

Rationale for ‘ONTRAC’ Program for Teens (14-17) with ADHD

Attentional Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by persistent patterns of inattentive, impulsive, and hyperactive behaviours, frequently accompanied by emotional regulation challenges. Most childhood cases continue to meet the criteria of adolescent ADHD, resulting in up to 6% of the general population of adolescents having this condition.

Typical impairments include:

- Academic difficulties
- At risk to repeat grades
- Suspended from school
- Dropping out of school
- Higher risk for tobacco, alcohol, and other substance use
- More likely to engage in high-risk behaviours such as antisocial activities
- Riskier sexual behaviours
- Relationship difficulties

Adolescence is a developmental phase when children are increasingly less influenced by their parents’ guidance and their family environment in general. They are rapidly developing a psychological sense of autonomy and individuation from their parents, and increasingly need to rely more on their own developing cognitive ability to manage the daily challenges.

Medications have been widely used as an effective treatment for many years in children, adolescents, and adults with ADHD. However, in most cases, medication as a sole intervention is seldom enough. Most adolescents continue to have residual symptoms, therefore increasing the need for evidence-based psychological interventions to be part of a more comprehensive multimodal treatment plan. For best outcomes, interventions should focus on the teen with some parent involvement. As such the OnTrac teen program offers a 2-hour parent information workshop session (on the first Saturday after the start of the program). The objective of this session is to:

1. make sure that the parents have realistic expectations of the program,
2. increase parental knowledge about their teen’s ADHD,
3. encourage the parents to identify the causes of or contributors to defiant behaviour that exist in the family,

4. urge parents to problem solve these behaviours collaboratively with their teens,
5. help the parents identify the function of the behaviour and the child's currency.

Adapted for teens from the OnTrac tween program that has been successfully piloted and delivered since 2018, the program comprises three modules:

- Psychoeducation
- Adaptive thinking
- Skills building

Psychoeducation

For individuals to understand ADHD, they need to know what characteristics affect them and how. ADHD is recognised as a disorder that seldom exists in isolation. It has a list of co-morbid conditions like anxiety and depression, as well as learning disorders like dyslexia and dyscalculia that can interfere with academic, social awareness, and overall achievement. Many individuals have a combination of these characteristics, not just impulsivity/hyperactivity or inattention. There is a significant risk for teens with ADHD to face several challenges in their academic environments. They may not directly have a learning disability, but the troubles they encounter because of a lag in their executive functioning capacity may interfere with their academic success.

This module covers:

- What is ADHD and how is it diagnosed
- ADHD is a neurobiological disorder that impairs the self-management system in the brain
- ADHD is a valid diagnosis
- ADHD is not related to laziness or intelligence
- Treatment options

Adaptive Thinking

The focus of this module is to help the teens think about problems and challenges in the most adaptive and realistic way possible.

The module covers:

- Understanding the relationship between thoughts, feelings, and behaviours
- Understanding cognitive distortions/thinking traps
- The role of core beliefs in negative thinking
- Exploring values
- Goal setting and problem solving
- ADHD and family relationships

In this module, the old CBT view of ADHD, that thoughts don't play a role in ADHD and are only relevant in cases of co-existing conditions such as anxiety or mood disorders, putting the focus of ADHD interventions on changing behaviours – is challenged. We acknowledge that thoughts do not cause ADHD, but experiences of living with ADHD affect thinking, and thinking affects ADHD. Negative thinking in ADHD erodes away the pillars of self-esteem and the trust in one's ability to bring about change in one's life. Many studies repeatedly show that emotions play a strong role in ADHD symptoms, suggesting that there is a direct link between negative thinking and ADHD symptoms.

Skills Building Module

The CBT model of ADHD suggests that many of the consequences of neurobiological symptoms of ADHD are maintained or exacerbated by a lack of adequate coping skills (Safren, Sprich, Chulvick, & Otto, 2004). Given this, the objective of the skills building module is to teach compensatory executive skills such as:

- time management
- planning, organising, and prioritising
- communication skills
- self-regulation
- management of distractibility and procrastination
- bringing about change

Learning these skills during the teen years helps the child to cope better with the many 'firsts' inherent in this developmental phase: first casual job, apprenticeships, transition to tertiary education, as well as romantic relationships and emotional challenges that are often exacerbated by ADHD.

Eligibility

Teens aged 14-17 with ADHD are eligible.

Parent participation

Complete pre/post-intervention forms

- Behaviour Concerns Questionnaire pre/post
- Parenting Style Questionnaire
- Consent form
- Executive Functioning Questionnaire

Facilitator

The facilitator is a registered psychologist, who offers Medicare Services under the Better Access Initiative in collaboration with Medical/psychology students, who facilitate as mentors.

Time

The program is delivered concurrent with the school terms, from 5:00 pm to 7:00 pm on Thursdays for six weeks. The weekday may vary.

The program is offered under Medicare's Better Access Initiative, namely Group Therapy (item 80127). To obtain the rebate, participants need to provide a referral from their paediatrician/psychiatrist, or a Mental Health Plan from their GP stating the item number above.

Feedback is given to the referring professional at the end of the program.

For more information, please contact Grace on:

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Disclaimer: Teens who are seriously aggressive and attack others should not be considered candidates for OnTrac. They often do not respond well, and their reaction to the intervention may result in an escalation of family conflict. These teens may be better treated with in-home multisystemic forms of therapy, day hospital programs or inpatient child psychiatric units. At the conclusion of such interventions, parents and teens can benefit from OnTrac.