens, & Faraone, 1998; Wilens, Biederman, & Spencer, 2002).

Adolescents with ADHD who seek postsecondary education are at higher risk for poor academic achievement and are less likely to graduate from college than their typically developing peers (Barkley, Murphy, & Fischer, 2008; Frazier, Youngstrom, Glutting, & Watkins, 2007; Heiligenstein, Guenther, Levy, Savino, & Fulwiler, 1999). Recent research based on the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV-TR*; APA, 2000) suggested between 2% and 8% of college students met criteria for ADHD and that 25% of students receiving

university-based disability services were diagnosed with ADHD (DuPaul, Weyandt, O'Dell, & Varejao, 2009).

The beginning of college brings a transition from adolescence to *emerging adulthood* (ages 18 to 25; Arnett, 2000) in which a unique confluence of developmental and environmental factors yields a distinctive set of challenges, especially for college students with ADHD. Subsequently, many individuals with previously undiagnosed ADHD experience significant impairment for the first time (Quinn, 2001). In addition to academic difficulties, college students with ADHD are at higher risk for marked impairment across several critical domains, including occupational, psychological, and social (Norwalk, Norvilitis, & MacLean, 2009; Safren et al., 2010; Shaw-Zirt, Popali-Lehane, Chaplin, & Bergman, 2005; Shifrin, Proctor, & Prevatt, 2010). This is especially disconcerting since adjustment during this crucial period of development often predicts adjustment into adulthood (Schulenberg, Sameroff, & Cicchetti, 2004).

The primary treatments used to help college students cope with their ADHD symptoms include: (a) pharmacotherapy and (b) psychosocial treatments. Similar to the pharmacological treatment of ADHD among children, adolescents, and adults, stimulant medications (e.g., methylphenidate) are the most frequently prescribed for college students (Baverstock & Finlay, 2003). Although these medications are moderately effective in ameliorating core symptoms of ADHD among adults, they have been found to

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have a number of practical limitations (Hartung, Canu, Cleveland, et al., 2013; Weiss & Hechtman, 1993; Wilens, Biederman, & Spencer, 1998; Wilens et al., 2002). Given the concerns regarding the overall costs and benefits of stimulants, adjunctive psychosocial interventions are often recommended (Dulcan & Benson, 1997; Prince, 2006; Wilens et al., 1998); unfortunately, no empirical reports testing the efficacy of psychosocial interventions for college students with ADHD, specifically, have been published.

While significant work remains to be carried out, cognitive-behavior therapy (CBT) has been recommended for treating college students with ADHD, as it appears to be the most effective psychosocial treatment for ADHD among both emerging and mature adults (Rostain & Ramsay, 2006). Several psychosocial interventions for adults with ADHD have been shown to be efficacious in randomized control trials (Knouse, Cooper-Vince, Sprich, & Safren, 2008). Preliminary efficacy studies with emerging and mature adults have yielded promising results for individual CBT (Rostain & Ramsay, 2006; Safren, Otto, et al., 2005; Safren et al., 2010; Virta et al., 2010), group CBT (Philipsen et al., 2007; Salakari et al., 2010; Solanto et al., 2010; Solanto, Marks, Mitchell, Wasserstein, & Kofman, 2008; Stevenson, Whitmont, Bornholt, Livesey, & Stevenson, 2002; Virta et al., 2008; Wiggins, Singh, Getz, & Hutchins, 1999), coaching (Allsopp, Minskoff, & Bolt, 2005; Kubik, 2010; Swartz, Prevatt, & Proctor, 2005; Zwart & Kallemeyn, 2001), and group mindfulness training (Hesslinger et al., 2002; Philipsen et al., 2007; Zylowska et al., 2008). Unlike medication, psychosocial interventions provide adults with skills to overcome some of the primary functional impairments of ADHD. Overall, results have suggested that psychosocial interventions for emerging and mature adults with ADHD are effective in ameliorating core symptoms and functional impairment.

The program developed by Safren and colleagues has published findings suggesting that their group intervention is efficacious in ameliorating core symptoms of ADHD among mixed groups of emerging and mature adults, with treatment gains being maintained after a 1-year follow-up period (Safren et al., 2010). The treatment model consists of 12 weekly, 1-hour, individual sessions that include psychoeducation, teaching and practicing skills/strategies (e.g., coping, organization, reducing distractibility), and cognitive restructuring or adaptive thinking (Safren, Perlman, Sprich, & Otto, 2005).

Safren, Otto, and colleagues (2005) conducted a study to examine the efficacy of their group treatment in a sample of 31 mature adults with ADHD ranging in age from 25 to 59 ($M = 45.5$). At the time of the study all participants were on a stable medication regimen but continued to experience significant residual symptoms. The participants were randomly assigned to one of two conditions: continued medication with individual CBT or continued medication

alone. Those who received CBT showed significantly lower self-reported ratings of ADHD ($d = 1.7$) and more improvement from a masked evaluator's ratings of ADHD ($d = 1.2$ – 1.4), depression ($d = .39$ – $.65$), and anxiety ($d = .43$ – $.55$) than those assigned continued psychopharmacology alone. Safren et al. (2010) completed a subsequent randomized controlled trial where adults (age $M = 43.2$) with ADHD on a stable medication ($N = 86$) were randomly assigned to receive either CBT or relaxation training in conjunction with continuing their medication. Those who received CBT were reported to have more significant improvements ($d = .53$ – $.60$) relative to those assigned to the relaxation condition. There were also a greater proportion of participants in the CBT group who responded to treatment (53–67% vs. 23–33%).

For many emerging adults with ADHD, impairment in three domains of functioning that are particularly relevant to the college environment—organization, time management, and planning—often persist into mature adulthood. These areas of difficulty are associated with greater risk of unemployment, financial difficulties, depression, anxiety, relationship difficulties, and poor life satisfaction (Biederman, Faraone, Spencer, Mick, Monteaux, & Aleari, 2006). From this, it has been hypothesized that treatment approaches targeting the skills that seem relevant to academic, occupational, social, and psychological functioning could be crucial in improving short- and long-term functioning in college students with ADHD (Fleming & McMahon, 2012; Green & Rabiner, 2012). Thus, there is a need for trials targeting functional impairment with college students to evaluate the efficacy of such interventions.

The current study's multimodal group- and individual-treatment design evolved in response to the unique clinical needs of college students with ADHD. We reasoned that while an individual treatment modality has the benefit of allowing the intervention to be tailored to a client's unique needs, the inclusion of a group-based component seemed particularly advantageous for college students. In addition to a group affording the opportunity for vicarious support, encouragement, reinforcement, and modeling of positive behavior change, research has suggested that contact with other individuals with ADHD may reduce client's stigma towards ADHD (Chew, Jensen, & Rosén, 2009). We also believed the inclusion of a group component would be particularly beneficial for college students, as they are likely to share the same work (i.e., academic) responsibilities and experiences. Lastly, although Safren, Perlman, and colleagues' (2005) intervention was designed to be implemented in 12 weekly modules, it was considered beneficial to condense the treatment to be delivered in an academic semester.

The aim of the current study was to provide a preliminary evaluation of an adapted version of the

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