

2. Tween Program

Rationale for OnTrac Program for Tweens (ages 11-13) with ADHD

Attention Deficit Hyperactivity Disorder (ADHD) in children is a prevalent and challenging condition. Most childhood cases continue to meet the criteria of adolescent ADHD, contrary to the belief that children will grow out of the disorder. Between 50-80% of children diagnosed with ADHD will continue to meet the criteria in adulthood. Typical struggles include:

- Inattention
- Impulsiveness
- Hyperactivity
- Organisation and Planning
- School performance
- Compliance
- Self-regulation
- Socialisation

During middle school years, signs of ADHD may become more apparent as your child faces greater demands at school, at home and in the social world of tweens. It is a big transition. At this age, academic challenges become greater, as do social challenges. This puts additional pressure on the tweens' executive functioning and may exacerbate other issues such as anxiety, depression and defiance.

On the academic front, tweens are working on more complex concepts. The workload increases, and they are expected to juggle more demands - all at the same time. On the social side, things are also more complex. Tweens are so eager to 'fit in' that they will avoid doing just about anything that makes them seem different from friends and classmates. They dress alike, talk alike, and wear the same hairstyles as their peers.

"Take ADHD meds? Forget about it. Work with a tutor? No way. There's nothing wrong with me!", these young people tell their parents. "Why do you want me to learn this? I'm never going to use it anyway."

And so, as these tweens refuse the help that they accepted in earlier years, their ADHD symptoms flare up, grades go down and parental conflict increases. "How

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“did my sweet and obedient primary school child become this defiant?” parents ask. For all its challenges, the middle school years are also a time of growth and greater self-awareness. The children are increasingly able to understand their issues in a way they could not before, leading to clearer insight into their condition. Generally, children in this age bracket (11-13) still tend to be open to guidance from their parents and open to treatment suggestions.

Given the above, this is a good time for parents to discuss evidence-based interventions with their child, including ones that target the children directly, preparing them to gradually depend less on their parents, and more on their developing cognitive ability, to manage their condition.

Children with ADHD typically have secondary problems which are not resolved with medication alone. [Pelham and Gnagy \(1999\)](#), found that although stimulants may improve parent-child interactions, issues of low self-esteem, poor peer relationships and other secondary or coexisting problems may exacerbate ADHD symptoms and may not improve with medication alone. Also, a significant number of children with ADHD may be intolerant to stimulant medication.

In response to the above, SafeZone Counselling developed ‘OnTrac’, a Group Cognitive Behavioural Therapy (CBT) based program for tweens with ADHD, delivered through ADHD WA.

The program aims to assist tweens and teens with their gradual transition into environments that are less structured and less supervised, as well as help them cope with the emotional challenges, inherent to this puberty phase of development, that are exacerbated by their ADHD.

The program comprises three modules:

- Psychoeducation
- Adaptive Thinking
- Practical Coping Skills

Psychoeducation

For individuals to understand ADHD, they need to know what characteristics affect them and how. ADHD is recognised as a disorder that seldom exists in isolation. It has a list of co-morbid conditions like anxiety and depression, as well as learning disorders like dyslexia and dyscalculia that can interfere with academic and social awareness and overall achievement. Many individuals have a combination of these

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characteristics, not just impulsivity/hyperactivity or inattention. Children with ADHD are at significant risk to face several challenges in their academic environments. They may not directly have a learning disability, but the troubles they encounter because of a lag in their executive functioning capacity may interfere with their academic success.

This module covers:

- How is ADHD diagnosed
- ADHD is a neurobiological disorder that impairs Executive Functioning, the management system in the brain
- ADHD and emotions
- When ADHD is not the only problem
- Treatment options

Adaptive Thinking

The focus of this module is to help children think about problems and challenges in the most adaptive and realistic way possible. This is done by helping the children understand their ADHD-related issues from a CBT perspective.

This module covers:

- Understanding the relationship between thoughts, feelings and behaviours
- Learning how to identify and dispute negative thoughts
- Learning how to look at situations realistically and make rational choices about the best possible solutions
- Exploring values
- Setting goals
- Problem-solving
- ADHD and family relationships

In this module the old CBT view of ADHD – that thoughts don't play a role in ADHD and are only relevant in cases of co-existing conditions such as anxiety or mood disorders, putting the focus of ADHD interventions on changing behaviours – is challenged. While thoughts do not cause ADHD, experiences of living with ADHD affect thought patterns, which can exacerbate ADHD. Negative thinking in ADHD erodes away the pillars of self-esteem and trust in one's ability to bring about change in one's life. Many studies repeatedly show that emotions play a strong role in ADHD symptoms, suggesting that there is a direct link between negative thinking and ADHD symptoms. In line with the new view of ADHD, 'OnTrac' gives the

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cognitive component of intervention for ADHD as much importance as the behavioural component.

Practical Coping Skills

The CBT model of ADHD suggests that many of the consequences of neurobiological symptoms of ADHD are maintained or exacerbated by a lack of adequate coping skills (Safren, Sprich, Chulvick, & Otto, 2004). Given this the objective of the skills building module is to teach compensatory executive skills such as:

- time management
- planning, organising and prioritizing
- management of distractibility and procrastination.
- how ADHD impacts communication and social skills
- bringing about change

Learning these skills at this young age can facilitate the transition to environments that require greater independence with less supervision from parents, for example from primary to high school, to university or workplace. Accordingly, in the program we balance the importance of involving parents with an understanding that, developmentally this is a time of increased independence and parenting to protect needs to be balanced with parenting to prepare. The children are taught to rely less on their parents and more on their own cognitive and behavioral ability.

However, some involvement is still needed. The parents received an e-mail after each session highlighting what was covered in the session and what home activities were assigned for the week.

Treatment courses

The program comprises two treatment courses: the first a six-week treatment course plus a complementary Q&A session, the second an optional follow-up four-week treatment course. In total a 10-week program.

This gives the child an opportunity to implement the skills taught in the first treatment course and if needed, with the consent of their referring professional, to participate in the second treatment course of four weeks offered in the second and fourth school term.

The objective of the four-week follow-up treatment course is to:

- review treatment strategies and determine their effectiveness
- provide positive feedback regarding the strategies and skills that are working and the importance of continuing to use them

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- help the children problem-solve any difficulties (e.g., strategies that no longer work or are not being done in the best possible way)
- help the children understand that setbacks will happen, and that successful treatment does not mean that they will not experience future challenges and symptoms. For most conditions, symptoms will wax and wane over time
- help the children feel supported by their mentors beyond the initial program.

Eligibility

Participants: Children aged 11-13 are eligible. For the program to be delivered we need the number of participants to meet Medicare's group therapy number requirements (minimum of 6 and maximum of 10 participants per group).

Parent participation

- Complete pre/post intervention questionnaires
- Attend a 45-minute one-on-one session with the psychologist running the program during the 5th week of the program
- Attend the Q&A session with your child

Parent participation for the four- week follow-up second treatment course

- Complete pre/post troubleshooting questionnaire
- Provide a referral for the second treatment course

Facilitator

The facilitator is a registered psychologist, who offers Medicare Services under the Better Access Initiative in collaboration with third year medical students from UWA who have chosen OnTrac as their Services Learning Project as well as psychology students with an interest in ADHD.

Place and Time

All session locations for 2024 TBC. The first program follows the school terms, from 5:00 pm to 7:00 pm on Wednesdays for seven weeks. The four-week follow-up treatment course is delivered in the second and fourth school term from 5:00 pm to 7:00 pm on Thursdays.

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The program is offered under Medicare's Better Access Initiative, namely Group Therapy (item 80120). To obtain the rebate, participants need to provide a referral from their paediatrician/psychiatrist or a Mental Health Care Plan (MHCP) from their GP stating the item number above.

Feedback will be given to the referring professional at the end of the first treatment course.