

## **A Safer Way to Treat ADHD**

For parents worried about over-medicating children who have attention problems, behavioral therapy may be a welcome addition to treatment. This type of therapy helps someone with attention deficit hyperactivity disorder, or ADHD, alter their behavior and thought patterns to learn how to relate to others and succeed.

In one of the more recent studies, published this May in *Experimental and Clinical Psychopharmacology*, researchers from the University of Buffalo looked at the benefits of behavioral therapy on 27 children with ADHD between the ages of 6 and 12. They found that behavioral therapy could cut the need for stimulant drugs by up to two-thirds. Moreover, when drugs and behavioral therapy were combined, the two treatments were more effective in controlling ADHD than either used alone.

How does behavioral therapy work? Dr. J. Russell Ramsay, assistant director of the ADHD Research and Treatment Program at the University of Pennsylvania, answers some common questions about this treatment option.

### **What is behavioral therapy?**

Behavioral therapy is a form of psychotherapy that involves an individual or a family sitting in a room with a counselor to talk about the problems that have led the individual to seek help. Unlike traditional forms of therapy, the focus is on the behaviors of the person and what contributes to these behavioral patterns.

### **How is behavioral therapy used to help somebody with ADHD?**

There are a couple different ways that behavioral therapy can work. We know that ADHD shows up differently across the lifespan, therefore, behavioral therapies are used differently for individuals of different age groups.

For example, behavioral therapy for children with ADHD focuses on parent and teacher training, and how they can better understand and manage behaviors. We teach parents and teachers how to guide behaviors. We also work with the family to develop more structured household routines. That way, we can make sure that the patterns used at home are most effective for the ADHD symptoms.

With adolescents, we look at maintaining constructive communication, helping the parents think through the rules of the household. We establish the bedrock rules that the family really wants to establish, and what rules might be a little more negotiable. Some teens may also

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benefit from additional therapy to address how they think about their emerging identity and the role ADHD plays in that.

Therapy is quite different for adults. Most of the time, an adult's difficulties may have gone undiagnosed earlier in life, so very often we're dealing with an individual who is trying to make sense of a lifetime's worth of frustration. Understandably, these frustrations may have created a negative belief system about how the individual defines himself, his prospects for the future and general attitude about the world. So we have to try to change these negative thoughts, as well as deal with behavioral issues.

### **What should somebody look for in a therapist?**

The term therapist is a wide-ranging term. You could find a psychiatrist, a psychologist, educational psychologist or licensed clinical social worker that has experience in these techniques. First off, be sure that you trust the therapist. Make sure somebody has received adequate training in conducting therapy for people with ADHD.

There are many good professional organizations to help in your search: the Association for the Advancement of Behavioral Therapies (AABT) and the Academy of Cognitive Therapy. They keep a referral base of people trained in cognitive behavioral therapy.

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### **What should a family expect to happen during a therapy session?**

Assuming a therapist already confirmed the ADHD diagnosis, they would first look at what the family, child and teachers view as some of the problematic situations. After that, we get down to what we are going to do about it.

. For example, if the student is having trouble sitting still, we define the problem and try to describe what happens to cause the problem. We try to flesh out the scene so we can understand what can be modified to get the behavior moving in the right direction. For example, if the teacher likes to have students sit in alphabetical order in the classroom, perhaps a child with ADHD would do better sitting near the teacher's desk. So, even though the child's last name might have required him or her to sit towards the back of the class, we can tweak these rules based on the child's situation.

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### **Why does a family need to get the teacher involved?**

Behavioral therapists recognize that only so much happens in a weekly, hour-long session, and that they can't be present for the remaining 167 hours in that week. So, if there is collaboration among all interested parties things can be more productive. The therapist might consult with the teacher and work on what can be changed in the classroom to accommodate the child.

### **How is therapy monitored?**

Unlike traditional therapies, behavioral therapies monitor whether the plan is working in concrete ways. We use a behavioral criteria, like the number of times the child gets out of his seat during class, to measure the success of the plan. If the plan works we can then work to maintain the positive results. If something's not working about the plan, we look to see if there were any unanticipated problems. Perhaps it wasn't a realistic plan, and we have to move on to plan B.

### **Does any of the responsibility to change fall on the child?**

Progressively, more responsibility is taken on by the child as he or she gets older. But even younger children can help keep track of things, and the therapist often works with the child to come up with a reminder system about how to handle certain situations.

For example, kids with ADD might forget to raise their hand in class, so perhaps the therapist talks with the child about what might be a helpful reminder. Perhaps there's a little picture of a child raising his or her hand that can be taped to the child's desk as a reminder. A therapist may engage the child to find ways to keep track of when homework assignments are due. There's a lot of ways children with ADHD can be empowered to gain control over their behavior. The key is not to ask too little and risk having the child become overly dependent on other people, and not to ask too much and risk having them overwhelmed by the responsibility. So, this is where the behavioral therapies are very collaborative, checking in with each other about the process to see how things are progressing.

### **What is behavior modification?**

Behavior modification is one aspect of behavioral therapy. It looks at different ways of shaping behaviors by introducing a positive reinforcement for a desired behavior. For example, every time the child has spent 30 minutes doing his or her homework, they get a point. Over time, the points add up and the child will receive a prize.

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Behavior modification can also work by matching a less-desirable behavior with a desirable one. A child may work with a friend on a more difficult topic that the child would typically avoid. This way it becomes less negative, and the child can learn mastery on the task.

### **What is the role of medications with behavioral therapy?**

The issue of medications is often a very personal one. Sometimes people might be reluctant to take them for a host of different reasons: maybe they don't identify as somebody who's really a medication taker, and they're skeptical of the effects. In that case, there might be certain incorrect beliefs about the medications that a therapist can work on with the individual.

Other times, we'll hear beliefs like, "If I take the medications while I'm doing my work, I don't know if it's really me doing it. How much is me, and how much is the medications?" Even though behavioral therapy is very outcome focused, we don't turn a blind eye to some of these identity issues. We certainly respect the right of self-determination and some people do make an informed decision to not take medication. So, in this case, we could have a discussion on their willingness to engage in therapy to make changes.

### **Can behavioral therapy serve as a substitute for medication?**

That's not really been well researched. One study looked at medications alone and medications combined with behavior therapy and showed about equal effectiveness.

However, some people choose to augment the medication therapy with behavioral therapy, particularly if they feel that certain issues have not been addressed by medication alone. I have worked with some people with relatively mild or low ADHD who did not want to take medications. They tried cognitive behavioral therapy first and felt like they had a successful therapy experience under those conditions.

### **How long does it take behavioral therapy to start working?**

It's very individualized, because some people may come in as an adult newly diagnosed and are ready for change. Other people might be more ambivalent about the prospect of change. But that's part of the treatment. We personalize this behavioral model to each person, taking a look at individual difficulties.

### **What is the ultimate goal of behavioral therapy?**

The end goal of behavior therapy or cognitive behavioral therapy is to make the therapist obsolete by imparting coping skills and helping the individual become better versed in why they do what they do. This way, the individual, the family and the teacher can together take control of the management of ADHD in the long run.

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