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A bi-monthly broadcast of things helpful and interesting in local clinical psychology.

Literature Digest: Attention-Deficit Disorder – what do we know about treatment effectiveness?

Stimulant therapy (dexamphetamine and methylphenidate) has well-documented effectiveness for ADHD but are not always tolerated by every child. Some suggested treatments (like special diets) have no evidence and others (like neuro-feedback through EEG) are getting publicity and some promising treatment outcome studies. So what has the most substantial evidence?

In July 2015 an international group published a comprehensive review of non-pharmacological interventions for ADHD – looking at all available and relevant research published between 1980 and 2013. They found that a range of psychological and behavioural interventions did have substantial evidence of efficacy when measured rigorously. There were too many variations of behavioural interventions for them to declare what exactly was the most effective. The effective interventions shared common themes such as close involvement of parents, having a shared understanding of the problem with the school or preschool, and having a structured intervention that rewarded desirable behaviours consistently.

Their Conclusions? More research - of course (researchers always say that). Do use behavioural interventions where you are confident that there will be a consistent and structured approach and where parents and teachers are able to share the same respectful understanding of the child's condition and what help is needed. Often simple behavioural steps achieve big outcomes that prevent common morbidity, such as poorer academic outcomes, lower income as adult and more problems with impulsivity (eating problems, substance use and accidents).

References: Richardson, M, Moore, DA, Gwernan-Jones, R, Thompson-Coon, J, Ukoumunne, O, Rogers, M et AL. (2015). Non-pharmacological interventions for attention-deficit/hyperactivity disorder (ADHD) delivered in school settings: systematic reviews of quantitative and qualitative research. *Health Technology Assessment,* 2015; 19 (45): 1

Interview with a Clinical Psychologist

SOPHIE BARKL *B.A.(Psych); DCP.*

Sophie's main areas of interest and depth of clinical experience are in childhood problems, infant-child attachment and maternal wellbeing. With degrees in clinical psychology and education, Sophie is a valuable clinician at PsychStuff4Kids – the child and family arm of the practice.

Q: People say that ADHD is terribly over-diagnosed. In your opinion, to what degree is this condition over-diagnosed?

A: Concerns about over-diagnosis arise because of the rate of diagnosis and stimulant medications. The increased rate of diagnosis could be due to there being less stigma and greater awareness of the condition and how serious it is. Others argue that rates of ADHD are on the rise because social expectations of children are changing. It is very important that a thorough assessment is conducted. Diagnosis is based on child observations, parent interviews and information from teachers. Comorbid issues such as learning disorders and anxiety disorders also need to be assessed.

Q: You work with children and their families all the time, what should parents and teachers do next if they think a child probably has ADHD?

A: I would recommend talking to your GP about your concerns. They can help you access a referral to a clinical psychologist or a paediatrician.

Q: Will technology help or hinder the treatment of ADHD in the next five years?

A: It looks like technology might have an important role to play in the treatment of ADHD in the future. Computer tasks that train attention show promising results for ADHD.[1,2] However, more research is needed to see whether these improvements in attention translate to better real world functioning. Neurofeedback also has potential. Neurofeedback involves measuring brain waves whilst completing tasks that require self-regulation of brain functioning. Through these tasks, people can learn to control their attention more effectively. Results of early studies are promising, with a meta-analysis concluding that neurofeedback significantly reduced symptoms of inattention, impulsivity and hyperactivity in children with ADHD.[3]

1. Tamm, L., et al. (2013). Preliminary data suggesting the efficacy of attention training for school-aged children with ADHD. *Developmental Cognitive Neuroscience*, 4, 16-28.

2.Tucha, et al. (2011). Training of attention functions in children with attention deficit hyperactivity disorder. Attention Deficit Hyperactivity Disorder, 3(3), 271-283.

3. Arns, M., et al. (2009). Efficacy of neurofeedback treatment in ADHD: the effects on attention, impulsivity and hyperactivity: a meta-analysis. *Clinical EEG and Neuroscience,* 40(3), 180-189.

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"Our lives begin to end the day we become silent about the things that matter":

– Martin Luther King

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Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.

2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.

3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.

4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

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Series on Motivating Patients

Motivating patients to change behaviour.

Part 5: Will you know if inertia is due to depression and then know how to manage that?

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a *serialised* account of numerous strategies to increase motivation for change in our patients.

'Spotting Hidden Depression' as a cause for lack of behaviour change

When a patient gets stuck behaviourally, it is always worthwhile keeping in mind that they may be depressed. It is well known that amotivation and similar subjective states (such as avolition and a sense of pointlessness) can prevent a person from acting the way they would normally – if they were not depressed.

Insight and Assessment: The challenge for the doctor is that many people with major depression do not know that they have a depressive illness. The burden lies with the doctor to consider this hypothesis and check for experiences that the patient may not realise are signs or symptoms of depression. These include:

- Changes in appetite
- Changes in sleep
- Increased anxiety
- Increasingly self-critical or worthless
- Ruminating more
- Decreased energy
- A negative outlook on the future

Intervention: If the person is depressed, then the role of the GP starts with assessing mood states and screening for major depression. In Australia, GPs have good mental health literacy and access to screening tools such as the K-10 and DASS. **These and other tools are available on our website.**

The next step is raising the patient's awareness that they have depression and what needs to be done. A very helpful approach is to look at the assessment tool together and discuss the responses. You can also use a psychoeducation tool that includes a symptom checklist and information about depression. The Black Dog Institute and Beyond Blue websites and excellent. We have tools for both patients and GPs in the **resources page on our website** at this practice, including a 2-page information handout on depression to read with patients.

Be directive – tell them what they need to do and arrange for a series of follow-ups to ensure that they do the essential steps that you suggest. When someone is very depressed, they need others to get some momentum going at first. Use the strategies recommended at the beginning of this serialised article (e.g. use your relationship, employ the assistance of others, set small goals, follow-up quickly and praise any effort). Do not let the very depressed patient do nothing.

Referrals: The main treatments that work for depression are (i) antidepressant medications, (ii) behavioural activation, (iii) cognitive therapy and (iv) interpersonal therapy. A mental-health trained clinical psychologist can help with the latter three approaches. For a mental health problem – refer to a fully qualified clinical psychologist, as an undergraduate four-year degree does not include formal mental health skills training.

Next article in April. will be on how to respond to the client who is stuck with indecision and wants you to tell them what to do.

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