



MASSACHUSETTS
GENERAL HOSPITAL

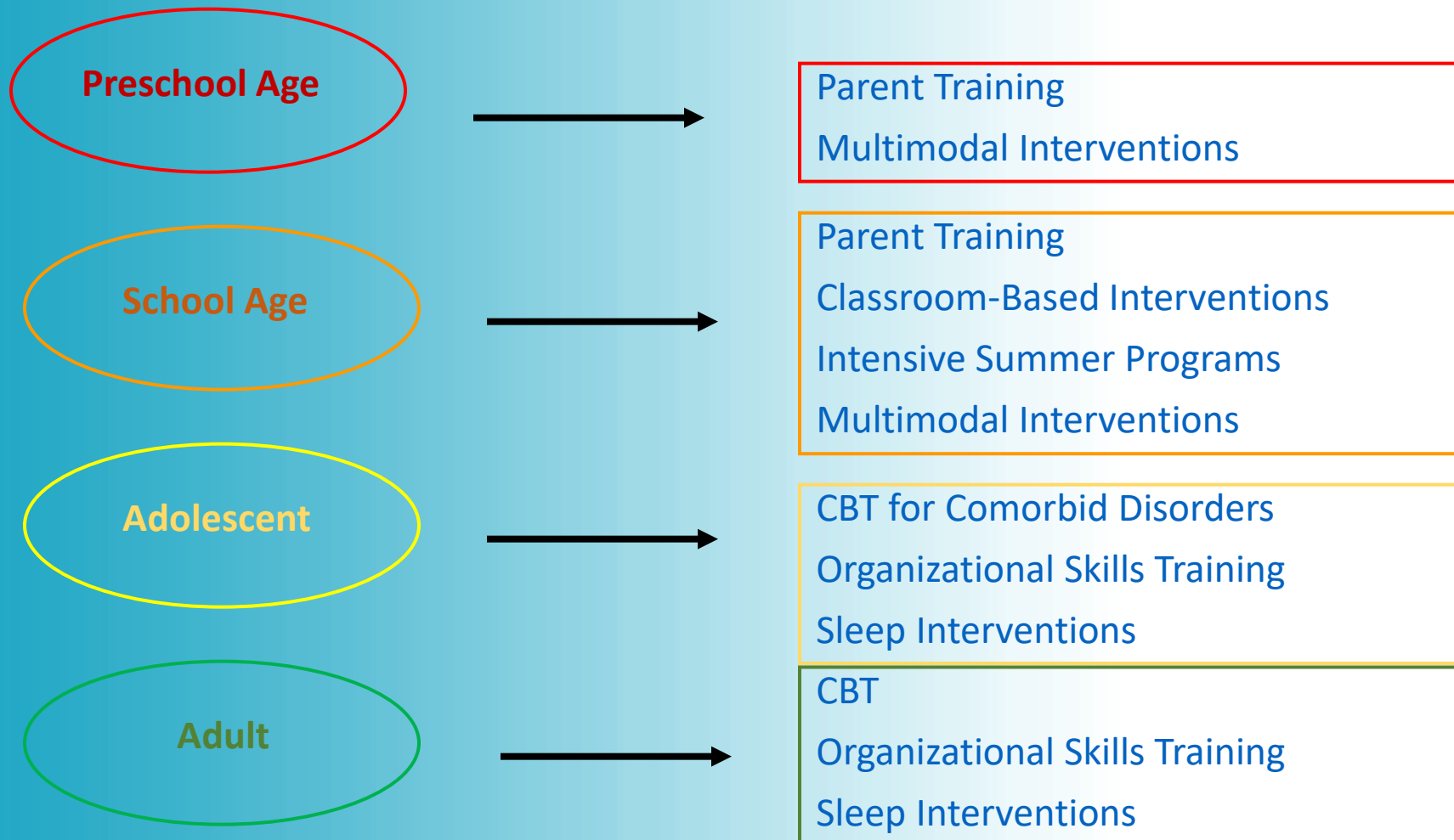
PSYCHIATRY ACADEMY

CBT and Psychosocial Treatment for ADHD

Aude Henin, PhD



Developmental Perspective on CBT Interventions





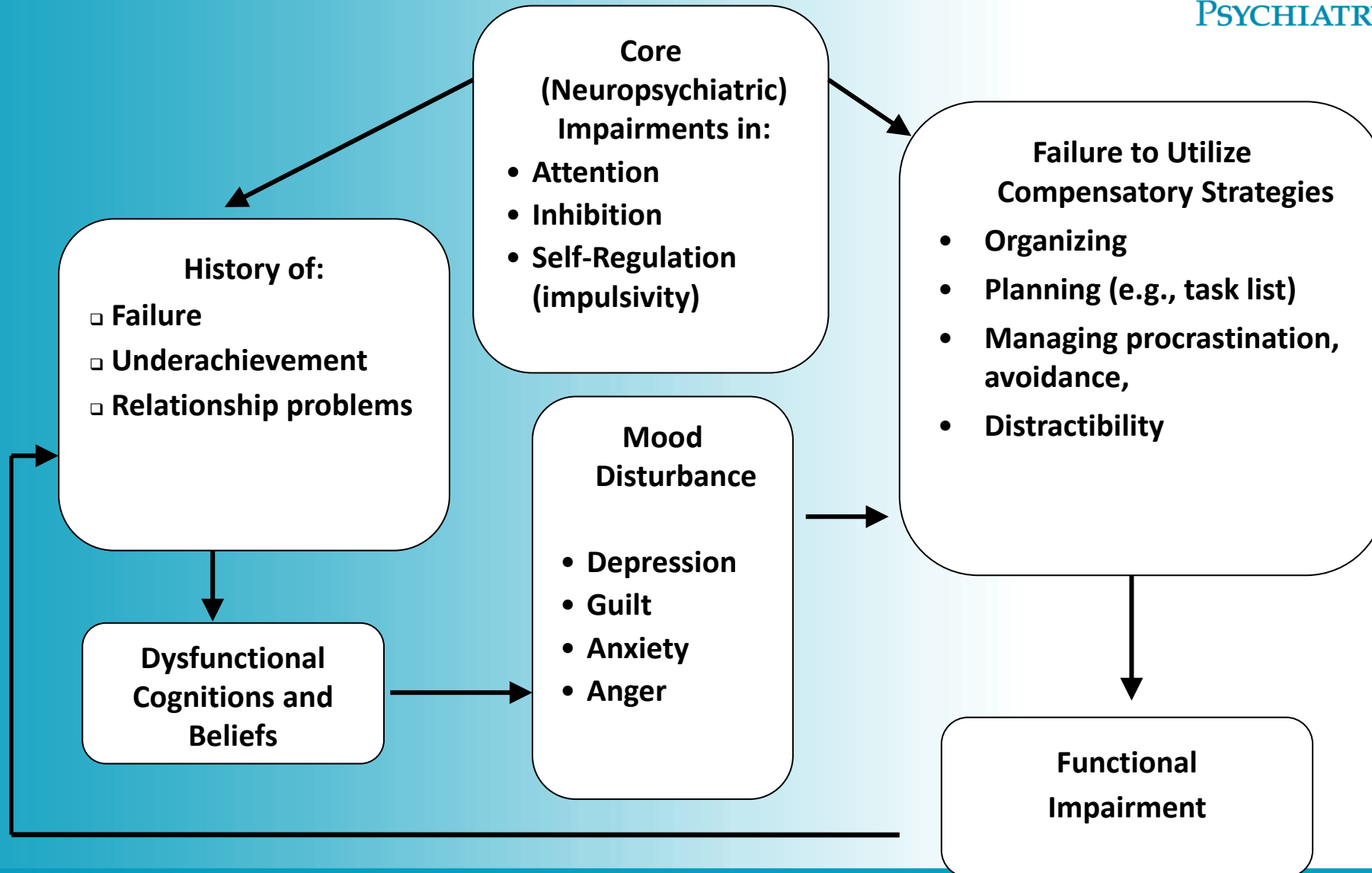
Why CBT If ADHD Is a Neurobiological Disorder?

- Although medications help, they do not teach compensatory skills that individuals with ADHD may not have learned
- Medications help turn the volume down on symptoms
 - But a “responder” in medication trials = 30% reduction in symptoms
 - 20-50% of patients are “non-responders” in first line medication trials



References for psychopharmacology studies. Wender 1998.
Wilens et al. 1998, 2002.

Cognitive-Behavioral Model of ADHD





Treatment Modules

1. Organizing and planning
2. Coping with distractibility
3. Cognitive restructuring

Optional

4. Application to procrastination
5. Involvement of significant other



Module 1: Organizing and Planning



Module 1: Orientation to the Treatment

- Each session has an agenda – like taking a course
- Review of previous modules and symptoms every session
- New skill almost every session
- Not all skills can be learned at once – makes it harder
- Practice makes perfect – need to practice long enough for it to be habitual
- Adherence to treatment – **plan for attention and distractibility during sessions**



Module 1: Begin Calendar and Task List System

- Calendar – develop and agree on a system (no such thing as the best system, but need a workable one)
- Task list – notebook, app on phone
- Consolidate **EVERYTHING** into calendar and task list/notebook – no loose papers, appointment slips, etc.
- Use this system long enough to become a habit





Managing Multiple Tasks

- Organization of multiple tasks (A,B,C)
- Managing overwhelming tasks: breaking large tasks into multiple do-able steps
 1. Choose a complex task from to-do list.
 2. List the steps you must complete.
 3. Make sure each step is manageable.
(e.g., If task is “buy house” it will never get completed.
If it is “look up realtors in town” it is much more likely to get completed)
 4. List every individual step on your daily to-do list.





Prioritizing Tasks

- **“A” Tasks:** most important
- **“B” Tasks:** less important, long-term
- **“C” Tasks:** lowest importance
 - **May be easiest to complete & therefore most attractive to client**
- **Careful not to rate all as A’s**
- **Complete “A” items first before moving on to “B” items, and so on**



Module 1: Five Steps in Problem-Solving

1. Articulate the problem.
2. List all possible solutions.
3. List pros and cons of each solution.
4. Rate each solution.
5. Implement the best option.



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Problem Solving Form: Selection of Action Plan



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Possible Solution	Pros of Solution	Cons of Solution	Overall Rating of Solution (1-10)

A woman with long brown hair, wearing a pink sweater, is sitting at a desk in a classroom. She is holding a black telephone receiver to her ear with her left hand and a purple lollipop in her right hand. She has a thoughtful or distracted expression, looking upwards and to the right. In the background, a man in a blue shirt is standing and talking on a mobile phone. The scene is dimly lit, and the overall tone is somewhat somber or contemplative.

Module 2: Distractibility



Module 2: Coping with Distractibility

- Decide on a reasonable length of time that patient can expect themselves to focus on a difficult or unpleasant task
- Distractibility delay (Apply “chunks” from problem solving that coincide with the length of one’s attention span for difficult or boring tasks and set your timer)
- If distractions occur during this time, write them down and go back to task at hand
- Check in with distractions when timer goes off



Module 2: Coping with Distractibility



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Modifying the environment:

- Look for distractions in environment and eliminate or reduce them in advance to “set the stage” for success



Using Reminders & Alarm Devices

- Set alarm on phone or computers to go off at regularly scheduled intervals (every half hour)
- “Am I doing what I am supposed to be doing or did I get distracted?”





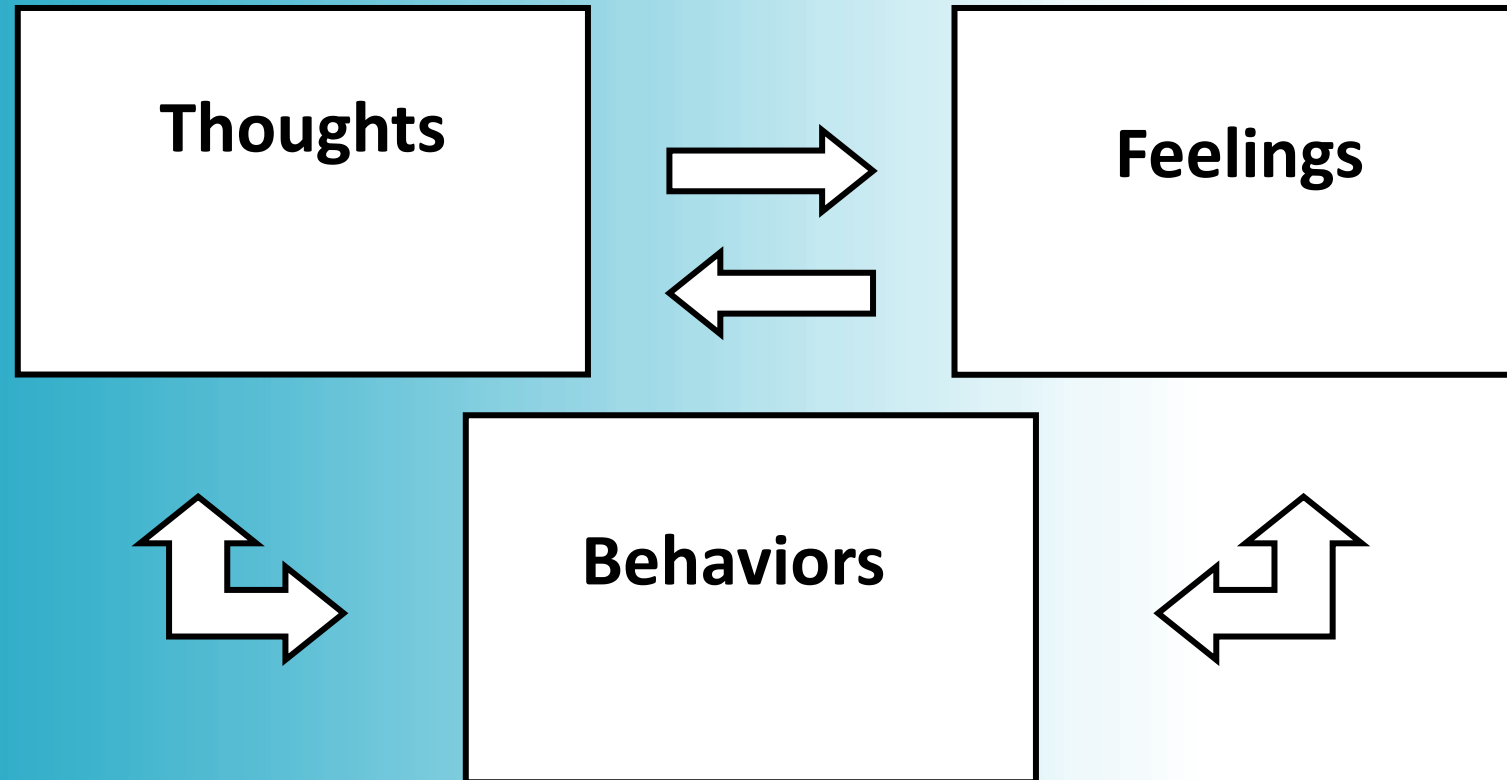
Keeping Track of Important Objects

- Ask client to think of difficulties keep track of important objects (keys, wallet, notebook, phone)
- Find specific place in house where these objects will be kept
 - Stress the importance of placing item in its appropriate place immediately
- Involve other family members





Module 3: Cognitive Restructuring





Cognitive Restructuring

Time and Situation	Automatic Thoughts	Mood and Intensity	Thinking Error	Rational Response
<i>Preparing a report for work</i>	<p><i>I have to do all of this today</i></p> <p><i>I must do this perfectly.</i></p> <p><i>If I do not finish my boss will be upset.</i></p> <p><i>If the project is not perfect and my boss is upset, I will lose my job</i></p> <p><i>I am worthless</i></p>	<p><i>Overwhelmed (80)</i></p> <p><i>Anxious (75)</i></p> <p><i>Depressed (60)</i></p>	<p><i>All or nothing thinking</i></p> <p><i>Jumping to conclusions (mind reading)</i></p> <p><i>Jumping to conclusions (fortune telling),</i></p> <p><i>Catastrophizing</i></p>	<p><i>I can probably get through this if I break it down into steps and take breaks.</i></p> <p><i>Nobody is perfect, I have done similar tasks, though they were hard, and they were okay</i></p>



Overly Positive Thinking Can Have Negative Consequences...

- **“Red Flag”** Thoughts:
 - “I don’t need to worry about this.”
 - “It will all work out because I’m a good person.”
 - “I can get one more thing done before I leave.”
 - “I HAVE to do this interesting thing RIGHT NOW.”
- Can precipitate:
 - Avoidance of skill use
 - Failure to consider realistic consequences
 - Impulsive responding
 - Negative reinforcement of overly positive thinking via immediate distress reduction



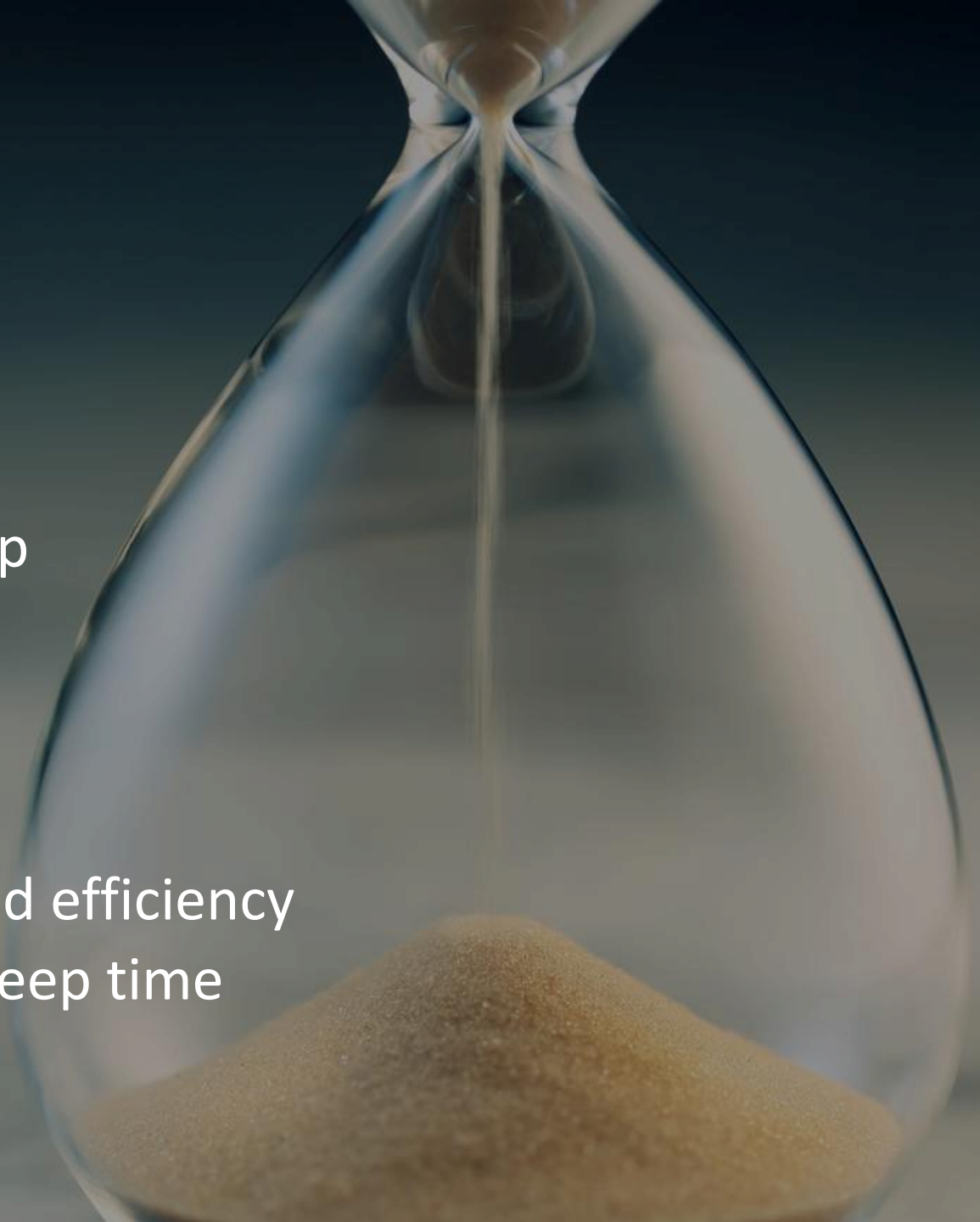


Managing Procrastination

- Using skills learned earlier in treatment and applying them to topic of procrastination
- Identifying triggers for procrastination
 - Is the task too large?—break it down into smaller chunks
 - Are you unsure where to start?—use problem-solving worksheet
 - Unhelpful cognitions?—use thought record to identify and challenge negative thoughts
- Use MI approach (short/long term pros & cons)
- Develop plan for coping with procrastination

Sleep Interventions

- Stimulus Control:
 - Only use bed to sleep
 - Get out of bed if not asleep
- Sleep Hygiene
- Relaxation
- Sleep Restriction Therapy
 - Improving sleep quality and efficiency
 - Matching time in bed to sleep time





Meta-Analysis of CBT for Adults with ADHD

- 32 studies met inclusion criteria
 - 18 controlled trials (one with 2 active treatment conditions)
 - 12 open trials (two with 2 treatment groups)
 - 2 controlled trials with effect sizes only pre-to-post

Knouse et al. *JCCP*. 2017;85(7):737-50

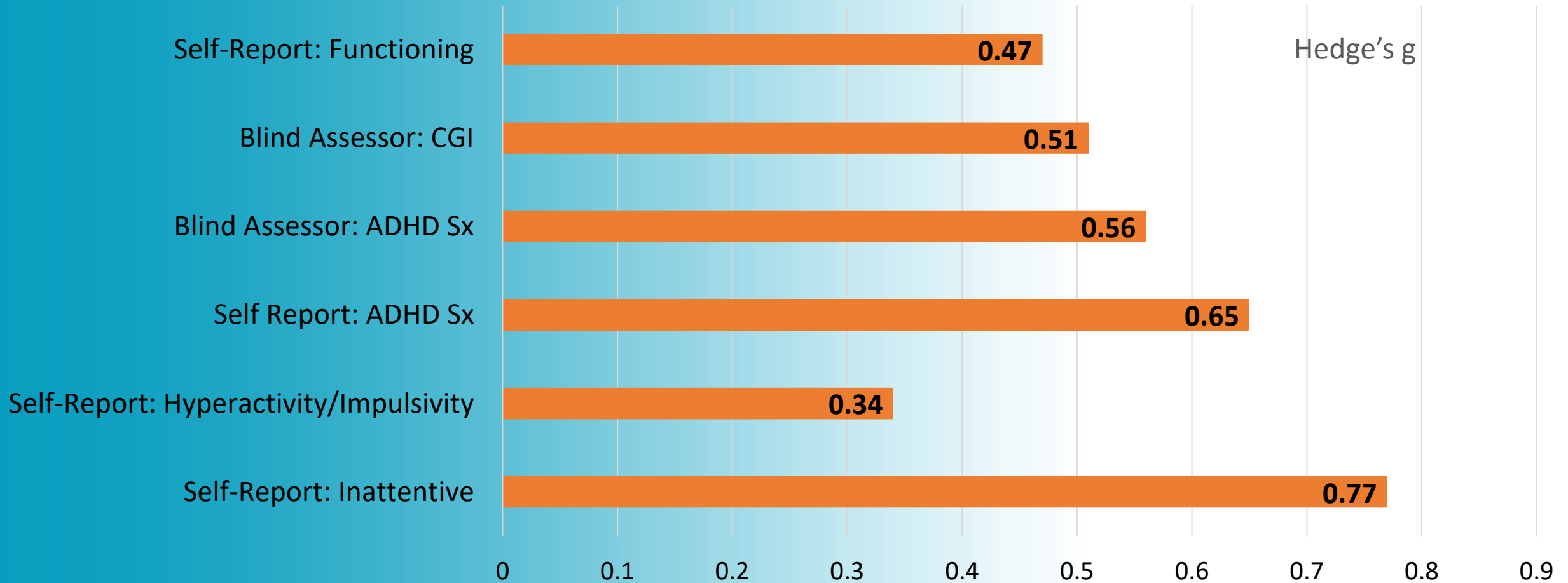
Effect Sizes for Treatment vs. Control



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Knouse et al. *JCCP*. 2017;85(7):737-50



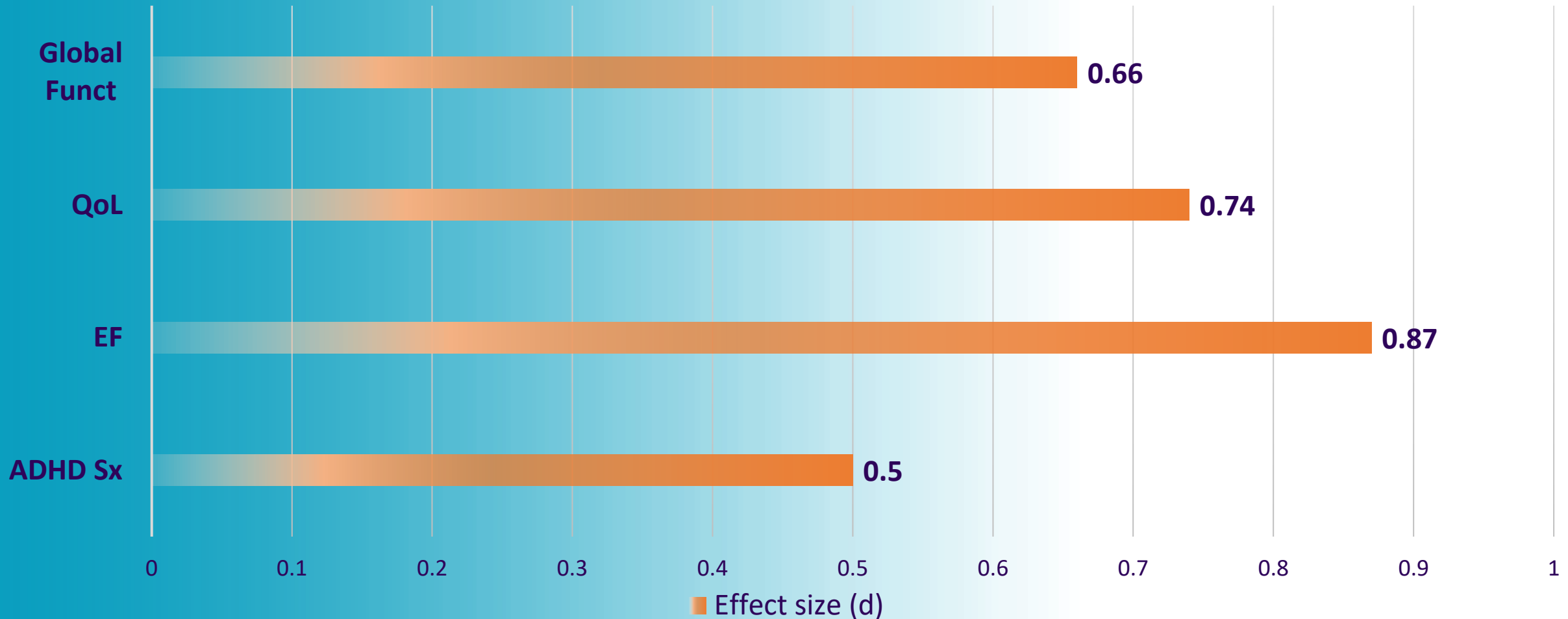
iCBT for Adults with ADHD (N=86)

Zhang et al. (2025) Psychiatry Res. Jan 5:344



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Efficacy for Adolescents with ADHD

(Sprich et al. *J Child Psychol Psychiatry*. 2016)



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

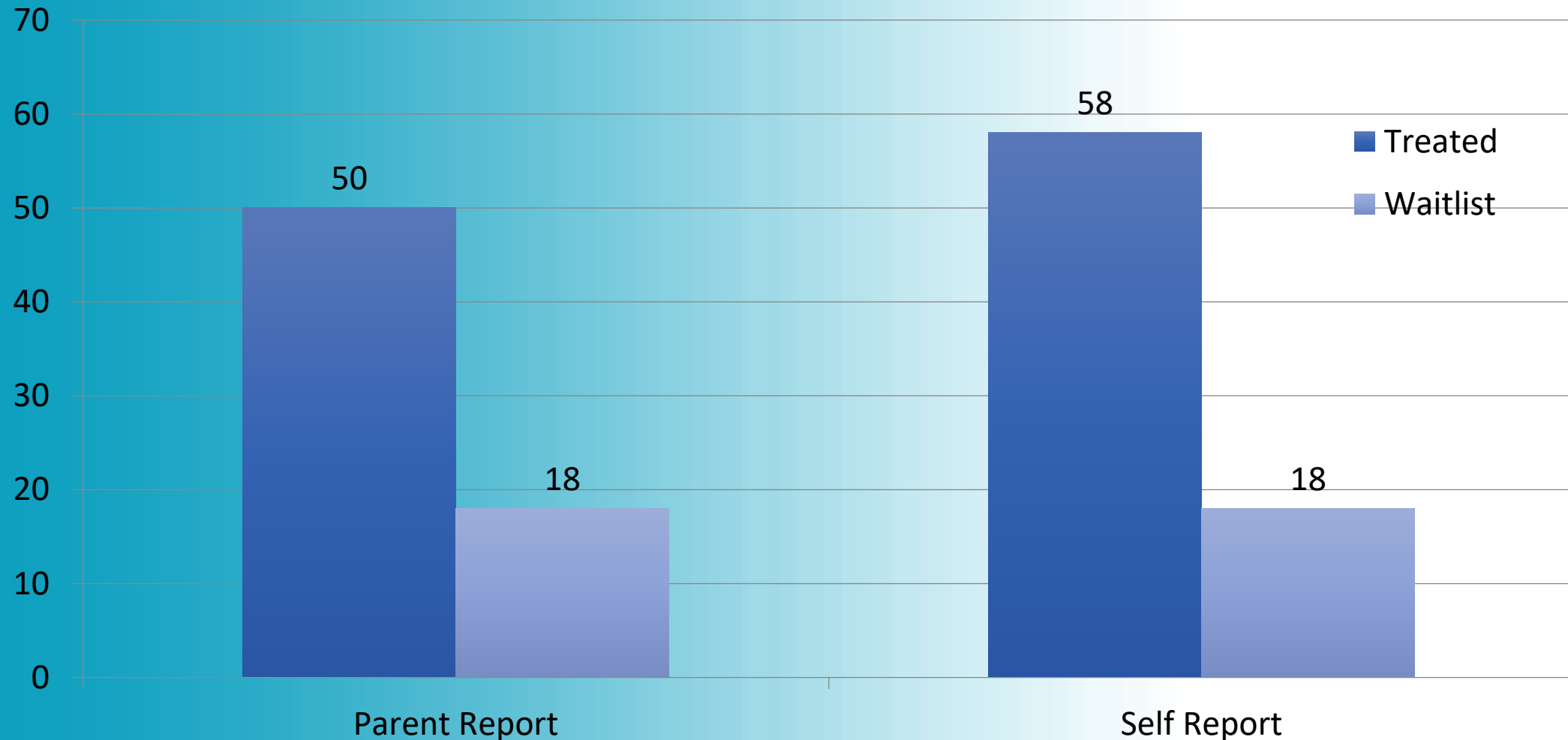
- 46 adolescents with ADHD on medication for ADHD
- Randomly assigned to CBT or wait list in a crossover design
- 12 sessions (2 with parents) plus 2 optional parent-only sessions
- Participants who received CBT had significantly lower scores on ADHD rating scale by IE-rated parent and adolescent report
- Significantly greater proportion of responders in CBT than wait list by parent and adolescent report
- Results demonstrate initial efficacy for CBT for medication-treated adolescents with ADHD

Results of Adolescent Study: Responder Status



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



Meta-analysis of EF Interventions in Youth with ADHD (Wilens et al., 2024; J Attention Dis)



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Psychological Interventions:

- 31 distinct studies (N=2387)
 - 29 RCTs
 - Treatment length: one session-7 months (mean=9 weeks)
- 24/29 reported sig changes in clinical/behavior or neuropsych measures of EF
- 16 RCTs used CBT
- 13/16 found positive trmt effects of CBT on EF

Pilot Study of Sleep Treatment for Adults with ADHD

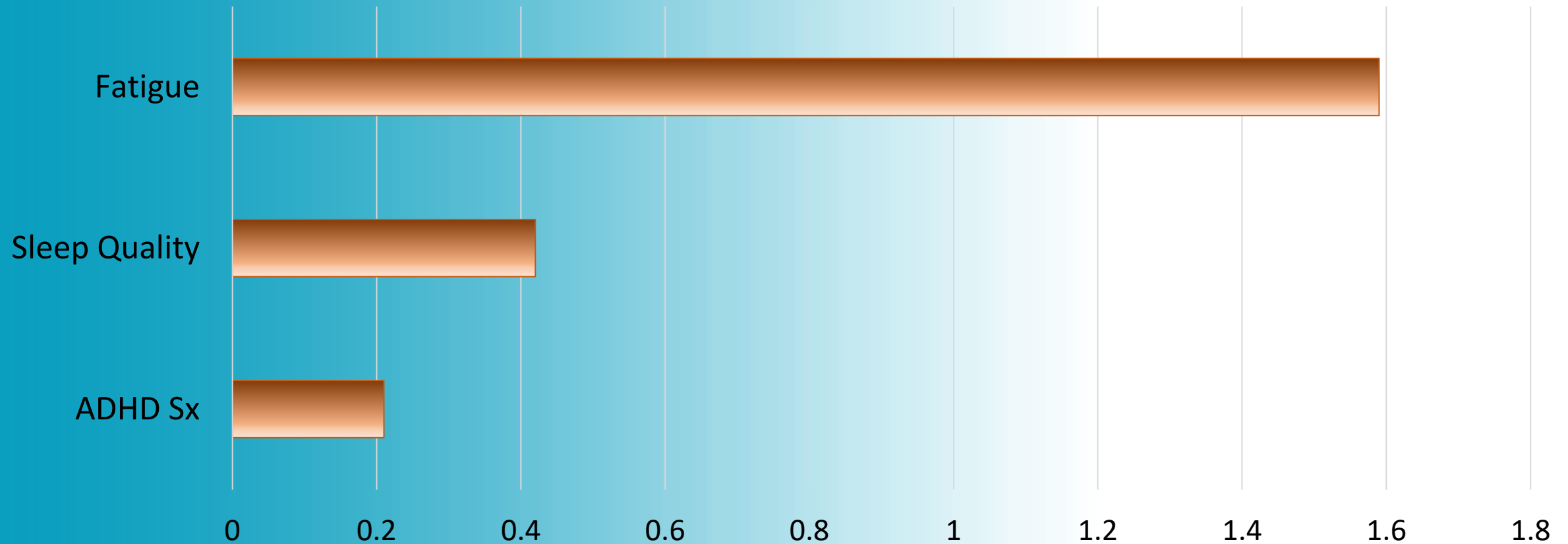
(van der Ham et al., 2026. J Atten Disord; 30(3): 354-69.)



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Effect Sizes (Cohen's d): TAU vs TAU+Sleep Trmt





MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Thank you!