

Psychoeducation for the busy clinician

UKAAN 2016 Conference

'Key challenges and Practical solutions'

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Introduction

TREATMENT TARGETS

- **Educate** about the disorder and its management
- **Support** the individual (and those close to them) through the diagnostic process and its aftermath
- Optimise **engagement** and **adherence**
- Improve the core **symptoms**
- Address the **executive function deficits**
- Modify the **associated impairments** (*financial, legal, occupational, physical health, substance use, relationships, sexual health, educational*)
- Treat the psychiatric **co-morbidity**
- Manage (and if possible prevent) the **physical health** sequelae
- Support **family** members



TREATMENT APPROACHES

1. Medication

2. Psychological (formal)

- Individual or group based
- CBT, coaching, mindfulness
- Specialist (relationship/marital, family, vocational)

3. 'Psychoeducation' & Lifestyle modification

UK ADULT ADHD SERVICE PROVISION

3 main models:

1. *'Specialist' Adult* service (often single Consultant)
2. *Integrated* into normal CMHT work
3. *Neurodevelopmental* service (including Adult ADHD)

UK ADULT ADHD SERVICE PROVISION

TAKE HOME MESSAGE:

- 1. RARELY an option for specialist ADHD psychological input**
- 2. We need to RETHINK how we address this important area**



‘TITRATION–ALIGNED PSYCHOEDUCATION’ (TAP)

- Prescribers often **see their patients on a number of occasions** over the period of titration and stabilisation
- NICE (2008) recommends that the ‘diagnostic service’ should *initiate and monitor treatment during the titration phase*
- These **titration/follow-up sessions usually last between 30–60 minutes**. Aside from a general update, the majority of this time is used to discuss the medication and its effects
- This regular contact, soon after diagnosis, offers an opportunity:

‘Titration-Aligned Psychoeducation’



'TITRATION-ALIGNED PSYCHOEDUCATION' (TAP)

The TAP approach is:

- ❖ **A pragmatic but structured approach to management**
- ❖ **A form of coaching**
- ❖ **Module-based: Tailored to the individual patient and their specific problems**
- ❖ **Multimodal at its heart**
- ❖ **Empowering for psychiatrists & containing for patients**



'TITRATION-ALIGNED PSYCHOEDUCATION' (TAP)

4 DOMAINS:

1. ADJUSTMENT TO THE DIAGNOSIS

- Helps normalise the emotional reaction (and adjustment stages)
- Helps address unhelpful schemas and beliefs & allows reframing

2. EDUCATION ABOUT THE DISORDER & TREATMENT APPROACHES

- Simple key messages about the disorder and its management

3. EMPOWERMENT & ENGAGEMENT

- Identification of STRENGTHS, SKILLS and TALENTS (emphasising +ves)
- Building the relationship; optimising engagement and adherence

4. LIFESTYLE MODIFICATION (10 sub-domains)

- Promotion of adaptive LIFESTYLE CHANGES
- Introduction of targeted behavioural STRATEGIES

- A TYPICAL 60-MINUTE TITRATION SESSION -

3 main areas to cover:

1. **UPDATE** – “How are things going?” (should take 5–10 mins)
2. **MEDICATION-related issues** (should take 15–20 mins):
 - *What medications/dose are they currently taking*
 - *Timing of administration & adherence*
 - *The noticeable positive effects (and when they wear off)*
 - *Response of patient’s key symptoms*
 - *Side-effects and unwanted effects*

- A TYPICAL 60-MINUTE TITRATION SESSION -

3. TITRATION-ALIGNED PSYCHOEDUCATION (should take 30 mins)

- i) Briefly reflect on each of the 4 TAP domains (10–15 mins)**
- ii) Focus on one specific (& relevant) area from Domain 4 (15–20 mins)**

COACHING – THE BASICS?

- A form of supportive counselling, involving ‘real-time’ support and guidance
- Introduces and promotes the use of **adaptive skills and strategies**
- **Ongoing issues** around certification, training and regulation, and consistency of approach
- Can be **face-to-face, via the internet, or by phone**
- Often engages **IT-based solutions**
- 5 main approaches used:
 1. **Maintaining arousal**
 2. **Modulating emotions**
 3. **Maintaining motivation**
 4. **Refocusing attention (the ‘big picture’)**
 5. **Supporting patient to carry out self-determined goals and actions**

WHAT IS PSYCHOEDUCATION?

- *DSM 5?*
- *The ADHD brain?*
- *Medication side-effects?*
- *Prognosis?*
- *Co-morbidities?*

....or is there more to learn?

The 4 Domains of TAP

TAP Domain 1: Adjustment to the diagnosis



REACTION TO DIAGNOSIS/TREATMENT

- Stages following diagnosis (+/- treatment):
 - Initial relief and elation
 - Confusion and emotional turmoil
 - Anger
 - Sadness and grief
 - Anxiety
 - Accommodation and acceptance
- Life circumstances may change as a result of the diagnosis and treatment

TAP Domain 2: Education about the disorder & treatment approaches



ADULT ADHD - 10 KEY MESSAGES

Dr James Kustow
Consultant Psychiatrist

- ADHD EXISTS & PERSISTS** – ADHD is a well established brain disorder, with demonstrated differences in brain structure and function (involving the frontal lobes, sub-cortical areas and cerebellum) between those affected and those not. ADHD has been extensively researched in children and there is an increasing body of research in adults. It always starts in childhood (but may be somewhat compensated for) and in two thirds of patients, impairing symptoms persist into adulthood.
- ADHD LOOKS DIFFERENT IN ADULTS** – Compared with the childhood presentation where the classic (core) symptoms of *Inattention, Hyperactivity and Impulsivity* predominate, adults typically present with symptoms of ceaseless mental activity, inner restlessness, procrastination, lack of motivation, planning and memory difficulties and mood instability (often with multiple mood shifts, from low mood to normal or excitable mood, in a day).
- UNTREATED ADHD CAUSES SERIOUS PROBLEMS** – Not recognising and treating ADHD often results in the development of other mental health problems, substance use problems (especially smoking, alcohol, cannabis and cocaine), criminal behaviour, employment and relationship problems.
- COMORBIDITY IS THE RULE NOT THE EXCEPTION** – In 70-80% of cases ADHD occurs together with other mental health problems like depression and anxiety. Other, sometimes subtle, developmental brain problems such as *Asperger's*, dyslexia and problems with coordination, writing and calculation are particularly common.
- ADHD IS TREATABLE** – According to national guidelines the first line treatment in adults is medication as it has been demonstrated in numerous studies to be very effective. The first choice is 'stimulant' medication (e.g. Methylphenidate and Dexamphetamine) which work by increasing the availability of the brain chemicals (Dopamine and *Noreadrenaline*) that are thought to be deficient/imbalanced in ADHD. They work quickly in a similar way to caffeine and wear off after a few hours. There are also 'non-stimulant' medications (e.g. *Atomoxetine*) which have a similar effect but through a different mechanism of action. These medications take longer to have their effect (weeks) but they last 24 hours, similar to anti-depressants. Both classes of medications can have side effects and required doses vary between individuals. It can take some time to settle on the optimal medication and dose but it is worth the initial investment. Medication is useful but will only take people part of the journey.

- PILLS DON'T BUILD SKILLS** – Medications are effective in Adult ADHD but other lifestyle interventions and ADHD-specific compensatory strategies are also very important. These are useful to help address, amongst other things, time management problems and the memory and attention difficulties associated with ADHD. These take time to integrate and one's journey should be seen as an ongoing, lifelong process. Other individuals with ADHD and specialists skilled in working with the condition can be very helpful and supportive. There are also lots of useful books and support groups. One of the key challenges is to try to bring in external structure (through creative systems and organisational techniques) to counter the internal sense of chaos. A useful rule is that 'if it is not routinely scheduled into one's week it is unlikely to happen!'
- IT'S NOT ALL BAD NEWS** – ADHD, if addressed, embraced and managed effectively, can undoubtedly confer some real positives. Individuals with the 'disorder' tend to be resourceful (great in a crisis), creative, charismatic (the 'life and soul'), intuitive, goal-orientated and ambitious. There are lots of potential explanations for this phenomenon but important factors involve reduced brain inhibition and a tendency of individuals to '*hyperfocus*' when particularly interested in something.
- WORK TO YOUR STRENGTHS** – Everybody has strengths but the real challenge is identifying and exploiting them. One of the most important 'take home' messages is to *master the things you are good at, avoid wasting unnecessary time on the things you are not and to develop creative strategies to get around your weaknesses*. It is important to choose the right job/career and where possible engage your employers to help adapt your working environment/role to get the best out of you and keep things fresh and 'on track'.
- OMEGA 3 IS KEY** – Omega 3 is a healthy 'essential' fat, which means one can only get it from the diet. It is present naturally in oily fish such as mackerel, salmon, tuna, trout and sardines. It has been recently shown in a large analysis to be moderately effective in treating ADHD symptoms (especially attention and mood symptoms). If you don't eat much fish you should consider taking a high quality Omega 3 supplement (either fish oil or krill oil), ensuring that you get a good dose of EPA (600-1000mg) the constituent ingredient shown to be most important in ADHD.
- YOU ARE WHAT YOU EAT** - More generally, it is important to think carefully about the diet, as it is critical to provide the system with the building blocks to allow it to function optimally. Drink lots of water, avoid too much sugar and quick release carbohydrates (white bread, rice and pasta) and eat lots of (ideally organic) vegetables and eggs. Processed food should be avoided – natural is always best. Taking a good quality *probiotic* (healthy bacteria supplement) in a capsule form may also be helpful.

TAP Domain 3: Empowerment & Engagement



OPTIMISING ENGAGEMENT & ADHERENCE

- Try to frame the condition and its treatment in a more **positive and empowering** light
- Attempt to draw out the patient's particular **skills and strengths**
- Suggest **adherence aids & techniques**
 - Alarms
 - Pill boxes
 - Notes on calendars or fridges
 - Incorporate medication-taking into daily routine, e.g. keeping tablets next to toothbrush
- If adherence is poor on immediate-release regimens, consider switching to extended-release or 24-hour preparations

STRENGTHS, SKILLS and TALENTS

- In ADHD we tend to think of ‘deficits’ and weaknesses
- As clinicians we try to reduce these ‘problems’
- Many with ADHD often don’t think they have any strengths
- Key messages to try to get across:
 - Don’t waste your whole life struggling, trying to overcome the things you’re not good at
 - Look to develop effective strategies to get around your deficits
 - Try to do these things less and delegate where possible
 - Aim to **master the things you are good at**

TAP Domain 4: Lifestyle modification (and strategies)



LIFESTYLE MODIFICATION

– 10 potential areas to address –

1. **Sleep**
2. **Exercise**
3. **Emotional regulation techniques (including mindfulness)**
4. **Work/education guidance**
5. **Communication & relationships**
6. **Addressing addictions**
7. **Networks and ‘integration’**
8. **Dietary changes**
9. **Outside help: Counselling/ Coaching/ Therapy**
10. **Time management, organisation & structure**

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COMMUNICATION & RELATIONSHIPS

- Communication impacts relationships, especially how conflicts are managed
- Strategies:
 - Learn to listen, not wait to speak
 - Avoid becoming defensive
 - Stay on the point – avoid introducing past issues
 - Take criticism and use it. Admit and acknowledge
 - Seek compromise – everyone’s a winner
 - Use the 1st person – “I feel...” rather than “You did”
 - Time out (but don’t bury)
 - Know when you need outside help



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TIME MANAGEMENT, ORGANISATION & STRUCTURE

TIME MANAGEMENT – Tips

- Set clocks a little fast and leave early
- Schedule and prioritise. Build in self-reward
- Assume tasks will take 50% longer than initial prediction
- Allow for unexpected delays when planning journeys
- Confirm important appointments the day before
- Consider always having reading material on you

TIME MANAGEMENT, ORGANISATION & STRUCTURE

ORGANISATION – Tips

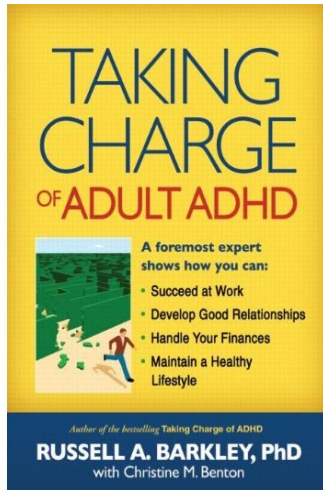
- Lists, lists, lists ('To do – general' & 'To do – today')
- Replace piles with files – help develop basic filing systems
- Clear the clutter – help advise on approach
- Strategies to prevent forgetting:
 - 'Post-it' notes
 - String on hand
 - Other reminders (including compliance aids)
 - Key chains and boxes
 - Rituals

TIME MANAGEMENT, ORGANISATION & STRUCTURE

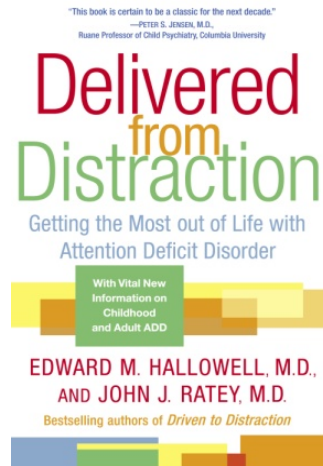
STRUCTURE – Tips

- The more structure the better!
- Schedule things in or they won't happen (including exercise, meals and social time)
- Same wake-up and bed times
- Use of a diary or calendar religiously – with reminders alarms (if electronic)
- External structure compensates for a lack of internal structure

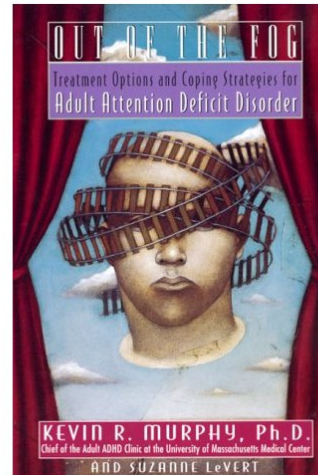
Psychoeducation / Bibliotherapy



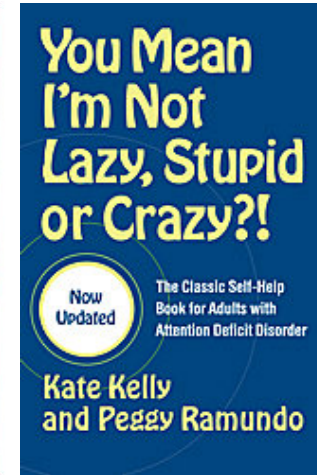
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**Delivered from
Distraction. Getting
the Most out of Life
with Attention Deficit
Disorder.**
New York, Ballantine,
2006.



K.R. Murphy
& S. LeVert,
**Out of the Fog.
Treatment Options and
Coping Strategies for
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New York, Hyperion,
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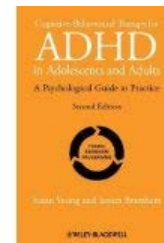
K. Kelly & P. Ramundo,
**You Mean I'm Not Lazy,
Stupid or Crazy?! The
Classic Self-Help Book
for Adults with
Attention Deficit
Disorder.**
New York, Scribner,
1993 / 2006.

Psychoeducation / Bibliotherapy

(CBT Books)

- **Individual therapy**

Safren et al. 2005 (OUP),
Safren et al., JAMA 2010;
Bramham & Young 2012 (Wiley),
Bramham et al., J Attent Disord 2008



www.wiley.com/go/adhd

- **Group therapy / workshop setting**

Hesslinger et al., Eur Arch Psychiatry Clin Neurosci 2002,
Philipsen et al., J Nerv Ment Disord 2007;
Solanto et al., J Attent Disord 2008,
Solanto et al., Am J Psychiatry 2010

How to target the areas for TAP

TARGETING THE PSYCHOEDUCATION

- **Build a parallel structure into the initial assessment phase** pre-diagnosis. This will help guide the management approach later
- How? Prior to the completion of the structured interview (DIVA), facilitate **free discussion around the listed topics:**
 - *Strengths/Skills/Talents*
 - *Sleep*
 - *Exercise*
 - *Emotional Regulation*
 - *Work/Education*
 - *Communication*
 - *Relationships & Friendships*
 - *Addictions (alcohol and drugs)*
 - *Networks*
 - *Diet*
 - *Time Management (including approach to deadlines)*
 - *Organisation and Structure (including approach to tasks and administration)*

TARGETING THE PSYCHOEDUCATION

- **Other important topics** for discussion at assessment include:
 - *Attention & Memory (inc reading)*
 - *Activity level (inc restlessness & ability to relax)*
 - *Impulse control (inc risk taking, sitting and queuing)*
 - *Emotions & Mood (inc self esteem)*
- Use the information gathered *to inform the completion of the structured interview (DIVA)* – **become more active** in this process

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Thank you