

## Psychosocial Intervention for ADHD:

### New models of treatment for promoting life and attention skills

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Behavioral interventions (e.g., parent training, classroom behavior modification, school consultation) have a significant evidence-base for treating the functional problems that emerge from ADHD. However, there is considerable need to better tailor behavioral treatments to individual child/family needs, to extend the effects across time and situations and to improve delivery systems. Behavioral interventions have been implemented almost exclusively with ADHD-Combined Type and most often in outpatient clinic-based settings. This presentation discusses two behavioral treatment models we are developing and evaluating—one for ADHD-Inattentive Type and a second focused on adapting clinic-based treatment models for delivery in schools.

Like ADHD-Combined Type, ADHD, Predominantly Inattentive type (ADHD-I) is also a prevalent and impairing disorder. However, the profile of attention deficits, comorbid disorders, and social impairments is different for the two types of ADHD suggesting that optimal treatment for ADHD may differ across the subtypes. We developed an integrated behavioral treatment (Child Life and Attention Skills Program, CLAS) that is tailored to the specific needs of ADHD-I, including the characteristic “sluggish cognitive tempo,” prominent academic issues and social skill deficits. CLAS emphasizes programming for generalization and incorporates skill- and reinforcement-based approaches supplemented with supportive approaches drawn from rehabilitation medicine, including routines and scaffolding for executive deficits. Specifically, CLAS combines (a) a standard behavioral treatment for ADHD (group-based parent training) that has been adapted for ADHD-I with (b) group-based child life skills training and (c) teacher consultation. Results of an initial randomized controlled trial comparing CLAS to an untreated control group demonstrated significant treatment effects on inattention, SCT as well as organizational and social impairment (Pfiffner et al., 2007). To follow up these results, we are currently conducting a large-scale (N=210), two-site, randomized clinical trial of CLAS. The goal of the RCT is to test whether CLAS provides superior reduction of inattention symptoms, sluggish cognitive tempo, and functional impairment in comparison to 2 control conditions: 1) typical community treatment; and 2) parent-focused training, which constitutes an active treatment control.

Our second psychosocial treatment model involves adapting our clinic-based behavioral intervention for ADHD for delivery by mental health professionals within an urban public school district. Implementation in the school setting is intended to increase treatment accessibility and potency by treating at the “point of performance”, that is, where and when the child is having problems. The specific aim of this project is to develop and document the feasibility, acceptability, and sustainability of this intervention. This presentation describes our model of

treatment development and outcomes from the first two cohorts.

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