

An Analysis of Group Cognitive Behavioral Therapy On Children With ADHD

Lauren Sapko

Longwood University

Abstract

This paper is a study of the effects of Cognitive behavioral therapy in group settings on children and adolescents with ADHD. In this study, two models of treatment are analyzed within a sample size of 60 participants between the ages of 7-and 14. The two different models were unimodal and multimodal. The unimodal approach only uses medication as a treatment approach while the multimodal approach utilizes both medication and group cognitive-behavioral therapy. The participants in both the unimodal and treatment model took Ritalin at 20mg as part of both treatments. This paper will discuss the overall effectiveness of both treatment groups.

Keywords: ADHD, Medication, CBT, Children

Attention deficit hyperactivity disorder, also known as ADHD is a disorder that impacts a person's ability to pay attention or focus on the task at hand. ADHD may also cause a wide variety of other symptoms as well such as impulsiveness or mood swings. (Efron, 2018) Although ADHD does affect adults as well this essay will focus on children as its population. Currently "Attention deficit hyperactivity disorder (ADHD) affects approximately 5% of children worldwide" (Efron, 2018, P. 841) Because of the prevalence of ADHD not only in American schools but in schools all across the globe it is crucial to evaluate effective treatment methods for those diagnosed with ADHD. This essay will further look at the article "Group cognitive behavioral therapy for children and adolescents with ADHD." (2017) This study analyzed the use of cognitive-behavioral theory in group settings, while also evaluating different treatment methods for ADHD. The researchers set up this study by following typical CBT (cognitive behavioral therapy) protocols while comparing two different types of treatment for ADHD. (Coelho, 2017) The two different treatment models used were unimodal which is medication only, and multimodal which includes both medication and CBT. (Coelho, 2017)

The study was conducted on 60 children with ADHD between the ages of 7 to 14. This study was done in a group setting as group therapy may be a more cost-effective method of therapy when compared to individual therapy. (Coelho, 2017) The type of group is also considered to be a mezzo group as mezzo involves working with a small group of people which can include groups such as support groups. (Kirst-Ashman, 2019) The cognitive-behavioral theory was chosen as the theory of focus as it is evidence-based and has been heavily researched over the years. (Coelho, 2017) Cognitive-behavioral theory or CBT focuses on cognitive restructuring as a way of changing behavior. (Kirst-Ashman, 2019) "Although medication can

be an effective treatment for individuals of all ages with ADHD, additional efforts are necessary for many with the disorder.” (Sprich, 2016, p. 1218) Because CBT counts as a treatment option, this is why it is evaluated for its effectiveness when paired with medications.

As mentioned previously the study “Group cognitive behavioral therapy for children and adolescents with ADHD (2017) set the age limits for their study as being children and adolescents ages 7-14. The researchers also set other criteria for the study that the children had to meet in order to be eligible for participation. The other criteria for the study included having ADHD as their primary diagnosis, no signs of a developmental disability and they were not allowed to be on any other medications during the study. (Coelho, 2017) The children were recruited for this study from an out-patient clinic. The participants were chosen at random after their parents had registered them for symptoms such as an inability to focus or keep still. (Coelho, 2017) The participants were then placed in either the unimodal or multimodal after they underwent initial screenings. (Coelho, 2017)

Besides the children being split into different treatment groups the children who participated were also separated based on the subset of ADHD they had such as ADHD/I or ADHD/C. (Coelho, 2017) The groups were also based on individual family schedules, but it should be noted that the multimodal group never had a group size bigger than five or six kids at a time. The researchers never explained why in their study the group sizes for the multimodal were so low. The researchers may have kept the group sizes fairly low as a way of not overwhelming the children or their family members.

In the multimodal group six therapeutic goals were created based on CBT principles and existing ADHD programs. (Coelho, 2017) The six goals that were created were psychoeducation, parent training, organizing and planning, problem solving, emotional

regulation, and social skills. (Coelho, 2017) In order to test the effectiveness of both groups pre and post-treatment evaluations were conducted. The treatment team had no prior knowledge of the specific children they were evaluating and there were several assessment tools utilized during the evaluation. The assessment tools utilized during the evaluation included Conner's Continuous Performance Test (CPT) which tests sustained attention and Automated Working Memory Assessment (AWMA) which tests verbal and visuospatial short-term working memory. Some other assessment tools that may have also been used during evaluation include Behavior Rating Inventory, Child Behavior Checklist, Teacher-reported Child Behavior Rating Scale, and Children's Social Skills Multimedia System. (Coelho, 2017) For the children undergoing the Multimodal approach, they had approximately 20 group sessions based on the CBT model while taking the ADHD medication Ritalin at 20 mg. The unimodal group also took 20 mg of Ritalin. (Coelho, 2017) Both treatment groups took the medication Ritalin for at least 20 weeks.

During week one of taking Ritalin, the participants were administered 5 mg doses after both breakfast and lunch each day. During week two 10 mg doses were administered after breakfast and lunch. After week two each participant was administered one standard dose of 20mg for the following 18 weeks. The medication was provided to the participants without any charges as it was crucial to the study. The participants were also required to be checked by a doctor once a month after the adjustment period ended, the adjustment period was the first two weeks of treatment.(Coelho, 2017) Ritalin is an extended-release medication meaning the medication slowly releases itself into the body throughout the day instead of the medication releasing all at once which may cause its overall effectiveness to taper off throughout the day. Because of the nature of Ritalin and the symptoms, it may cause, the doctors that the participants would see once a month were checking for semi-specific symptoms such as poor appetite and

problems sleeping. (Coelho, 2017)

At the end of the study, the researchers found no differences between the two treatment groups during the pre-intervention evaluation as far as standard cognitive measures and behavior measures. (Coelho, 2017) At the end of the study, it was found that the multimodal may benefit patients during treatment in certain categories such as social skills or peripheral symptoms.

“Improvements were found in peripheral symptoms of ADHD in the multimodal group and in social skills with increasing frequency on empathy, assertiveness, and self-control subscales and diminished perception of difficulties on the assertiveness and difficulty of self-control subscales.” (Coelho, 2017) However, the end findings did lack evidence for the treatment groups when using cognitive and behavioral measures. (Coelho, 2017)

As with any research study, there are limitations. This study is not exempt from having limitations as this study did have a few. One major limitation of this study is the sample size. The researchers only used a sample of 60 children in total. This is fairly small for any study let alone a study testing treatment options for a disorder. Another limitation of this study is the wide age range of the children and adolescents allowed to participate. Children at age 7 are at a completely different developmental stage compared to an adolescent as old as 14. Because of how different the children were developmentally it may be hard to differentiate if children at different ages would benefit the same way from identical treatments. It is also worth noting that not only were the children emotionally and cognitively at different developmental stages in the study, but they were also most likely at different stages of physical development as well. Children at age 7 are rarely the same weight or height as a child who is 14, because of this a medication dosage that may be appropriate for a seven-year-old to be on, may not be as effective for a 14-year-old. The researchers also could have included more gender diversity in the treatment groups as well

which is a limitation of the study, as it is unclear if the results of the treatment groups would produce the same results if female children also participated.

Further research on the effect of CBT when paired with medication for children with ADHD is needed in order to fully state whether or not it is a viable treatment method in most cases of ADHD in children. There also needs to be further research on how the multimodal treatment approach affects children versus adolescents as the study above did not specify any differences noted, if there were any, between the various ages. In conclusion, although there is evidence stating that a multimodal approach to treating ADHD in children within a group setting utilizing a CBT approach can be effective in some areas such as social skills, based upon the lack of difference it made with cognitive and behavioral measures it is still unknown if this approach would be efficient across a wide spectrum of children with ADHD. Ultimately more research is needed in order to make a definitive decision on this model's effectiveness, and the research if replicated should be more inclusive of female children, but should also be narrowed down to a smaller age group to really test the effectiveness for different stages of development.

References

Coelho, Luzia, Deise Barbosa, Sueli Rizzutti, Orlando Bueno, and Monica Miranda. 2017. "Group Cognitive Behavioral Therapy for Children and Adolescents with Adhd." *Psicologia: Reflexão E Critica* 30(1).

Efron D, Furley K, Gulenc A, and Sciberras E. 2018. "Maternal Adhd Symptoms, Child Adhd Symptoms and Broader Child Outcomes." *Archives of Disease in Childhood* 103(9):841–46.

Kirst-Ashman, K. (2019). *Human Behavior in the Macro Social Environment*. Belmont, CA: Brooks/Cole. 5 edition.

Sprich, S. E., Safren, S. A., Finkelstein, D., Remmert, J. E., & Hammerness, P. (2016). A randomized controlled trial of cognitive-behavioral therapy for ADHD in medication-treated adolescents. *Journal of Child Psychology and Psychiatry*, 57(11), 1218–1226.

<https://doi.org/10.1111/jcpp.12549>