



EXPANDING THE TOOLKIT: A GROUP-BASED MINDFULNESS AND COGNITIVE-BEHAVIOURAL APPROACH TO MANAGING ADHD

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The Need

- There are over 637 students diagnosed with ADHD registered with Accessibility Services (AS) at the University of Toronto
- While many of these students take psychostimulants to help manage their symptoms, executive dysfunction, procrastination, low self-esteem, and co-morbid LD/anxiety/depression often interfere with academic progress
- U of T offers individual appointments with Learning Strategists and skills workshops to help improve executive function. However, students with ADHD often fail to take advantage of or do not benefit from these resources



The Need (cont.)

- Students not OSAP eligible cannot access bursary funding for ADHD coaching
- While the student health service, Health & Wellness (H&W), runs groups for students with anxiety and depression, there was no treatment group specifically targeting students with ADHD
- Private clinics in the community do run groups for ADHD adults. However, post-secondary students often cannot relate to these groups because of age and life-stage differences



Brainstorming to Fill the Gap

- In Fall 2014, Accessibility Services approached Health & Wellness with a proposal to collaborate on the development of a group for ADHD students
- The first meeting, in January 2015, consisted of myself, Katy Curtis, who has an interest in Mindfulness practice, Mary Damianakis, who provides ADHD coaching in her private practice, and Rachelle Guttman, a psychiatrist with H&W
- This development committee met monthly from January to May, 2015



Setting the Goals for the ADHD Group

- The group must be grounded on evidence-based practice
- The group program would be adapted from existing sources
- Strategy training would be at the core of each group session
- We decided on a CBT model to address some of the psychological and emotional barriers to success
- We also wanted to integrate mindfulness practices into every session



Goals (cont.)

- Sessions had to easily fit within the academic term
- Ideally, the development of the group and the ongoing costs would be budget friendly
- We set a deadline of mid-May for the start of the Pilot group (to coincide with the beginning of the Spring 2015 term)



Our Sources

- Safren, S.A., Sprich, S., Perlman, C.A., & Otto, M.W. (2005). *Mastering your adult ADHD: A cognitive-behavioral treatment program*. Oxford: Oxford University Press.
- Solanto, M.V. (2011). *Cognitive-behavioral therapy for adult ADHD: Targeting executive dysfunction*. New York: Guilford Press.
- Zylowska, L. (2012). *The mindfulness prescription for adult ADHD*. Boston: Trumpeter Books.



Preparatory Work

- Since we were restricted to 7 weekly sessions (the length of the Spring term), session topics from program sources were combined and adapted to suit the student population. The session materials were then assembled into a manual for the facilitators
- Mindfulness practices from Zylowska (2012) were adapted to match session topics
- Take home notes, take home exercises, and related materials were assembled into binders for participating students



Session Topics

- Introduction/Making Peace with the Diagnosis, and Committing to Growth
- Time Awareness, Planning/Scheduling, and To-Do Lists
- Making Tasks Manageable, Prioritizing To-Do Lists, and Rewarding Yourself
- Adaptive Thinking: Introduction to a Cognitive Model of ADHD
- Adaptive Thinking II: Developing a Rational Response
- Dealing with a Short Attention Span, Distractions, and Modifying the Environment
- Application to Procrastination and Wrap-up



Preparing for the Pilot Group

- Student recruitment began in April 2015 – Emails were sent to AS counsellors and clinicians at H&W requesting them to submit names of candidates to the development group
- Participant criteria was not too rigid. Ideally, all students with a diagnosis of ADHD were eligible. However, the group was also open to students in the process of getting a Dx
- A pre-group interview was developed to screen candidates for suicidal thinking, psychosis, addictions, etc. Students also completed questionnaires, including the BDI, BAI, and ASRS



Pilot Group

- N = 14 (6M, 8F), Aver. age 30 yrs (range 19-58 years)
- 86% undergraduate students, 14% graduate students
- 100% had a Dx of ADHD, based upon either psychoeducational or psychiatric assessment
- 77% reported that they were taking psychostimulants
- 36% reported co-morbid conditions, including LD, GAD, mood disorders, social anxiety, OCD



Attendance/Drop out

- 2 students dropped out after the first session
- Of the remaining 12 students, 10 completed 5 or more sessions
- This pattern of attendance has remained consistent across subsequent groups



Student Experience/Feedback

- During the final session, students were asked to complete a questionnaire gauging the usefulness of the group experience
- Participants rated all aspects of the group experience moderately to quite useful



Student Experience/Feedback (cont.)

The highest rated aspects were:

- Take home notes/binder
- Using adaptive thinking to help with procrastination
- Sharing problems with the group
- Mindfulness meditation practices
- Adaptive thinking strategies to manage emotions
- Time awareness, planning strategies, and problem solving



Qualitative Responses

What students liked:

- Liked group setting where everyone could relate to one another (“Nice to feel I’m not alone – I’m not the only one struggling”)
- Felt comfortable to disclose in a non-judgmental environment
- Enjoyed sharing experiences and strategies
- Liked learning about ADHD and how it affects day-to-day functioning
- Liked beginning and ending each session with a mindfulness practice



Qualitative Responses

What students did not like:

- Time of group – (10 am start) “too early, hard to get to group on time”
- Take home exercises
- Body scans (meditation practice)
- Length of discussions – some students found it hard to concentrate



Post Pilot Groups

- We have organized and run 5 ADHD groups since the pilot group
- 58 students have participated in these later groups. Over 82% of the participants attended at least half of the sessions.
- Many ADHD group graduates have asked for “refresher” sessions. Some graduates have asked to participate in the group as “peer mentors”
- We continue to get referrals from Health & Wellness and from other Student Life services at U of T. We also get inquiries from other post-secondary institutions about how to organize and run an ADHD strategy group



Conclusions

- Developing an ADHD group is a good and cost-effective way to provide post-secondary students with strategies to better manage many of the symptoms often associated with this disorder
- The group setting provides a means for validating participants' struggles, which, in turn, increases engagement and helps set the stage for skill building and problem solving
- The combination of mindfulness practices and cognitive/behavioural strategies is complementary. Mindfulness meditation increases focus, reduces rumination and stress, and increases cognitive flexibility, which increases participants' acceptance of or receptiveness to new strategies



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