

A Cognitive-Behavior Therapy and Mentoring Program for College Students With ADHD

Arthur D. Anastopoulos and Kristen A. King, *University of North Carolina at Greensboro*

College students with ADHD are at increased risk for a number of functional impairments, the severity of which is of sufficient clinical significance to warrant intervention (DuPaul & Weyandt, 2009). Very little treatment research of this type has been conducted to date (Green & Rabiner, 2012). The need for such research is critical, given the increasing numbers of students with ADHD attending college (Pryor, Hurtado, DeAngelo, Blake, & Tran, 2010), their increased risk for dropping out of college, and the known negative life outcomes for which they may be at increased risk later as adults (Barkley, Murphy, & Fischer, 2008). To address this situation we recently developed and began testing Accessing Campus Connections and Empowering Student Success (ACCESS). The active phase of ACCESS provides group cognitive behavior therapy (CBT), accompanied by individual mentoring. Booster group CBT and mentoring sessions are provided during a maintenance phase. Preliminary findings have revealed significant increases in ADHD knowledge, use of organizational skills, and reductions in maladaptive thinking, all of which are presumed mechanisms of clinical change. Such changes have been accompanied by reductions in ADHD symptoms, improvements in executive functioning, educational benefits, improved emotional well-being, and increased use of disability services and other campus resources. Although promising, such findings are limited by the fact that ACCESS has thus far been tested in an open clinical trial. Thus, additional research is needed to determine its efficacy and effectiveness.

Attention-deficit/hyperactivity disorder (ADHD) is a chronic life-span condition associated with long-term impairment in educational attainment, occupational status, and social relationships, as well as increased risk for psychopathology and legal difficulties (Barkley, Murphy, & Fischer, 2008; Mannuzza, Gittelman-Klein, Bessler, Malloy, & LaPadula, 1993). Individuals identified as having ADHD in childhood are significantly less likely to graduate from high school. Significantly fewer (20–21%) go on to college relative to their non-ADHD peers (68–78%; Barkley et al., 2008).

Although the exact prevalence of individuals with ADHD attending college is not well established, estimates derived from large sample studies indicate that approximately 2 to 8% of college students report clinically significant symptoms of ADHD (DuPaul et al., 2001; McKee, 2008; Norvilitis, Ingersoll, Zhang, & Jia, 2008). Consistent with these estimates are the results of a recently conducted national survey, which revealed that 5% of incoming first-year students reported having

ADHD (Pryor, Hurtado, DeAngelo, Blake, & Tran, 2010). Also, among college students who receive disability accommodations, approximately 25% receive such services on the basis of an ADHD diagnosis (Wolf, 2001). Thus, clinically significant ADHD symptoms would appear to affect a substantial segment of the college population.

As is true for children and adults, the impact of ADHD on the daily and long-term functioning of college students with ADHD is clinically significant and broad in nature. In terms of educational functioning, it has been reported that college students with ADHD maintain lower grade point averages (GPAs), withdraw from a greater number of courses, and take longer to complete their degree programs relative to control individuals without ADHD (Barkley et al., 2008). Of additional clinical and public health significance, Barkley and his colleagues (2008) found that only 9.1% of individuals who display ADHD in young adulthood actually graduate from college compared to 60.6% of the non-ADHD control group. Impairment in psychological and social functioning may occur as well, with many studies indicating that college students with ADHD are more likely to experience higher levels of depression, anxiety, and other types of psychological distress (e.g., Heiligenstein & Keeling, 1995; Rabiner, Anastopoulos, Costello, Hoyle, & Swartzwelder, 2008; Weyandt et al., 2003), and to display lower levels of overall

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adjustment, social skills, and quality of life (Grenwald-Mayes, 2002; Shaw-Zirt, Popali-Lehane, Chaplin, & Bergman, 2005). A handful of studies has explored the driving performance of college students with ADHD and the results consistently indicate that students with ADHD have a higher number of driving citations, speeding violations, license suspensions/revocations, and motor vehicle accidents relative to non-ADHD peers (Barkley, Murphy, DuPaul, & Bush, 2002; Richards, Deffenbacher, & Rosén, 2002). Preliminary findings also suggest that college students with ADHD may be at higher risk for substance abuse relative to non-ADHD controls (Kollins, 2008; Upadhyaya et al., 2005).

Conceptual Model for Understanding Impairment

The degree to which college students with ADHD experience impairment may seem counterintuitive at some level, given that such individuals possessed the qualifications necessary to be admitted to college (Glutting, Youngstrom, & Watkins, 2005). Some researchers have speculated that inadequate educational coping strategies, poor organizational and study skills, and inefficient time management may underlie these difficulties (e.g., Heiligenstein, Guenther, Levy, Savino, & Fulwiler, 1999; Norwalk, Norvilitis, & MacLean, 2008; Reaser, Prevatt, Petscher, & Proctor, 2007; Weyandt et al., 2003). Yet another possible explanation stems from a theoretical consideration of what could be termed a “perfect storm” of circumstances that converge upon students with ADHD as they enter college. Prior to college, many supports may be in place to help manage the deficits in self-regulation (Barkley, 2006) that a student with ADHD might display. Such supports might include, for example, an individualized educational plan or 504 accommodations in school, regular use of pharmacotherapy to address school-related ADHD difficulties, and parental monitoring of school work loads, upcoming tests, and assignment due dates. Parental supervision may also extend into nonacademic domains, thereby relieving the student of the responsibility of managing finances, daily schedules, and other personal matters. As is true for any student, demands for self-regulation skyrocket upon entering college, not only with respect to educational matters but also in terms of various personal and social responsibilities. This developmental transition is indeed normative and often the reason that beginning students experience trouble adjusting to college life. For students with ADHD, however, this same developmental challenge is amplified many times over due to their inherent deficit in self-regulation (Fleming & McMahon, 2012), and the fact that most, if not all, external supports have been removed (Meaux, Green, & Broussard, 2009). Further complicating matters is that many students do not fully understand or accept their ADHD, and therefore are reluctant to seek campus support services that require

disclosure of a condition that makes them different from their peers.

Treatment of ADHD in College

While additional research is needed to identify the causal mechanisms responsible for these outcomes, what remains clear is that college students with ADHD are at increased risk for a broad range of functional impairments and that the severity of these impairments is of sufficient clinical significance to warrant intervention. Somewhat surprisingly, very little treatment research of this type has been conducted to date (DuPaul & Weyandt, 2009; Green & Rabiner, 2012). The only medication study of which we are aware is one recently conducted by DuPaul and his colleagues (2012), who utilized a double-blind, placebo-controlled crossover design to investigate the efficacy and safety of Lisdexamfetamine dimesylate (LDX) among college students with ADHD. Their findings led them to conclude that LDX was efficacious, bringing about large reductions in ADHD symptoms and improvements in executive functioning, along with smaller effects for psychosocial functioning. In terms of studies using non-medication approaches, improvements in educational functioning have been reported for college students with ADHD following exposure to semester-long strategy instruction (e.g., organization, test taking, note taking) delivered by graduate students in special education (Allsop, Minskoff & Bolt, 2005). Of note, one of the factors thought to be related to successful outcome in this study was the supportive nature of the strategy instructor–student relationship, which was derived from qualitative analyses. Less compelling but positive outcome findings have also been reported in studies that used coaching (Prevatt, Lampropoulos, Bowles, & Garrett, 2011) and assistive reading software (Hecker, Burns, Elkind, Elkind, & Katz, 2002) to address the needs of college students with ADHD.

A New Treatment Approach: ACCESS

To the best of our knowledge, no well-controlled study to date has investigated the efficacy of psychological treatment of college students with ADHD. As a first step in addressing this need, our team has been conducting an open clinical trial over the past two years with college students who have ADHD. Our program, known as ACCESS (Accessing Campus Connections and Empowering Student Success) is the student support piece of a larger project known as College STAR (Supporting Transition, Access, and Retention), which is a three-year foundation¹-funded project awarded to the University of North Carolina system and currently involving the University of North Carolina at

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