Improving Symptom Management in Male Federal Offenders Diagnosed with ADHD: A Cognitive-Behavioural Therapy Group

By

Melissa Rose

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Canada

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The procedures in this program are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
DEDICATION

For my loving parents,

Thank you for all that you have done and all that you continue to do;
I owe everything I am and ever will be to you.
ABSTRACT

The prevalence of offenders diagnosed with adult ADHD is disproportionate to the prevalence of ADHD within the general population. For incarcerated offenders diagnosed with ADHD, the prison environment itself can often exacerbate the symptoms of the disorder resulting in this population being responsible for nearly eight times the number of behavioural disturbances and critical incidents compared to offenders not diagnosed with ADHD (Gudjonsson & Young, 2011). As such, these offenders are more likely to experience poor outcomes in rehabilitation programs and functioning within the community upon release. At the time of this thesis, there was no current standardized program being utilized by Canadian correctional staff to remediate the symptoms of ADHD. Therefore the purpose of this thesis was to develop, implement, and evaluate a cognitive-behavioural therapy (CBT) group that would allow correctional staff to teach compensatory skills to offenders diagnosed with ADHD. The group was developed based on a review of the current literature and incorporated common elements of pre-existing CBT groups found to be successful in other populations of adults coping with ADHD. Therefore, it was hypothesized that the CBT group would be effective in improving offenders’ abilities to manage ADHD symptoms. Four offenders diagnosed with ADHD were recruited to participate in the pilot implementation of the CBT group. Dependent variables were assessed using three self-report measures and behavioural frequency recording at pre-, post-, and follow-up. Feedback was also collected from the participants about the acceptability of the CBT group. Data showed that there was evidence to partially support the hypothesis that a CBT group is a valuable adjunctive approach to teaching offenders compensatory skills to improve the management of their ADHD symptoms. However, due to complications related to inconsistent data collection and group completion, it is highly recommended that future research be conducted to fully analyze the utility and effectiveness of the CBT group in a correctional setting.
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Chapter I. Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a clinical disorder typically characterized by inappropriate levels of inattention, hyperactivity, and impulsiveness (Grieger & Hosser, 2012). The presence of these specific traits place children with ADHD at an elevated risk of developing antisocial behaviours and engaging in criminal activity (Young, Misch, Collins, & Gudjonsson, 2011). As ADHD is a lifespan-persistent disorder, approximately 2 to 5% of individuals continue to experience symptoms well into adulthood (Polanczyk, de Lima, Horta, Biederman, and Rohde, 2007). When compared to the general population, there is a disproportionate representation of individuals with ADHD found within the correctional system. According to Rösler, Retz, Yaqoobi, Burg, and Retz-Junginger (2009), approximately 50% of adults in prison are likely to meet the diagnostic criteria for childhood ADHD and, of those, 10 to 14% may still experience ongoing symptoms.

In adulthood, ADHD symptoms often manifest as impairments related to executive functioning; this includes difficulties in time management, planning, and organization (Solanto, 2011). For incarcerated offenders, the prison environment itself can exacerbate these symptoms. Few planned activities, confined physical space, lack of privacy, poor social interactions, and the initial shock of incarceration are all factors that aggravate this population of offenders’ ability to manage their symptoms in a productive manner (Grieger & Hosser, 2012; Gudjonsson & Young, 2011; Young et al., 2011). As a result, offenders with ADHD are found to be responsible for eight times the number of critical incidents and behavioural disturbances in an institutional setting compared to other offenders (Gudjonsson & Young, 2011). Furthermore, these individuals are more likely to experience poor outcomes in rehabilitation programs due to the lack of accommodations for their needs (Young et al., 2011). Therefore, it is evident that ADHD is more than just a potential risk factor for anti-social behaviour both inside and outside of an institution. It is also a predominant feature relating to Bonta and Andrews (2007) Risk-Needs-Responsivity model, which dictates that correctional treatment programs need to incorporate cognitive-behavioural strategies that rectify both general and specific responsivity concerns within high-risk populations that interfere with successful outcomes during incarceration.

At the time of this thesis, there was no current standardized program being utilized by Correctional Service of Canada (CSC) staff to remediate the symptoms experienced by this population of offenders. Therefore, the purpose of this thesis was to develop, implement, and subsequently evaluate a cognitive-behavioural therapy (CBT) group that would allow CSC staff to teach compensatory skills to offenders diagnosed with ADHD. CBT programs have been identified in the literature as a leading treatment in addition to pharmacotherapy in remediating deficits of self-management associated with adult ADHD (Mongia & Hechtman, 2012). Furthermore, within a correctional setting, CBT is understood to be the primary treatment modality for incarcerated offenders (Schaffer, Jeglic, Moster, & Wnuk, 2010).

It was proposed that a CBT group of this nature would improve offenders’ abilities to effectively manage impairments in executive functioning, impulsivity, distractibility and emotion regulation. Furthermore, it was hypothesized that the CBT group would produce three main benefits: first, a reduction in ADHD symptoms that negatively affect behaviour within the institution; second, a reduction in functional impairment, defined as the severity of disability in various domains of life; and finally, a decrease in co-morbid issues related to depression, anxiety, and stress. The overarching goal of this thesis was to increase the offenders’ preparedness for participation in rehabilitation programs as a result of acquired compensatory
skills and reduced symptom expression. Thus, it was expected that the implementation of an adult ADHD CBT group would show preliminary evidence supporting a decrease in the frequency and severity of behavioural disturbances and critical incidents among this population of offenders.

This thesis first provides a comprehensive literature review on topics related to ADHD. Topics discussed include ADHD as a lifetime-persistent disorder, the link between ADHD and criminality, ADHD as a responsivity concern within corrections, and the evidence-based practices recommended for treating ADHD symptomology within the general and offender populations. Next, the method section details the CBT group itself and discusses the participants, design, setting, procedures, and measures used to implement and evaluate the group. Data collected on the dependent variables are then presented in the results section, and further examined in the discussion section. A summary of the implications, limitations, and recommendations are also considered in the final section of this thesis.
Chapter II. Literature Review

ADHD as a Life-Persistent Disorder

What was once thought to be a disorder exclusive to childhood, ADHD experienced by adults is largely unrecognized and undertreated. Recent research suggests that ADHD is a disorder that can endure well into adulthood and can significantly impact many areas of functioning (Painter, Prevatt, & Welles, 2008). Symptoms associated with adult ADHD are often overlooked by health care professionals because of comorbid issues that overshadow or mimic ADHD symptoms (Manos, 2010).

It is now estimated that approximately 2 to 5% of the adult population experiences the on-going symptoms of ADHD, while only 11% of this number actually manage to receive treatment (Kessler et al., 2006 as cited in Manos, 2010). Furthermore, 30 to 70% of adults with ADHD also experienced ADHD throughout their childhood and adolescence as well prior to its progression into adulthood (Manos, 2010). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) delineates two major symptom clusters associated with ADHD: inattention and hyperactivity/impulsivity. Depending on the cut-off scores for each symptom cluster, a person can fall within three behavioural subcategories of ADHD: predominantly inattentive, predominantly hyperactive-impulsive, or combined-type. While the diagnostic criteria are used interchangeably between children and adults, several argue that the manner in which symptoms are expressed and translated differ greatly between the two age ranges (Das, Cherbuin, Butterworth, Anstey, & Easteal, 2012; Manos, 2010). Das et al. (2012) suggest that symptom patterns change and become less obvious as a child ages; this contributes to the growing need to recognize these changes in adults.

Hyperactivity/Impulsivity Symptom Cluster. The largest overarching feature of the hyperactivity/impulsivity group of symptoms is the inability to tolerate delays between thoughts and actions (Solanto, 2011). Adults who experience this dimension of ADHD often find it difficult to control their impulses, and as such have a tendency to engage in risky situations. Hyperactivity/impulsivity symptoms expressed as constant interruptions, inappropriate comments, and tangential speech can have a major impact on interpersonal relationships among adults with ADHD (Toner, O’Donoghue, & Houghton, 2006). In addition, disinhibition may also manifest as inappropriate outbursts of emotion, particularly anger, or cognitive patterns such as jumping to conclusions and making rash decisions. Some adults may even experience symptoms of physical restlessness similar to that typical of childhood ADHD; however, Solanto (2011) states that most adults report feelings of internal restlessness rather than agitated motor activity.

Inattentive Symptom Cluster. In comparison to the above subtype, one of the frequent symptoms associated with the inattentive cluster of adult ADHD is distractibility and disorganization (Solanto, 2011). These adults often experience difficulties in time awareness, tracking appointments, and initiating or finishing tasks in an appropriate amount of time (Solanto, 2011). Solanto also suggested that adults with ADHD are often drawn in by novel activities or tasks, but quickly lose interest once a challenge is encountered or a task becomes too demanding. This cycle can lead to a string of abandoned responsibilities in academic, employment, and social contexts (Solanto, 2011). On a fundamental level, adults with ADHD are often described as living in a state of chaos due to a lack of organizational skills and an inability
to effectively manage time (Toner et al., 2006).

**Executive Dysfunction.** One area of impairment subsumed under the inattentive symptom cluster that is particularly significant with regards to adult ADHD is that of executive dysfunction. Individuals diagnosed with ADHD often present with poor self-management skills, otherwise known as executive dysfunction (Bramham et al., 2009). Executive functioning can be defined as higher-order cognitive processes that originate in the prefrontal cortex of the brain and control self-regulatory behaviour (Bramham et al., 2009). Barkley (1997) states that executive functioning encompasses self-directed actions such as planning, organization, speech, and “goal-directed, future oriented, purposive or intentional actions” (p. 68). Subsequently, the effects of executive dysfunction are often manifested as forgetfulness, distractibility, inattention to detail, disorganization, and poor self-monitoring (Solanto, 2011).

**Comorbid Concerns.** Persistent difficulties in attention, impulse control, and executive functioning ultimately interfere with the long-term success of adults diagnosed with ADHD. Continuous cycles of underachievement, ineffectiveness, repeated failure, and rejection throughout a lifetime of instances often breed feelings of inadequacy (Toner et al., 2006). This, paired with low-self esteem, often progresses into comorbid depression, anxiety, and/or stress. For example, Das et al. (2012) analyzed self-report data collected from the third wave of a previous longitudinal study including 2179 participants aged 47 to 54 years. Results showed that there was a significant occurrence of ADHD symptoms paired with both anxiety and depression symptoms. This in itself constitutes a further obstacle that individuals must overcome in order to stop the perpetual feelings of demoralization and incompetence.

**ADHD and Criminality**

As previously mentioned, the number of incarcerated individuals meeting the diagnostic criteria for adult ADHD is disproportionate to the prevalence of ADHD within the general population (Rösler, Retz, Yaqoobi, Berg, & Retz-Junginger, 2009). As such, this reveals the importance of the disorder within a correctional context. Rösler et al. (2004) studied the prevalence rates of ADHD within male prison inmates and found that approximately 45% of offenders met the DSM-IV criteria for ADHD, as compared to 7.5% in the control group of men without offences. This finding suggests that there is an empirical link between those diagnosed with ADHD and criminal behaviour. However, after examining the literature, it is evident that there are distinct conditions that contribute to the strength of the relationship between ADHD and criminal behaviour.

In a longitudinal study, Babinski, Hartsough, and Lambert (1999) explored the relationship between childhood ADHD and adult criminal activity. They proposed that the diagnostic criteria for ADHD was too inclusive and that specific subtypes of ADHD put children at a higher risk for later criminal behaviour. Self-report measures assessing behavioural symptoms, attention and adjustment, and criminal involvement were distributed to 305 subjects during childhood and again in adulthood that were diagnosed with ADHD. Official arrest records were also consulted as a means to control for underreporting on criminal involvement measures. Babinski et al. found that subjects presenting with ADHD, particularly hyperactivity-impulsivity, and co-morbid conduct disorders were more likely to have been arrested (57%) than those with conduct problems alone (29%). Interestingly enough, symptoms of inattention appeared to be
unrelated to later offending in adulthood. Based on the above findings, Babinski et al. concluded that individuals who were predominantly hyperactive-impulsive, and not inattentive, were at a higher risk of developing anti-social tendencies; they also suggested that the risk for this subtype of ADHD to be involved in criminal activity is exacerbated when paired with conduct disorder (CD) more so than the presence of either disorder alone. Therefore, according to these findings, childhood ADHD, when unaccompanied by conduct disorder, does not relate to adult anti-social behaviour; however, individuals with predominant hyperactivity-impulsivity symptoms present the highest propensity for adult criminal offences.

**Institutional Behaviour.** For incarcerated offenders diagnosed with ADHD, the prison environment itself can often exacerbate the symptoms of the disorder. In fact it is estimated that this population of offenders is responsible for nearly eight times the number of behavioural disturbances and critical incidents compared to offenders not diagnosed with ADHD (Gudjonsson & Young, 2011). Behavioural disturbances typically include disruptiveness, challenging and provoking behaviours, inciting restlessness among other inmates, and significant management problems for staff (Young, Gudjonsson, Ball, & Lam, 2003). Furthermore, these offenders are often responsible for critical incidents involving but not limited to physical and verbal aggression, property damage, self-injurious behaviour, and arson (Young et al., 2003). While physical aggression is typically more common within the community setting, Young et al. (2003) suggest that offenders with ADHD likely have difficulties coping with interpersonal conflict and as a result defend themselves from perceived threat by engaging in impulsive and aggressive behaviours. As previously mentioned, an inability to self-regulate intense emotions and impulses may contribute to the situations which result in problematic institutional behaviour (Young et al., 2003). The research suggests that offenders who are both ADHD symptomatic and personality disordered contribute to increased frequencies of critical incidents even more so than offenders only diagnosed with a personality disorder (Gudjonsson & Young, 2011; Young et al., 2003). Additionally, when controlling for personality disorders, offenders with ADHD were still six times more likely to cause behavioural disturbances (Gudjonsson & Young, 2011). One particularly interesting finding in a study by Young, Misch, Collins, and Gudjonsson (2011) proposed that the behavioural disturbances caused by offenders with ADHD are unrelated to community offending; rather, substance misuse and violent cognitions were better predictors of past criminal history. This supports the conclusion that the prison environment itself fosters the increase in problematic behaviour and critical incidents. Therefore, it is evident that the restricted physical environment of prison life, few planned activities, interpersonal conflict among staff and other inmates, and inabilities to cope with confrontation are all factors that contribute to the poor institutional adjustment of offenders diagnosed with ADHD (Young et al., 2011).

**Risk-Needs-Responsivity Model.** Based on the high prevalence of ADHD within the correctional system and the involvement of these offenders in institutional critical incidents, it is evident that the treatment of ADHD falls well within Bonta and Andrews’ (2007) Risk-Needs-Responsivity model. This model dictates that the most intensive treatments engage the most high-risk offenders and furthermore target specific criminogenic needs. While ADHD is not explicitly identified as a criminogenic need, it is argued that it poses a definite barrier to recovery and rehabilitation (Young et al., 2011). As such, ADHD in a correctional context can be classified as an issue pertaining to responsivity; that is to say that the treatment of ADHD should be expected to enhance the effectiveness of interventions targeting criminogenic needs that are
essential to rehabilitation (Young et al., 2011). Bonta and Andrews encourage the use of CBT programming as a preliminary method to treat high-risk offenders.

**Approaches to Treating Adult ADHD**

The primary approach to treating the persistent symptoms of adult ADHD is through the administration of medications. Although benefits of its use have been documented, there is evidence suggesting that medication alone is an insufficient treatment for many adults diagnosed with ADHD (Ramsay & Rostain, 2011). Improvements in symptom severity do not necessarily translate into improved daily functioning in areas related to planning, organization, time management, and task completion (Ramsay & Rostain, 2011). Therefore, an increasing demand has been placed on identifying empirically-validated adjunctive treatments.

**Cognitive-Behavioural Therapy to Treat Adult ADHD.** Among the most promising treatments is cognitive-behavioural therapy (CBT). While medications seek to minimize symptom expression, CBT aims to assist individuals develop and utilize effective coping strategies to improve daily functioning (Ramsay, 2010). As the symptoms of ADHD have the propensity to interfere with the effectiveness of CBT, it is highly recommended that CBT programs be adapted to meet the specific needs of the adults involved.

ADHD is characterized by the absence of precursor thinking, often expressed in the form of impulsivity or distractibility. These symptoms paired with impairments in executive functions can lead to the development of lifetime-persistent, pessimistic outlooks about one’s own abilities; as a result, adults with ADHD often possess self-defeating thoughts and behaviours that interfere with the effective implementation of coping strategies and ultimately overall resilience (Ramsay, 2010). The cognitive aspect of CBT geared towards adult ADHD helps participants identify and challenge their distorted beliefs, or schemas, that hinder their perceived self-efficacy. Additionally, the cognitive interventions associated with CBT address the issues adults with ADHD typically face related to mood management, especially anger, frustration, and sadness (Ramsay & Rostain, 2011). Inabilities to self-regulate mood are likely to account for the high rates of co-morbid anxiety and depression within this population.

While cognitive interventions seek to challenge and replace negative automatic thoughts, the behavioural component of CBT for adults with ADHD is intended to teach participants behavioural skills to compensate for deficiencies in executive functioning (Ramsay & Rostain, 2011). This component may also be referred to as environmental engineering, as it assists adults to set up one’s life in a more ADHD-friendly way (Ramsay, 2010). Interventions typically focus on organization, reducing distractibility, time awareness, reducing procrastination, and planning (Ramsay & Rostain, 2011; Solanto, 2011). It is suggested that the training and consistent use of these skills will habitualize coping skills, compensate for abilities to self-regulate, and ultimately improve daily functioning (Abikoff et al., 2012).

While research in this field over the past decade has only started to emerge, there is evidence supporting the use of CBT as an adjunctive treatment for adult ADHD. Safren et al. (2004) conducted a clinical trial to examine the acceptability, feasibility, and effectiveness of a novel CBT program for adults diagnosed with ADHD. The CBT program was comprised of three core modules and two optional modules. The first core module targeted psychoeducation about ADHD, planning, and organization, by assisting participants to develop the use of a notebook, a task-list, and a calendar. Participants were also taught problem-solving skills, such
as breaking a task into smaller parts and how to generate an action plan for accomplishing overwhelming tasks. The second core module focused on reducing distractibility by increasing attention span, utilizing tools such as alarms, signals, or timers, and distraction delay techniques. The third core module subsequently focused on generating adaptive thinking patterns in response to stress and other difficulties associated with ADHD. Participants were also welcomed to complete optional modules that targeted procrastination, anger and frustration, and communication skills. Participants already stabilized on ADHD medication were randomized into either the CBT and medication condition (N = 16) or the medication only condition (N = 15) for a maximum of 15 weeks. Assessments occurring at both the baseline and post-treatment stages included an independent evaluator and self-report measures of ADHD symptom severity, anxiety, depression, and overall functioning. Results from the assessments demonstrated that participants assigned to the CBT and medication condition experienced significantly greater improvements on independent evaluator and self-reported ADHD symptoms, anxiety, and depression ratings compared to those who continued medication only. Based on categorical estimates of treatment response, it was determined that 56% of participants assigned to the CBT group were considered to be responders in comparison to only 13% of those assigned to the medication-alone condition. Therefore, results indicated that a novel CBT program for adults with ADHD was a feasible, acceptable, and effective adjunctive treatment approach worthy of further examination.

Safren et al. (2010) conducted a similar randomized controlled trial further examining the effectiveness of CBT delivered individually to adults diagnosed with ADHD currently receiving medication. The CBT program was comprised of the same modular content administered in their previous study as described above (Safren et al., 2004). Eighty-six participants were randomly assigned into two conditions: 12 individual sessions of either CBT or relaxation training paired with psychoeducation. Assessments administered at baseline and post-treatment indicated that participants in the CBT condition received lower scores on both independent evaluator ratings of Clinical Global Impression scales and the ADHD symptom severity scale compared to participants who received relaxation training and psychoeducation. Follow up assessments also indicated that gains made by participants in the CBT group were maintained at both 6- and 12-month follow up measures. In comparison to the first study by Safren et al., this study was conducted with a larger sample and a comparison between two psychological approaches commonly used in treating ADHD. Additionally, a follow-up assessment, which was not incorporated in their previous study, provided evidence that participation in the CBT group may produce more long-term benefits than the relaxation and psychoeducation condition.

Based on the positive findings of Safren et al. (2004; 2010), Solanto, Marks, Mitchell, Wasserstein, and Kofman (2008) developed a group-administered, manual-based CBT program exclusively focused on skills related to organization and time management for adults diagnosed with ADHD. The program was designed to teach individuals specific strategies that reinforce and shape behaviours that compensate for deficits in self-management skills. Within the manual were three core modules: time management, organizational skills, and planning; these were further broken down into abbreviated (8-session) or expanded (12-session) programs. The program also consisted of take-home exercises to promote the rehearsal of the skills taught within each session. Thirty-eight adults diagnosed with ADHD participated in either the 8- or 12- week CBT program; sessions were held weekly for approximately two hours each regardless of the duration of the program. Each session began with a review of the previous week’s take-home exercise, then the presentation of the novel skill set, and concluded with a review of the new take-home
exercise. Changes in dependent variables were assessed using self-report measures administered at baseline and post-treatment.

Results indicated that participants in this CBT program showed particular improvement in the core ADHD cluster of inattentive symptoms, as well as on scales of activation, attention, memory, effort, and affect. One important consideration is that 63.2% of participants in this group were of the Predominantly Inattentive subtype of ADHD. Although Solanto et al. (2008) did not intentionally over-select this composition of participants it is proposed that participants meeting the diagnostic criteria for Predominantly Inattentive type may have more significant impairments with organization, time management, and planning in comparison to the Hyperactive/Impulsive or Combined subtype. Therefore it may be more likely that these individuals would self-refer themselves to a treatment program such as this. Furthermore, the composition of participants in this study were primarily well-educated and employed; this suggests that the participants enrolled in the study were highly functional and perhaps better able to cognitively process and apply the compensatory skills addressed in the program.

In a more recent study, Solanto et al. (2010) again investigated the efficacy of the same manual-based CBT program for adults diagnosed with ADHD. Eighty-eight participants were clinically referred to the program and randomized into either the CBT group condition or the supportive therapy condition, which was designed to control for non-specific elements of CBT but without the compensatory skills and strategies taught in the CBT program. Weekly sessions were two hours in duration and held for 12 consecutive weeks. Participants were assessed before and after treatment by independent evaluators and through self-report measures. Those who participated in the CBT condition demonstrated greater improvement in ADHD symptoms on both independent and self-rated evaluations, particularly in terms of inattentive symptoms. Furthermore, the relationship between homework completion and treatment response signified that positive changes were mediated by the specific components associated with the CBT program. Alternatively, while the results significantly favour the use of the CBT program, participants randomized into the supportive therapy condition also reported marked improvement. This suggests that the supportive nature of the condition itself may have improved hopelessness and self-efficacy and therefore motivated participants to embark on discovering their own remediating strategies. The addition of a control group and independent evaluators were considered to be an improvement in comparison to previous studies that did not incorporate these design elements. Again it is imperative to note that the participants referred to this study were primarily composed of individuals who were well-educated, employed, and predominantly of the Inattentive subtype. While IQ was not a response moderator, IQ was above average within this sample.

Alternatively, Bramham et al. (2009) designed a brief CBT group intervention to address low self-esteem, self-efficacy, and comorbid anxiety and depression in adults diagnosed with ADHD. Sixty-one participants, the majority of which were currently receiving medication, were assigned to either a CBT and medication condition or a waitlist condition where participants were only maintained on prescribed medications. Participants enrolled in the experimental group attended six CBT sessions delivered over the course of 3 monthly, 1-day workshops. Session content included topics such as inattention and memory, impulsivity, frustration and anger, anxiety, depression, relationships, time management, problem-solving and planning. Session material was presented through the use of group exercises, role-plays, group discussions, and didactic teaching. Participants were given frequent breaks and homework exercises to reinforce skill techniques. Results indicated that participants experienced significant improvements in
anxiety and depression scales at post-treatment regardless if they were assigned to the CBT or waitlist condition. Assessments of the self-efficacy variable indicated that participants who received CBT in addition to prescribed medication experienced improved outcome scores in this domain. Improvements in self-esteem overtime were evident in both conditions; however results were significantly greater for participants in the CBT condition.

Therefore, it is evident that CBT, whether delivered in an individual or group-based format, is a feasible, acceptable, and effective adjunctive treatment for adults diagnosed with ADHD. Leading researchers (Bramham et al., 2009; Safren et al., 2004; Safren et al., 2010; Solanto et al., 2008; Solanto et al., 2010) in this field have demonstrated overlapping similarities in program development that contribute to the overall success of CBT in providing adults with compensatory skills that circumvent neuropsychological deficits commonly associated with ADHD. In comparing the variety of session focuses presented in the above studies, it is clear that a CBT program solely targeting organization and time management skills (Solanto et al., 2008) produces stronger effects among participants aligning with the Inattentive subtype of ADHD, whereas CBT programs that incorporate modules targeting the above skills as well as distractibility, impulsivity, negative thinking patterns, and mood states (Safren et al., 2008) generate improvements in a broader spectrum of areas, including inattention, impulsivity, and comorbid disorders. Furthermore, while it is evident that there is a general consensus on which skill deficits need to be targeted within an effective and empirically-driven CBT program, further comparison of the above noted studies suggests that there are discrepancies within the hierarchical order of sessions and the order in which specific skill sets are presented to participants in the programs.

Despite the apparent effectiveness of CBT programs for adults diagnosed with ADHD within the general population, it is noteworthy that participants in the above studies were primarily well-educated, employed, and above average intelligence. Therefore, it would be beneficial for future studies examine the feasibility and effectiveness of a CBT program among alternative populations of adults diagnosed with ADHD.

**Cognitive-Behavioural Therapy in a Forensic Setting.** As previously mentioned, in accordance to Bonta and Andrews’ (2007) Risk-Needs-Responsivity model, cognitive-behavioural therapies are typically encouraged as best practices in treating the criminogenic needs of high-risk offenders. CBT has produced significant results in areas related to reduced recidivism and positive rehabilitation outcomes (Landenberger & Lipsey, 2005). Additionally, CBT programs have been effective in treating other areas related to offending, such as anger management, social skills training, and relevant life skills that improve post-release functioning.

For example, Spiropoulos, Spruance, Van Voorhis, and Schmitt (2005) conducted a comparison of two CBT programs with male and female offenders. The one program in particular, Problem Solving (Taymans & Parese, 1998, as cited in Spiropoulos et al., 2005), is a cognitive skills training program that teaches offenders skills to appropriately solve problems using modeling, role play, and generalization training. Incarcerated male participants involved in the Problem Solving experimental group reported significantly lower levels of depression than controls. Furthermore, the same participants were also found to have a significant decrease in the frequency of prison conflicts post-treatment.

In a related study, Landenberger and Lipsey (2005) conducted a meta-analysis of 58 experimental studies that implemented CBT programs targeting recidivism with adult and juvenile offenders. Their study found that offenders who participated in CBT programs were one
and a half times less likely to reoffend within 12 months of the end of treatment compared to those who were placed in control groups. Landenberger and Lipsey also found that individual attention, anger control, cognitive restructuring of maladaptive thoughts, and interpersonal problem solving skills were treatment elements that significantly related to effect size. As such, their findings underscore the large body of empirical support for the use of CBT with offenders.

Summary

ADHD was once considered to be a disorder primarily affecting children; however, the emerging literature suggests otherwise. Although the expression of their symptoms may have altered, it is apparent that many of these individuals continue to experience symptoms well into adulthood (Polanczyk et al., 2007). Difficulties with impulsivity, hyperactivity, and executive functioning can infiltrate all areas of life creating significant impairments that impact quality of life and daily functioning (Toner et al., 2006). Adults diagnosed with ADHD often experience co-morbid anxiety and depression issues as a result of continuous cycles of underachievement, failure, and rejection (Das et al., 2012).

It is widely believed that there is a considerable link between ADHD and criminal offending, particularly for individuals who experience significant difficulties with impulsivity and conduct disorders (Babinski et al., 1999). As a result, ADHD is highly overrepresented in the prison population (Rösler et al., 2004). The prison environment itself is considered to exacerbate the symptoms of ADHD and foster poor adjustment and behavioural disturbances, thus making offenders with ADHD difficult to manage (Gudjonsson & Young, 2011). It is apparent then that the primary method of care for these individuals, medication, is not sufficient in treating the symptoms of adult ADHD (Ramsay & Rostain, 2011). Research has demonstrated that CBT programs are the leading form of adjunctive treatment. Individual and group CBT programs that specifically target deficits in impulsivity, distractibility, cognitive distortions, mood management, planning, organizing, and time management skills have been associated with lower symptom severity and decreased co-morbid issues (Safren et al., 2004; Safren et al., 2010; Solanto et al., 2008; Solanto et al., 2010). However, research in this field is limited, only reflecting studies from the past decade. As a result, the long-term gains and generalizability to other populations have been left relatively unexplored. As research suggests that CBT programs are also considered to be the most effective manner in treating offender criminogenic needs (Landenberger & Lipsey, 2005; Spiropoulos, et al., 2005), there is evidence to support the development and pilot implementation of a CBT program for adult offenders diagnosed with ADHD in a correctional setting.

At the time of this thesis, however, there was no standardized CBT program being used by CSC staff to address adult ADHD among incarcerated offenders. Of further concern was the fact that the symptoms of ADHD appeared to be exacerbated by the prison environment itself, which places these offenders in a position whereby behavioural disturbances and poor institutional adjustment characterize their daily lives. Impairments in executive functioning, impulsivity, hyperactivity, and inattention increase the propensity for offenders with ADHD to have poor outcomes within rehabilitation programs and as such, experience difficulties in functioning and recidivism upon release into the community.

Therefore, a CBT group was designed as a component of this thesis to address this treatment need. It was hypothesized that a CBT group targeting adult ADHD with a forensic focus would reduce offenders’ symptom severity, decrease co-morbid issues in depression, anxiety, and stress, and finally, reduce overall functional impairment, defined as the severity of
disability in various domains of life. In addition, it was expected that the implementation of an adult ADHD CBT group would show preliminary evidence supporting a decrease in the frequency and severity of behavioural disturbances and critical incidents among this population of offenders.
Chapter III. Method

Participants

Participants in the present study were adult male offenders currently serving a federal sentence of two or more years at Kingston Penitentiary, a maximum security penitentiary. All participants were required to meet the DSM-IV-TR (2000) diagnostic criteria for Attention-Deficit/Hyperactivity disorder, as documented by a registered mental health professional. Following a review of all inmates, the health care department at the penitentiary referred participants to the study if they were being prescribed medications typically administered to individuals with ADHD. Formal diagnoses were confirmed through a review of participants’ psychological and health care files.

Due to institutional security and offender movement protocols, all offenders approached about the study needed to possess a security status that allowed them to integrate with other general population offenders. This requirement eliminated several offenders from the original referral list if they resided on a no-contact or segregation range; as a result, a sample of offenders residing on general population ranges meeting inclusion criteria were approached about the study. The purpose of the study and a general overview of session content to be covered were discussed during the initial approach. Those interested but unable to participate due to scheduling conflicts received a waitlist letter and were thanked for their interest (Appendix A). Offenders expressing interest in the study were then screened by security staff for appropriateness to participate based on working knowledge of the offenders’ institutional behaviour, compatibility, and security risk; those approved to participate received a confirmation letter detailing the schedule and location of the group (Appendix B). Prior to beginning the first group session, participants were informed of the consent procedures, their rights and limits to confidentiality, the benefits and risks of participating, and their freedom to withdraw from the study at any point without consequence; participants were then asked to sign an informed consent document (Appendix C).

In total, four offenders aged 25 to 42 (M = 32, SD = 7.3) were selected and approved for participation in the CBT group. Among the four participants included in the study, three were serving sentences of three, five, and seven years respectively while the fourth participant was serving an indeterminate sentence. A brief overview of offences committed include: breaking and entering – theft over $5000, uttering threats to cause harm, theft under $5000, mischief, aggravated assault, assault with the use of force, failure to comply with probation orders, robbery, sexual assault, attempted murder, and second-degree murder.

Design

As this study included the use of human participants, its design was required to be approved by the St. Lawrence College Research Ethics Board. Consent was obtained for the use of agency name, supervisor name, and agency logo in this thesis; a sample of the consent form presented can be found in Appendix D. A pre-, post-test, within-subject design was utilized to evaluate the pilot implementation of a CBT group for offenders diagnosed with ADHD. Dependent variables, defined as ADHD symptoms, functional impairment, and comorbid depression, anxiety, and/or stress, were assessed at three points to assess changes surrounding the implementation of the independent variable, the CBT group. These targets were selected based
on the existing literature that suggests one should find improvements in these areas through the use of similar CBT groups for adults diagnosed with ADHD. Participants were asked to complete the assessment measures during the first session of the group, the final session of the group 8 weeks later, and in a follow-up session 7 weeks post-group. Participants attended 12 group sessions typically held twice per week for 8 weeks in total. Sessions were approximately an hour and a half in length. CBT sessions were co-facilitated by the placement student and her agency supervisor, an offender counsellor. On occasion, if a participant was unable to attend the group session, an alternative meeting was scheduled and the participant received the session individually with the placement student.

Setting and Materials

Group sessions were conducted in a classroom setting within the programs section of the penitentiary. The classroom was equipped with chairs, desks, and flipcharts for written demonstrations. Chairs and desks were positioned to face the front of the room where the facilitators were instructing. A diversion object, such as malleable dough, putty, or a foam ball, was placed on each participant’s desk. Participants were encouraged to utilize the object at their discretion should they find themselves becoming distracted or restless and in need of a strategy to either regain focus or calm down. In each session, participants received a handout containing the content of the session so that they could follow along in session and refer to the material between sessions. Additionally, the facilitators brought a flip chart and markers to each session to allow for visual demonstration of key ideas, skills, or tools.

Description of Intervention

The CBT group manual for adult offenders diagnosed with ADHD utilized in this pilot project (Appendix E) was co-developed by the placement student and her agency supervisor. The manual was based on the established CBT programs for adult ADHD by Safren, Sprich, Perlman, and Otto (2005) and Solanto (2011), and for attention deficit disorder (ADD) developed by Roberts and Jansen (1997). A list was generated detailing the session topics of each of the three manuals and in which order the topics were presented. Topics that appeared more than once in the list were considered to be significant and were included in the present group. Due to inconsistencies in the order of session presentation within the three existing manuals, this group manual was formulated to progress from a cognitive perspective to a more behavioural skill focus. The rationale behind this hierarchy was that cognitive issues experienced by adults with ADHD may pose as barriers to the successful implementation of compensatory skills that were more behavioural in nature. Therefore, it was decided that it would be in the participants’ best interest to address these deficit areas first.

The CBT group manual is comprised of 12 module-based sessions that teach compensatory strategies for dysfunctional cognitions and emotions that emerge from repeated failures and underachievement, as well as behavioural skills training in organization, planning, and self-management (see Table 1). All sessions are structured to include a mindfulness activity, a review of previous skills and homework, the presentation of a new skill, and the assignment of new homework activities that provide further opportunities for participants to practice the skills taught in session. As existing CBT groups were considered to be less relevant to a sample of offenders diagnosed with adult ADHD, this CBT group aims to involve examples, exercises, and
homework activities that have a strong correctional focus, so as to be adapted to life within the institution and the community. Additionally, sessions were written at a grade 6 reading literacy level in order to facilitate material comprehension.

Table 1

Overview of the cognitive-behavioural therapy (CBT) group for adult ADHD

<table>
<thead>
<tr>
<th>Session 1: Introduction to ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2: Identifying Negative Thoughts</td>
</tr>
<tr>
<td>Session 3: Challenging Negative Thoughts</td>
</tr>
<tr>
<td>Session 4: Mood Management</td>
</tr>
<tr>
<td>Session 5: Managing Impulsivity</td>
</tr>
<tr>
<td>Session 6: Anger and Impulsivity</td>
</tr>
<tr>
<td>Session 7: Time Awareness</td>
</tr>
<tr>
<td>Session 8: Time Management</td>
</tr>
<tr>
<td>Session 9: Managing Distractibility</td>
</tr>
<tr>
<td>Session 10: Task Management</td>
</tr>
<tr>
<td>Session 11: Getting and Staying Organized</td>
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<tr>
<td>Session 12: Review</td>
</tr>
</tbody>
</table>

Measures

To assess changes in dependent variables, participants were asked to complete three self-report questionnaires at pre, post, and 7-week follow-up periods. The questionnaires were the ADHD Self-Report Symptom Form (World Health Organization, 2003; Safren et al., 2005), the Weiss Functional Impairment Rating Scale – Self Report (Weiss, 2000), and the Depression, Anxiety, and Stress Scale (University of New South Wales, n.d.). Additionally, participants provided consent for data to be collected on their institutional behaviours using the Behavioural Incident Frequency Recording form. Finally, data was collected on the participants’ feedback on the CBT group using the Participant Feedback Form. A summary for each measure is included below.

ADHD Self-Report Symptom Form. This self-report questionnaire is an amalgamated version of two existing measures developed by the World Health Organization (2003) and Safren et al. (2005; Appendix F). Both existing measures have demonstrated reliability and validity in evaluating the symptoms of adult ADHD (World Health Organization, 2003; Safren et al., 2005). A modified version was created by the placement student in order to adjust content that was not relevant to the nature of the participants in the group and describe the nature of the symptoms in a more applicable context (e.g. substituting the terms “activity” or “task” for “work” to avoid confusion for those participants who were not employed at the penitentiary during the time of the study). Respondents are asked to rate the severity of 18 statements that assess core symptoms of ADHD, inattention, hyperactivity, and impulsivity, using a Likert-scale. Ratings on the scale can vary from 0 (never or rarely) to 3 (very often). A sum of the values of each selected option is then calculated and converted into the respondent’s overall score. In addition to completing this form at the pre-group, post-group, and 7-week follow-up meetings, participants were requested to complete the form during each week of the group to monitor their symptom changes.
**Weiss Functional Impairment Rating Scale – Self Report (WFIRS-SR).** This self-report questionnaire is intended to evaluate a respondent’s ability to function in various life domains (Weiss, 2000; Appendix G). The questions in this form are set out to assess not only the symptoms associated with ADHD but the degree to which the respondent’s behavioural and emotional difficulty impact abilities to function. The WFIRS-SR has demonstrated high internal consistency and excellent sensitivity to changes in ADHD symptoms (Weiss, 2000). Respondents are asked to rate statements corresponding to each of the seven functional domains, such as family, life skills, self-concept, and risk, using a 5 point Likert-scale. Ratings on the scale vary from 0 (never or not at all) to 3 (very often or very much). Respondents also have the option of selecting ‘not applicable’ for any statements that are not relevant to their personal experiences.

**Depression, Anxiety, and Stress Scale (DASS).** The DASS is a self-report questionnaire designed to assess the negative symptoms of depression, anxiety, and stress using three subscales (University of New South Wales, n.d.; Appendix H). Each subscale in the tool contains 14 items. The depression subscale examines content related to states of hopelessness, self-deprecation, lack of interest, and inertia, while the anxiety subscales contain statements that reflect autonomic arousal, situational anxiety, and physiological effects. The stress subscale contains statements that aim to assess respondents’ difficulty relaxing, irritability, and tendencies to over-react to situations. Respondents are asked to rate the frequency in which they experience each statement using a 4-point Likert-scale. Scores for each subscale are derived by the sum of items in each symptom scale. The DASS has shown to have high internal consistency and provide sensitive discriminations between the three subscales (University of New South Wales, n.d.).

**Behavioural Incident Frequency Recording.** Changes in participants’ institutional behaviours were examined through a frequency recording method using a behavioural incident frequency recording sheet (Appendix I) designed by the placement student. Documented occurrences of incidents and critical incidents within the penitentiary were gathered from a variety of sources. These sources included the Offender Management System (OMS), the Reports of Automated Data Applied to Reintegration (RADAR) portal, and the Daily Operations Meeting minutes. Observation reports and offence reports were coded by type of incident, such as disruptive behaviour(s), assault on staff, and disciplinary problems. The frequency for each coded item was recorded within three time periods: 6 months prior to the group, during the group, and 1 month after the group.

**Participant Feedback Form.** The participant feedback form was created by the placement student and included as an appendix in the CBT group manual (see Appendix E). This self-report measure was intended to be distributed to participants after the completion of the final group session to gather feedback based on their personal experiences. Participants were requested to provide feedback on what they enjoyed most and least about the group, topics they wished were covered, and overall ratings for the homework activities, the facilitators’ performance, and the whole group experience in general. The second component of the Participants Feedback Form was aimed to assess the perceived usefulness of each session topic. Participants were asked to rate each session of the CBT group on a five point Likert-scale ranging from 1 (poor) to 5 (excellent). A brief summary of core information and skills was provided for each session.
Procedure

All participants were informed during the initial recruitment approach about the purpose of the present study, the necessary commitments involved, and the limits of confidentiality. They were also made aware of the potential risks and benefits, and the voluntary nature of participating in the ADHD group. Informed consent documents (Appendix C) were presented, reviewed, and signed by all participants during the first group session. No identifying information was used in the procedures of the present study. During the course of the group, the facilitators referred to the group as an “impulsivity and self-management” group rather than an “ADHD” group to avoid divulging the specific diagnoses of the group participants in all documents potentially viewed by other staff members or inmates.

As noted previously, the CBT group was comprised of 12 module-based sessions targeting specific skill deficits, as identified in the literature, to be common to those diagnosed with adult ADHD. Sessions were approximately two hours in length and held twice per week for a total of 8 weeks. Each session began with a mindfulness activity, a review of previous homework, the presentation of new material followed by the assignment of corresponding homework activities to be completed before the next group session. Participants who were unable to attend in-group sessions met individually with the placement student to cover missed materials. Appendix J provides an overview of how each session was delivered to each of the four participants. Photocopied handouts of all session materials, worksheets, and homework activities were provided to the participants for each session. Additionally, diversion objects were placed on each participant’s desk prior to the start of each session. The facilitators encouraged participants to utilize the object at their discretion should they find themselves becoming distracted or restless and in need of a strategy to either regain focus or calm down. What follows is an overview of the session content.

Session 1: Introduction to ADHD provided participants with information about the group, such as how and when it was going to be conducted, what topics were going to be covered, as well as a discussion of expected behaviours during the group. Also emphasized was the fact that each session would focus on a particular skill that would assist them in different areas of functioning that they might be experiencing difficulties with. Participants were then provided information about the diagnosis of ADHD, positive and negative symptoms, and the strengths associated with ADHD that would potentially assist them in the group. During this session, participants completed the battery of self-report questionnaires as described above. The battery included the ADHD Self-Report Symptom Form, the WFIRS-SR, and the DASS.

Session 2: Identifying Negative Thoughts first introduced participants to the mindfulness activities and their utility for individuals with ADHD. The cognitive-behavioural model was discussed and elaborated on in relation to ADHD. Participants were also introduced to the different types of negative thinking patterns that are often experienced by individuals diagnosed with ADHD. During this session a behavioral contract based on the brainstorming of group expectations from the first session was presented and signed by all participants (Appendix J).

Session 3: Challenging Negative Thoughts also discussed negative thinking patterns but provided participants with the tools to challenge their thinking distortions in hopes that this would influence mood and behaviour.

Session 4: Mood Management introduced participants to the fact that people with ADHD often experience powerful emotions which can result in frequent mood swings. The tendency for people with ADHD to be highly reactive to various situations was discussed and information was
provided about how to track changing moods as well as how to use adaptive coping skills to better manage mood shifts.

Session 5: Managing Impulsivity introduced participants to one of the most difficult symptoms associated with ADHD. Information was provided on the nature of impulsivity and how low frustration tolerance and negative thinking can increase the frequency of impulsive behaviours. Participants were taught how to identify personal triggers, patterns of impulsive behaviours, how to avoid risky situations, and about creating a prevention plan.

Session 6: Anger and Impulsivity was a continuation from the previous session. This session identified the link between anger and impulsivity which was particularly relevant given the target population. Similar to the previous session, participants were educated about identifying personal triggers and recognizing anger patterns that lead to impulsive behaviours. The differences between anger and aggression were also discussed as well as strategies for stopping impulsive behaviours and resolving anger.

Session 7: Time Awareness was intended to help participants understand what time awareness is and how it is affected by ADHD. Also discussed was how time awareness is formed and behavioural strategies that can improve time awareness, such as time estimation, activity logs, planners or calendars, and short-term scheduling. In this session, participants were provided with planners and it was emphasized that they begin using them to help schedule items based on their specific and individual needs.

Session 8: Time Management was a continuation of the previous session. This session elaborated on the use of time awareness to more accurately manage individual goals and activities. Participants were educated on how to generate to-do lists, how to prioritize items on the list in terms of importance and urgency, and how to incorporate a prioritized to-do list into a planner to maximize efficiency.

Session 9: Managing Distractibility focused on understanding the different forms of distractions that typically interfere with concentration and attention. Also discussed was the link between distractibility and procrastination and the types of excuses that people often use to justifying postponed tasks. A large component of this session was geared towards the steps participants could take to gauge and lengthen their attention spans as well as how to implement a distractibility delay to not only challenge impulsive behaviours but postpone action on distracting thoughts.

Session 10: Task Management focused on the difficulties that people with ADHD often face in terms of solving problems as well as starting and completing complex or overwhelming tasks. Participants were taught how to use problem-solving techniques, such as brainstorming solutions and weighing the pros and cons of each solution, to formulate an action plan. As some tasks may be overwhelming for individuals with ADHD, this session also focused on how to break tasks down into smaller, more manageable steps and then using rewards or reinforcements when each step is completed.

Session 11: Getting and Staying Organized was combined with Session 12: Review to form the final group session due to time constraints towards the end of the group. Prior to a review of all sessions, participants learned about the importance and benefits of organization as well as the steps to take to prepare, implement, and maintain organizational systems, such as a filing system. The second half of the session was devoted to a more general recap of important concepts and skills taught within the group.

Adherence to homework is a predictive outcome for adults diagnosed with ADHD who are receiving CBT (Yovel & Safren, 2006). Therefore, the repetition of new skills is particularly
critical in terms of maximizing and maintaining gains in treatment within this population that is characterized by core impairments in organization and completing tasks due to forgetfulness and poor time-management. As it was considered that attendance and participation in the sessions was not enough to ingrain the information taught in the sessions, the facilitators strongly encouraged the participants to attempt the homework activities as a means to promote the implementation of the strategies. When possible, the facilitators solicited relevant examples from the participants to enhance the validity of the techniques taught in the sessions.

Participants met with the placement student in an individual meeting six days after the final session to complete the battery of post-group measures as well as the Participant Feedback Form. At this time, participants who were considered to have successfully completed the group received a certificate of completion for their own personal records. Participants were asked to complete the battery of self-report measures again in a follow-up meeting held 7-weeks after the completion of the group. It was initially scheduled to be 4-weeks after the post-group measures; however, due to the time of year and coordination of staff availability, the follow-up session was held 7 weeks after the group ended.
Chapter IV. Results

The purpose of this study was to evaluate the effectiveness of a pilot CBT group in reducing offenders’ symptoms of ADHD, functional impairment, and comorbid issues related to depression, anxiety, and stress. Additional purposes of this study were to collect preliminary data on changes in participants’ institutional behaviour surrounding the implementation of the group and participants’ feedback on the acceptability and feasibility of such a group. Complete sets of pre-, post-, and follow-up measures were only collected from two of the four participants. Therefore, due to incomplete data on the participants, the results are presented below in terms of case studies, and no statistical analyses could be carried out to confirm the effectiveness of the group. Thus, the findings below are only descriptive.

Participant 1

Group Completion. Participant 1 attended 73% (8 of 11) of the scheduled group sessions (Appendix J). Of the sessions he missed, the first was due to personal crisis and the second due to being sent back to his range by the officer on duty before the facilitators arrived to the group. On the day of the third missed session, Participant 1 was placed in segregation due to misbehaviour on his range the day prior and was therefore unable to attend group. Participant 1 made up all missed sessions either independently or in collaboration with his regular counsellor at the penitentiary. He also completed almost every homework assignment, showed good motivation, participated regularly in session, and demonstrated consistent effort in the group. As a result, the facilitators agreed that Participant 1 successfully completed the requirements of the group and as such received a certificate upon completion.

ADHD Self-Report Symptom Form. Weekly scores on the ADHD Self-Report Symptom Form for Participant 1 are illustrated in Table 2 and Figure 1. Pre-test scores indicated that Participant 1 self-reported his current symptoms at 20 points out of a possible 54, with the highest frequency of symptoms being of the impulsivity-hyperactivity type (Appendix L). Post-test results indicated that symptoms remained stable at the end of the group with a score of 20. Visual analyses of weekly ADHD symptom scores indicated a decreasing trend in Participant 1’s symptom frequency per week (Appendix M). It is hypothesized that the increase in symptom frequency during the first two weeks of the group can be attributed to the personal crisis that Participant 1 experienced during that time. The follow-up assessment 7-weeks after the group showed that the frequency of ADHD symptoms reduced to a score of 15. This indicates a 5 point reduction in symptom frequency.

Table 2
Weekly Scores on the ADHD Self-Report Symptom Form for Participant 1

<table>
<thead>
<tr>
<th>Weekly Session</th>
<th>Pre Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8/Post Group</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>20</td>
<td>25</td>
<td>26</td>
<td>22</td>
<td>20</td>
<td>18</td>
<td>19</td>
<td>18</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>
Figure 1 Graph of Participant 1’s Weekly ADHD Self-Report Symptom Form Scores

WFIRS-SR. Table 3 illustrates the overall mean scores for Participant 1 at the pre-, post-, and follow-up assessment points. Results indicate that his overall mean impairment score at pre-group (1.9) decreased at post-group to a mean score of 1.3. Gains were also maintained at the 7-week follow-up assessment with a further decrease of mean scores to 0.8. This demonstrates an overall mean decrease in impairment by 1.1 points. Figure 2 is a graphical representation of the overall mean impairment scores; visual analysis demonstrated a strong downward trend in Participant 1’s mean functional impairment score across the three assessment periods. Although the results indicated a reduction in all domains of functional impairment before, during, and after the group, it is cautioned that the measure may not be sensitive to changes within such a short time frame of assessment.

<table>
<thead>
<tr>
<th>Impairment Item</th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>7-Week Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>1.1</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Work</td>
<td>1.5</td>
<td>1.1</td>
<td>1.4</td>
</tr>
<tr>
<td>School</td>
<td>2.6</td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Life Skills</td>
<td>0.8</td>
<td>0.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>2.0</td>
<td>1.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Social</td>
<td>1.9</td>
<td>1.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Risk</td>
<td>1.9</td>
<td>1.1</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Overall Mean Score</strong></td>
<td><strong>1.9</strong></td>
<td><strong>1.3</strong></td>
<td><strong>0.8</strong></td>
</tr>
</tbody>
</table>

*Note:* Numbers are rounded to one decimal place.
DASS. As demonstrated in Table 4, during the pre-group assessment Participant 1 rated the frequency he experienced symptoms of depression during the week prior to participation in the group as a 26. This placed him in the ‘severe’ symptom level. Ratings on the anxiety (16) and stress (32) subscales also indicated ‘severe’ levels at pre-group. At post-group assessment, both depression (14) and stress (20) decreased, lowering his ratings to a ‘moderate’ level. Although Participant 1’s rating of stress (20) decreased at the post-group stage, his rating remained stable in a ‘severe’ level. Data from the follow-up assessment indicated that gains were maintained and further improved 7-weeks after Participant 1 completed the group. Ratings of depression (7), anxiety (1), and stress (9) all decreased, placing each into the ‘normal’ severity range. Figure 3 provides a graphical representation of Participant 1’s pre-, post-, and follow-up scores on the DASS; visual analysis revealed the predominant downward trend for all three subscales.

Table 4

<table>
<thead>
<tr>
<th></th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>7-Week Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>26</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Anxiety</td>
<td>16</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Stress</td>
<td>32</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Overall Score</td>
<td>74</td>
<td>49</td>
<td>17</td>
</tr>
</tbody>
</table>

Figure 2 Graph of Overall Mean Impairment Scores on WFIRS-SR for Participant 1
Figure 3 Overall Scores on the DASS at Pre and Post-Group for Participant 1

**Behavioural Incident Frequency Recording.** As presented in Table 5, Participant 1 only engaged in one behavioural incident within the six month period before participating in the group. However, it is imperative to note that this incident was considered more severe in comparison to the other coded incidents as Participant 1 was charged with a new offence while on statutory release in the community. He was sentenced to 30 months in prison, which he was serving at the time of his participation in the ADHD group. Participant 1’s frequency of behavioural incidents increased during the first month of the group due to a fight with another inmate and damage to government property; as a result Participant 1 was placed in administrative segregation for several days. His behavioural incidents decreased from 2 to 0 during the final month of the ADHD group. During the month following the completion of the group, Participant 1 was involved in one other behavioural incident for possessing contraband. Overall, this demonstrated an increase in behavioural incidents during the course of the ADHD group in comparison to the 6 months prior.

<table>
<thead>
<tr>
<th>Coded Item</th>
<th>6 Months Prior</th>
<th>Month 1 of Group</th>
<th>Month 2 of Group</th>
<th>1 Month Post- Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate Fight</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage to Government Property</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Offence</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Possession of Contraband</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Frequency</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>0</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>
Participant 2

**Group Completion.** Participant 2 attended 100% (11 of 11) of the scheduled group sessions (Appendix J). In terms of homework, Participant 2 completed all of his homework assignments diligently and thoroughly. Although his in-session participation was weak at times due to self-reported social anxiety, he demonstrated consistent participation and effort throughout the group. As a result, the facilitators agreed that Participant 2 successfully completed the requirements of the group and as such received a certificate upon completion.

**ADHD Self-Report Symptom Form.** Weekly scores on the ADHD Self-Report Symptom Form for Participant 2 are illustrated in Table 6 and Figure 4. Pre-group scores indicated that Participant 2 self-reported his current symptoms at 34 points out of a possible 54, with the highest frequency of symptoms being predominantly of the inattention subtype (Appendix N). Participant 2’s ADHD symptom severity decreased by 10 points to a score of 24 during the post-group assessment. Visual analyses of Appendix O revealed that while the data were relatively stable with little variability, a slight downward trend in the frequency of his ADHD symptoms throughout the course of the group was present; while improvements were seen at the post-group assessment, his symptoms did increase by the 7-week follow up period. However, scores at this final assessment were still an improvement from pre-group with a difference of 7 points.

**Table 6**  
**Weekly Scores on the ADHD Self-Report Symptom Form for Participant 2**

<table>
<thead>
<tr>
<th>Weekly Session</th>
<th>Pre-Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8/Post-Group</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>34</td>
<td>30</td>
<td>31</td>
<td>29</td>
<td>31</td>
<td>30</td>
<td>28</td>
<td>29</td>
<td>24</td>
<td>27</td>
</tr>
</tbody>
</table>
WFIRS-SR. Table 7 illustrates the overall mean scores for Participant 2 at the pre-, post-, and follow-up assessment points. Results indicated that his overall mean impairment score at the pre-group assessment (1.5) decreased to 1.1 at the post-group assessment. Gains were maintained at the 7-week follow-up assessment with a continued mean score of 1.1. This demonstrated an overall decrease in impairment by 0.4 points. Figure 5 is a graphical representation of the overall mean impairment scores; visual analysis demonstrated a downward trend in Participant 2’s mean functional impairment score from pre-group to post-group with stabilization of impairment maintained at the follow-up assessment. As previously stated, although the results indicated a reduction in all domains of functional impairment before, during, and after the group, it is cautioned that the measure may not be sensitive to changes within such a short time frame of assessment.

Table 7

<table>
<thead>
<tr>
<th>Impairment Item</th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>7-Week Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>1.0</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Work</td>
<td>0.5</td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td>School</td>
<td>0.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Life Skills</td>
<td>2.4</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Social</td>
<td>1.3</td>
<td>1.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Risk</td>
<td>2.0</td>
<td>0.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Overall Mean Score</td>
<td>1.5</td>
<td>1.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

*Note: Numbers are rounded to one decimal place.*
**DASS.** As demonstrated in Table 8, during the pre-group assessment Participant 2 rated the frequency he experienced symptoms of depression (40), anxiety (26), and stress (35) during the week prior to participation as ‘extremely severe’. Participant 2’s ratings of depression remained stable in the ‘extremely severe’ category at both post-group and follow-up assessments. Post-group results indicated that symptoms of anxiety (18) and stress (24) were both reduced to ‘severe’ and ‘moderate’ levels, respectively. Assessment at the 7 week follow-up point indicated that Participant 2’s frequency of anxiety (5) and stress (19) had continued to decrease. His anxiety was considered to be in the ‘normal’ range and his stress in the ‘moderate’ range. Figure 6 provides a graphical representation of Participant 2’s pre-, post-, and follow-up scores on the DASS; visual analysis revealed the relatively stable trend and level for his depression symptoms as well as the predominant downward trend for both anxiety and stress symptoms.

**Table 8**

*Overall Scores on the DASS for Participant 2*

<table>
<thead>
<tr>
<th></th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>7-Week Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>40</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Anxiety</td>
<td>26</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Stress</td>
<td>35</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>Overall Score</td>
<td>101</td>
<td>79</td>
<td>61</td>
</tr>
</tbody>
</table>
Behavioural Incident Frequency Recording. As presented in Table 9, Participant 2 only engaged in one behavioural incident, possession of an unauthorized item, during the 6 months before his participation in the ADHD group. During the 2 months that the group ran, Participant 2 did not incur any behavioural incidents; however, he was involved in one instance of aggressive behaviour during the month following the completion of the group.

Table 9
Behavioural Incident Frequency Recording for Participant 2

<table>
<thead>
<tr>
<th>Coded Item</th>
<th>6 Months Prior</th>
<th>Month 1 of Group</th>
<th>Month 2 of Group</th>
<th>1 Month Post- Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession of Unauthorized Item</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressive Behaviour</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Frequency</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Participant 3

Group Completion. Participant 3 attended 55% (6 of 11) of the scheduled group sessions (Appendix J). For the first two sessions, he was enrolled in another group that was held at the same time as the ADHD group. As he wished to participate in the ADHD group, he received individual sessions with the placement student in order to make up the missed material. Participant 3 also missed an additional four sessions later on in the group due to a series of problematic interactions with security staff that resulted in his placement in administrative segregation. Upon his release from segregation, Participant 3 made up the missed sessions individually with the placement student. Due to time constraints and interrupted attendance, Participant 3 received several sessions out of order because of his request for individual sessions; additionally, Participant 3 did not receive any instruction of material, either group or individual,
for Session 8: Time Management.

Participant 3 consistently participated in the group sessions, but his homework completion was mixed; some assignments were completed while others were not. While he did express motivation to learn skills to change his behaviour and apply them to his own life, Participant 3 also expressed his ambivalence to change on occasion. Overall, he made an apparent and genuine effort to understand the material taught in the group despite his sporadic attendance. As a result, the facilitators agreed that Participant 3 successfully completed the requirements of the group and as such received a certificate upon completion.

During the month following the ADHD group, Participant 3 was involved in a self-harm incident that placed him in the hospital and subsequently, administrative segregation upon his return. His behaviour remained unstable at the time of the follow-up assessment, and as it was not feasible to meet with him, follow-up data from this participant was not collected.

**ADHD Self-Report Symptom Form.** Weekly scores on the ADHD Self-Report Symptom Form for Participant 3 are illustrated in Table 10 and Figure 7. Pre-group scores indicated that Participant 3 self-reported his current symptoms at 44 points out of a possible 54, with equal frequencies in both the inattention and hyperactivity-impulsivity subscales (Appendix P). Participant 3’s ADHD symptom severity seemed to decrease markedly at the post-group assessment by 33 points to a score of 11; however it is imperative to note that he self-identified as having bipolar disorder and that at the time of the post-group assessment, he was experiencing a depressive episode. As a result he spent much of the week prior to the assessment asleep. Visual analysis of Appendix Q demonstrated that despite the participant’s inconsistent submission of weekly ADHD Self-Report Symptom Forms, a downward trend and decreasing level of symptom frequency is apparent. Follow-up data were not collected for this participant.

### Table 10

**Weekly Scores on the ADHD Self-Report Symptom Form for Participant 3**

<table>
<thead>
<tr>
<th>Weekly Session</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Group</td>
<td>44</td>
</tr>
<tr>
<td>1</td>
<td>n/a</td>
</tr>
<tr>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>6</td>
<td>n/a</td>
</tr>
<tr>
<td>7</td>
<td>n/a</td>
</tr>
<tr>
<td>8/Post Group</td>
<td>30</td>
</tr>
</tbody>
</table>

**Note:** ‘n/a’ is used to denote a session that the participant did not complete a ADHD Self-Report Symptom Form.
**Figure 7** Graph of Participant 3’s Weekly ADHD Self-Report Symptom Form Scores

**WFIRS-SR.** Table 11 illustrates the overall mean scores for Participant 3 at the pre- and post-group assessment points. Results indicated that his self-reported overall mean score of functional impairment at pre-group (1.6) increased to a mean score of 1.8 following his completion of the ADHD group. Figure 8 is a graphical representation of the overall mean impairment scores; visual analysis demonstrated an increasing trend in Participant 3’s mean functional impairment score from pre-group to post-group assessment. As previously stated, although the results indicated a change in the participant’s functional impairment before and after the group, it is cautioned that the measure may not be sensitive to changes within such a short time frame of assessment.

**Table 11**
*Overall Mean Score on the WFIRS-SR for Participant 3*

<table>
<thead>
<tr>
<th>Impairment Item</th>
<th>Pre-Group</th>
<th>Post-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>1.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Work</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>School</td>
<td>1.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Life Skills</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Social</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Risk</td>
<td>1.7</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Overall Mean Score</strong></td>
<td><strong>1.6</strong></td>
<td><strong>1.8</strong></td>
</tr>
</tbody>
</table>

*Note:* Numbers are rounded to one decimal place.
As demonstrated in Table 12, during the pre-group assessment Participant 3 rated the frequency he experienced symptoms of depression (20) as ‘moderate’, anxiety (7) as ‘normal’, and stress (35) as ‘severe’ during the week prior to participation. Post-group results indicated an increase in symptom frequency across all subscales. Depression (39) increased to the ‘extremely severe’ range and anxiety (10) increased to the ‘moderate’ range. Although his frequency of stress (31) increased, his rating remained stable in the ‘severe’ range. Figure 9 provides a graphical representation of Participant 3’s pre- and post-group scores on the DASS; visual analysis revealed the predominantly upward trend and increasing level of his depression and stress symptoms; while anxiety was at a lower level, it too showed evidence of an upward trend. In terms of his overall score on the DASS, results showed that there was an increase in symptom frequency by 27 points. As previously mentioned, Participant 3 notified the placement student that he was experiencing a depressive episode associated with his self-reported bipolar disorder at the time of the post-group assessment.

Table 12

Overall Scores on the DASS for Participant 3

<table>
<thead>
<tr>
<th>Theme</th>
<th>Pre-Group</th>
<th>Post-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Stress</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Overall Score</td>
<td>53</td>
<td>80</td>
</tr>
</tbody>
</table>
Behavioural Incident Frequency Recording. As presented in Table 13, Participant 3 engaged in three behavioural incidents, all related to disciplinary problems, during the 6 months before his participation in the ADHD group. During the first month of the group, the frequency of Participant 3’s behavioural incidents increased to eight incidents in total. He was most often reprimanded for disciplinary problems as well as for threatening staff and engaging in self-harm. The accumulation of these incidents resulted in Participant 3 being placed in administrative segregation for several days. The second month of the group resulted in a reduction of behavioural incidents. In comparison to the month prior, Participant 3 was only involved in one incident for disruptive behaviour. During the month following the completion of the group, Participant 3 was involved in an episode of self-harm that yet again placed him in segregation; this incident culminated in the inability to collect follow-up data from this participant.

Table 13

<table>
<thead>
<tr>
<th>Coded Item</th>
<th>6 Months Prior</th>
<th>Month 1 of Group</th>
<th>Month 2 of Group</th>
<th>1 Month Post-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplinary Problems</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threatening Staff</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Harm</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Disruptive Behaviour</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total Frequency</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Participant 4

Group Completion. Participant 4 attended 64% (7 of 11) of the scheduled group sessions (Appendix J). However, he was unable to successfully complete the group due to a number of unexcused truancies and poor attitude (e.g. making negative or anti-social comments, resistance to group exercises) throughout the group process. He was able to make up two missed sessions individually with the placement student; however, when he did attend group sessions, his motivation to make changes and demonstrate effort was minimal in comparison to the other group members who actively participated within the group and made effort in adopting the concepts and skills taught in the sessions. As a result of a number of behavioural incidents with security staff, Participant 4 was placed in administrative segregation for the entirety of the final week of group. Therefore it was left to the discretion of the facilitators to decide that he was not successful in completing the group and as such would not receive a certificate. Consequently, post-group and follow-up measures were not collected from Participant 4.

ADHD Self-Report Symptom Form. Weekly scores on the ADHD Self-Report Symptom Form for Participant 4 are illustrated in Table 14 and Figure 4. Pre-group scores indicated that Participant 4 self-reported his current symptoms at 37 points out of a possible 54, with a higher frequency of experienced symptoms on the hyperactivity-impulsivity subscale (Appendix R). Visual analysis of Appendix S demonstrated that despite the participant’s inability to complete the ADHD group, a downward trend and decreasing level of symptom frequency seems evident. Post-group and follow-up data were not collected for this participant.

Table 14
Weekly Scores on the ADHD Self-Report Symptom Form for Participant 4

<table>
<thead>
<tr>
<th>Weekly Session</th>
<th>Pre Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8/Post Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>37</td>
<td>27</td>
<td>32</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>24</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Note: ‘n/a’ is used to denote a session that the participant did not complete a ADHD Self-Report Symptom Form
WFIRS-SR. Table 15 illustrates the overall mean scores for Participant 4 at the pre-group assessment point. Results indicated that his self-reported overall mean score of functional impairment at pre-group was 1.2, with his most impaired domains being his social and work areas. Post-group and follow up data were not collected for this measure.

<table>
<thead>
<tr>
<th>Impairment Item</th>
<th>Pre-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>0.8</td>
</tr>
<tr>
<td>Work</td>
<td>1.9</td>
</tr>
<tr>
<td>School</td>
<td>1.3</td>
</tr>
<tr>
<td>Life Skills</td>
<td>0.7</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>0.0</td>
</tr>
<tr>
<td>Social</td>
<td>2.1</td>
</tr>
<tr>
<td>Risk</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td><strong>1.2</strong></td>
</tr>
</tbody>
</table>

*Note: Numbers are rounded to one decimal place.*
As demonstrated in Table 16, during the pre-group assessment Participant 4 rated the frequency he experienced symptoms of depression (2) as ‘normal’, anxiety (4) as ‘normal’, and stress (21) as ‘moderate’ during the week prior to participation.

Table 16

<table>
<thead>
<tr>
<th>Overall Scores on the DASS for Participant 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Group</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Stress</td>
</tr>
<tr>
<td>Overall Score</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>27</td>
</tr>
</tbody>
</table>

Behavioural Incident Frequency Recording. As presented in Table 17, Participant 4 engaged in two behavioural incidents, disciplinary problems and assault on staff, during the 6 months before his participation in the ADHD group. During the first month of the group, the frequency of Participant 4’s behavioural incidents remained at 2; one for possessing an unauthorized item and another for possessing contraband. Participant 4 was involved in a total of 8 behavioural incidents throughout the second month of the group. His incidents involved disciplinary problems, possession of contraband, assault on staff, and disruptive behaviours. As a result of these incidents, Participant 4 was placed in administrative segregation for the final week of the ADHD group. One month after the completion of the group, Participant 4 had not been involved in any further incident although he remained in segregation throughout that time period.

Table 17

<table>
<thead>
<tr>
<th>Behavioural Incident Frequency Recording for Participant 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coded Item</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Disciplinary Problems</td>
</tr>
<tr>
<td>Possession of Unauthorized Item</td>
</tr>
<tr>
<td>Possession of Contraband</td>
</tr>
<tr>
<td>Assault on Staff - Fluids or Waste</td>
</tr>
<tr>
<td>Disruptive Behaviours</td>
</tr>
<tr>
<td><strong>Total Frequency</strong></td>
</tr>
</tbody>
</table>

Participant Feedback Form

Table 18 provides the mean ratings and standard deviations for the data collected from the Participant Feedback Form that was distributed to all participants who successfully completed the group; raw data for this measure are presented in Appendix T. Results indicated that on average the participants found the homework activities less than ‘ok’ (M = 2.3, SD = 1.2), while they unanimously rated the facilitators 4 out of 5 (M = 4.0, SD = 0). Overall, the average
rating of the group was 3.3 (SD = 0.6). In terms of the session content, helpfulness, and delivery, the average combined mean rating for all 12 sessions was 4.0 (SD = 0.3). Variability among individual ratings became more apparent for the final six sessions of the group as the standard deviations within rating of the first half of the group were smaller. Interestingly enough, the higher degree of disagreement between participant ratings was related to the more behavioural-based sessions.

Written comments provided by the participants are presented in Appendix U. Participant 1 indicated that he found value in learning about how social supports can be helpful in monitoring behaviour in addition to the different perspectives or strengths of ADHD. However, he found the material to be repetitive at times and he wished the group covered the effects that ADHD can have on social relations. Participant 2 stated that he enjoyed learning about coping skills for impulsive behaviours and organizational techniques, as well as having the participant handouts during the group sessions; however, he found the irrelevant conversations that often occurred between the participants to be disruptive. Finally, Participant 3 indicated that the most important skill he learned in the group was how to react in more appropriate ways. He noted that his learning disability interfered with his overall experience, but he found the facilitators most enjoyable.

Table 18
Mean Ratings of ADHD Group on Participant Feedback Form

<table>
<thead>
<tr>
<th>Statement</th>
<th>N</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I found the homework activities</td>
<td>3</td>
<td>2.3 (1.2)</td>
</tr>
<tr>
<td>Overall, I would rate the facilitators</td>
<td>3</td>
<td>4.0 (0.0)</td>
</tr>
<tr>
<td>Overall, I would rate this group</td>
<td>3</td>
<td>3.3 (0.6)</td>
</tr>
<tr>
<td>Introduction to ADHD</td>
<td>3</td>
<td>3.7 (0.6)</td>
</tr>
<tr>
<td>Identifying Negative Thoughts</td>
<td>3</td>
<td>4.3 (0.6)</td>
</tr>
<tr>
<td>Challenging Negative Thoughts</td>
<td>3</td>
<td>4.3 (0.6)</td>
</tr>
<tr>
<td>Mood Management</td>
<td>3</td>
<td>4.0 (1.0)</td>
</tr>
<tr>
<td>Managing Impulsivity</td>
<td>3</td>
<td>4.3 (0.6)</td>
</tr>
<tr>
<td>Anger and Impulsivity</td>
<td>3</td>
<td>4.3 (0.6)</td>
</tr>
<tr>
<td>Time Awareness</td>
<td>3</td>
<td>4.0 (1.0)</td>
</tr>
<tr>
<td>Time Management</td>
<td>2</td>
<td>4.5 (0.7)</td>
</tr>
<tr>
<td>Managing Distractibility</td>
<td>3</td>
<td>3.7 (1.5)</td>
</tr>
<tr>
<td>Problem-Solving and Task Management</td>
<td>3</td>
<td>4.0 (1.5)</td>
</tr>
<tr>
<td>Getting and Staying Organized</td>
<td>3</td>
<td>3.3 (2.1)</td>
</tr>
<tr>
<td>Review</td>
<td>2</td>
<td>4.0 (1.4)</td>
</tr>
</tbody>
</table>
Overview of Results

As complete sets of pre-, post-, and follow-up data were only collected from two of the four participants, the results of this study were required to be presented in the form of case studies and no statistical analyses could be carried out to evaluate the effectiveness of the group. In order to view the results in a more integrated manner, Table 19 provides a summary of all four participants’ results on the ADHD Self-Report Symptom Form, the WFIRS-SR, and the DASS.

Table 19
Total Scores on ADHD Self-Report Symptom Form, WFIRS-SR, and DASS

<table>
<thead>
<tr>
<th></th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Pre 20, Post 20, Follow-up 15</td>
<td>Pre 34, Post 24, Follow-up 27</td>
<td>Pre 44, Post 11</td>
<td>Pre 37</td>
</tr>
<tr>
<td>WFIRS*</td>
<td>1.9, 1.3, 0.8</td>
<td>1.5, 1.1, 1.1</td>
<td>1.6, 1.8, 1.2</td>
<td></td>
</tr>
<tr>
<td>DASS</td>
<td>74, 49, 17</td>
<td>101, 79, 61</td>
<td>53, 80, 27</td>
<td></td>
</tr>
</tbody>
</table>

Note. * Total mean score.

Additionally, Table 20 presents an overview of the frequency recording for all participants’ behavioural incidents within the penitentiary before, during, and after the implementation of the CBT group.

Table 20
Behavioural Incident Frequency Recording for All Participants

<table>
<thead>
<tr>
<th></th>
<th>6 Months Prior to Group</th>
<th>Month 1 of Group</th>
<th>Month 2 of Group</th>
<th>1 Month Post-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Participant 2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Participant 3</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Participant 4</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>
Chapter V. Discussion

Summary

With approximately 14% of adult offenders currently experiencing the on-going symptoms of ADHD, it is not surprising that this group of individuals is at a higher risk for involvement in criminal activity (Rösler et al., 2009). Impairments related to executive functioning, hyperactivity, and impulsivity are often exacerbated by the prison environment itself, making it difficult for offenders with ADHD to manage their symptoms in a productive manner (Grieger & Hosser, 2012). As a result, offenders with ADHD are not only more difficult to manage from a security perspective, but they often experience poor outcomes in rehabilitation programs due to a lack of accommodations for their needs and as such are likely to encounter difficulties upon release (Young et al., 2011). At the time of this thesis, there was no current standardized program being utilized by the Correctional Service of Canada to remediate the symptoms experienced by this population. For this reason, a cognitive-behavioural therapy group to teach compensatory skills to offenders diagnosed with ADHD was developed, implemented, and subsequently evaluated. It was hypothesized that a group of this nature would produce three main benefits: a reduction in ADHD symptoms, a reduction in functional impairment, and a reduction in comorbid issues related to depression, anxiety, and stress. Furthermore, it was hypothesized that the implementation of a CBT group would provide preliminary evidence supporting a decrease in the participants’ frequency and severity of behavioural disturbances within the institution.

To evaluate the effectiveness of the above hypotheses, a pre, post, and follow-up testing procedure was utilized with three self-report questionnaires. Participants 1 and 2 were able to successfully complete the group and the measures at each of the assessment periods. Participant 3 was successful in completing the group however, due to his instability at the follow-up period only pre and post measures were collected. Further, as Participant 4 did not meet the requirements of the group, the facilitators agreed that he was unsuccessful in completing the group and as such, only pre-group measures were collected from him.

The results from the ADHD Self-Report Symptom Form seem to support the hypothesis that a CBT group focusing on compensatory skills to remediate deficits associated with ADHD would result in lower self-reported frequencies of ADHD symptoms. Although the statistical significance of the changes could not be assessed due to insufficient data, Participants 1, 2, and 3 reported decreased ADHD symptoms at the post-group assessment period; however it is imperative to note that the substantial decrease in Participant 3’s symptoms may be held accountable to his diagnosis of bipolar disorder. Furthermore, gains were maintained for Participant 1 and 2 at the follow-up assessment 7 weeks later; although Participant 2’s follow-up score had increased slightly from his post-group score, improvements were nonetheless maintained in comparison to pre-group levels. Additionally, even though Participant 4 did not successfully complete the CBT group, there was evidence to suggest a decreasing trend in his ADHD symptoms.

Results from the WFIRS-SR demonstrated mixed support for the hypothesis that the participants’ self-reported severity of functional impairment would decrease as a product of participating in the ADHD group. For Participants 1 and 2, both reported a reduction in mean functional impairment from pre to post-group with a continuation or maintenance of improvement at the follow-up assessment. On the contrary, mean functional impairment for
Participant 3 actually increased from pre- to post-group. The worsening of impairment on this measure may be accounted for by the participant disclosing that he was in a depressive episode associated with his bipolar disorder at the time of the post-group assessment. As previously mentioned, the WFIRS-SR is designed to measure functional impairment in a variety of domains that have developed over the course of time due to deficits associated with ADHD. Since the ADHD group was implemented over a relatively short period of time, it is cautioned that improvements demonstrated on the WFIRS-SR may not reflect stable or marked change in the participants’ areas of impairment. Since impairment may be characterized by persistent difficulty in a specific area, it is suggested that prolonged and repeated practice of the compensatory skills taught in the CBT group would further diminish the level of functional impairment for offenders diagnosed with ADHD.

Data collected from the DASS measure also demonstrated mixed support for the hypothesis that the implementation of a CBT group for ADHD would decrease the frequency of comorbid issues, such as depression, anxiety, and stress, stemming from continuous cycles of underachievement, failure, and rejection. Participant 1 reported marked improvement from pre-to post-group on subscales of depression, anxiety, and stress; furthermore, all scales were in the ‘normal’ range at the 7-week follow-up. Improvements were also demonstrated by Participant 2. With the exception of depression which remained in the ‘extremely severe’ category across all assessment periods, anxiety reduced to the ‘normal’ range and stress scores remained in the ‘moderate’ range at the follow-up assessment. In comparison, results from Participant 3 do not follow the patterns of those for Participants 1 and 2. All scores on the DASS increased from pre-to post-group indicating a worsening in comorbid issues. Again, changes within this variable may be attributed to the participant’s self-disclosed experience of a depressive episode at the time of the post-group assessment.

Results from the behavioural incident frequency recording provided preliminary evidence to suggest that the number of behavioural incidents increased for three of the four participants during the implementation of the ADHD group during either the first or second month of the group but then reduced to frequencies of either 1 or 0 in the month following the completion of the group. For Participant 1, it is important to note that although his behaviour was more disruptive during the course of the ADHD group, afterwards, the severity of his behaviour was less than it was prior to his participation in the group. Additionally, Participant 2 was the only one of the four studied whose behavioural incidents reduced during both months of the group and he was the only participant who was not placed in segregation at any point in the group; however it is noted that he was involved in one incident in the month following. Although the frequency of behavioural incidents during the group increased for three of the four participants, it is interesting to note that during the month following the completion of the group, behavioural incidents reduced in frequency and severity for all three participants. This finding supports current research which suggests that the characteristics of ADHD itself cause direct increases in the frequency of behavioural incidents within a correctional setting and because of this relationship, it can be expected that problems in this area are likely to respond to forms of treatment that aim to reduce the severity of symptoms associated with ADHD (Young et al., 2011). Since the program designed for the purpose of this thesis aimed to teach offenders compensatory strategies for dealing with impulsivity, emotion dysregulation, and low frustration tolerance, one possible explanation for the reduction in behavioural incidents upon completion of the group is that participants became more aware of strategies that could be utilized to reduce the interference of ADHD symptoms on their thoughts, emotions, and behaviours.
In terms of acceptability and feasibility, results from the Participant Feedback Form indicated that in general the participants found the overall experience of the ADHD group to be acceptable and helpful with suggestions for future improvement. One apparent finding was the variability between perceived usefulness of the cognitive-based and behavioural-based sessions. Participants expressed more mutual agreement about the former, which covered skills related to identifying and challenging negative thoughts and mood management than they did for the behavioural-based sessions. One possible explanation for this difference in variability is that the cognitive sessions were more collectively relatable for all of the participants. Given that the group manual was designed to target skill deficits associated with both inattentive and hyperactive-impulsivity subtypes of ADHD, a group comprised of combination of subtypes may find some sessions less relatable or relevant than others that specifically address their personal need areas. As such, a recommendation for future implementations of the group would be to screen participants prior to their involvement to recruit those who are of the combined-subtype so that skills taught in the group are equally relevant to the participants.

Based on the evaluation of this program, this thesis provided preliminary evidence to suggest that a CBT group for offenders diagnosed with ADHD has the potential to be effective in reducing ADHD symptom severity, functional impairment, and comorbid issues that characterize adult ADHD in an offender population. In comparison to other studies which examined the effectiveness and feasibility of a CBT group with typically higher functioning adults in the community, the exploratory nature of this study showed promise that, despite some barriers unique to the offender population, a CBT group may be an effective way to assist offenders in developing compensatory strategies to help alleviate impairments in executive functioning, impulsivity, distractibility, and emotion regulation that negatively affect behaviour within the institution.

Strengths

A major strength of this thesis was that it was based on a strong empirical foundation. The development of the CBT group was guided by a review of the literature related to adult ADHD and the link between ADHD and criminality. Furthermore, the curriculum of the group was chosen based on the empirical findings from various populations that were considered to be core areas of impairment for individuals diagnosed with ADHD. Therefore, the use of a CBT group was considered to reflect ‘best practices’ within this specific population both in terms of treating adult ADHD and incarcerated offenders. An additional strength of this thesis was the pre-, post- and follow-up assessment design and the comprehensive breadth of assessment measures that allowed for the investigation into maintenance of gains at the 7-week period following the completion of the CBT group.

Limitations

Despite the potential value of this thesis, there were some limitations worth noting. The main limitation of the study was the small sample size and the difficulties associated with collecting outcome measures for all of the participants which led to an inability to perform statistical analyses on the effects of the CBT group in relation to the dependent variables. Due to issues with security and behavioural incidents during the course of the study, data collection was difficult and ultimately points to the requirement for replication. This suggests that another
limitation to this study was the lack of a randomized control design. As such, it was difficult to conclude with confidence that changes in the dependent variables were a result of the CBT group alone. An additional limitation to this study was the lack of control for changes in participants’ medications as they remained under the care of their individual psychiatrists during the course of the study.

A final limitation to the procedures utilized in this study was the use of self-report measures to assess outcome variables. One concern with the self-report measures was that participants could determine socially desirable responses as all items on the questionnaires rate the severity of the variables in one direction, implying that a higher score indicates more severe problem. The possibility of selecting socially desired responses is especially concerning in a correctional setting as improvement in groups can influence offenders’ progress reports and release timelines. A further limitation to the use of self-report measures was the possibility of responding bias toward one side of the scale or item severity. Ultimately the use of self-report measures had the potential to reduce the overall validity of the data collected and subsequently the obtained findings. Ideally, consistent behavioural observations by correctional staff members would provide a more objective assessment of changes in participants’ behaviour related to ADHD.

Multilevel Challenges to Service Implementation

Client. One of the biggest challenges of implementing a CBT group for offenders was addressing some of the participants’ lack of motivation to make efforts in applying the skills taught in the group to their lives outside of the classroom, or to see the practicality of the skills in relation to their long-term goals. Since adherence to homework is a predictive outcome for adults diagnosed with ADHD who are receiving CBT (Yovel & Safren, 2006), the repetition of new skills is particularly critical in terms of maximizing and maintaining gains in treatment. Participants needed to be strongly encouraged to attempt the homework activities as a means to promote the implementation of the strategies. However, low motivation, anti-social attitudes, or low self-efficacy resulting from continuous cycles of underachievement, failure, or stress associated with coping with symptoms often impeded the use of compensatory skills for some participants inside and outside of the classroom. Additionally, individual differences related to learning style had an impact on the participants’ experiences within the group; while some were considered to be strong readers, those who were not as literate or had most difficulty with attention were often those who displayed the lowest motivation to face the challenge of implementing new skills. It is important for facilitators to identify these barriers prior to implementation and develop strategies to circumvent them to ensure that each participant has the potential to be successful within the group.

Program. At the program level, one of the biggest challenges related to the limited time constraints of the placement. While the CBT group is intended to be delivered once per week for two hours, in order to ensure that all sessions were held for the prescribed amount of time during the placement period the group was condensed to allow for two sessions per week. While this was beneficial for the purposes of the study, the strain of conducting two sessions of new material each week was not ideal for participants to retain and utilize the skills in a thorough and productive manner. With a population that requires repetition to develop skills, an ideal implementation of the group would consist of weekly group sessions to teach new material and
review previous skills as well as an individual component to be held between sessions for participants to spend more in-depth time with a facilitator to focus on individual progress and barriers.

**Organization.** Conducting a pilot CBT group in a maximum security prison poses several challenges. On a security level, the movement of offenders can often cause challenges to group member selection as all participants must be screened as compatible to be in the same program as each other as well as be moved around the institution at the same time in order to minimize risk to security. In general, the day-to-day functioning of the prison often impeded the running of the CBT group; with little prediction, a range may be locked down preventing participants to attend the group session or on some occasions the entire prison is locked down, stopping the movement of all offenders and subsequently cancelling all groups scheduled to run. In situations such as this where the circumstances are uncontrollable, it is imperative for the facilitators to adopt a flexible approach to the implementation of the group. Because of these potential barriers, facilitators are encouraged to utilize the manual in a flexible manner; sessions can be conducted individually or in a group setting.

**Society.** Working with this population and implementing a CBT group has challenges on the societal level. For offenders diagnosed with ADHD incarcerated at maximum security prisons, it is likely that the environment itself, characterized by few planned activities, confined physical space, lack of privacy, and poor social interactions, places them at higher risk for involvement in a number of behavioural disturbances and poor program outcomes. This type of behaviour often deems offenders with ADHD difficult to manage and a potential security risk. Because of the deficits associated with ADHD, offenders’ poor institutional behaviour within maximum security has the potential to interfere with their abilities to utilize strategies or even attend groups geared towards rehabilitation. As such, implementing a group of this nature might be better suited for offenders who are at a lower security facility with more flexibility and unstructured time to implement skills. However, this also poses a challenge related to the Risk-Needs-Responsivity model (Bonta & Andrews, 2007); offenders need to demonstrate stable behaviour to even cascade down to a lower-security facility which is unlikely if their need for intervention is not met while they are still dealing with major risk, need, and responsivity issues in maximum security. As such, offenders who are diagnosed with ADHD and are unable to productively manage their symptoms may be less successful in completing rehabilitation programs while incarcerated and may be at an increased risk to reoffend when released into the community.

**Contribution to the Behavioural Psychology Field**

As professionals in this field consistently expand the existing literature through the development of interventions adapted to the specific needs of their clients, this study served to contribute to the field by successfully adapting existing effective treatments for adult ADHD (Roberts & Jansen, 1997; Safren et al., 2005; Solanto, 2011) to meet the needs of the Canadian correctional population at the maximum security level. This study has provided preliminary evidence to suggest that a CBT group, specifically the one designed for the purposes of the study, may be effective in increasing offenders’ abilities to manage symptoms of ADHD that negatively affect behaviour within the institution, decreasing functional impairments, and coping
with comorbid depression, anxiety, or stress. Furthermore, this study added to the growing body of literature because the accompanied manual provides correctional mental health care staff an empirically-based standardized intervention tool that has the potential to improve offenders’ adaptive functioning, preparedness for core correctional programming, and overall quality of daily functioning.

**Recommendations for Future Research**

It is recommended that future research involving the implementation of the accompanied CBT group for offenders diagnosed with ADHD incorporate the following suggestions. Foremost is the need to further examine the potential effectiveness of the group on the dependent variables assessed in this study either through a replication of the group or a randomized control group that makes effort to control for medication use. In terms of participant selection, it is recommended that future facilitators conduct preliminary screening of participants to assess which stage of change and level of motivation participants are currently functioning at in order to determine willingness to adopt the skills discussed in the group. It is also recommended that future facilitators assess participants based on which subtype of ADHD they are diagnosed with. The CBT group is designed to address deficits associated with both subtypes and therefore, it is predicted that participants who experience a combination of inattentive and hyperactivity-impulsivity symptoms may find the content of the group more relevant and thus more likely to utilize compensatory skills.

It would also be beneficial for future research to investigate the effects of this CBT group in different correctional settings, including varying security levels, as well as with the female offender population. Future research would benefit from examining the effect of the CBT group depending on the percentage of group sessions and/or individual sessions participants attend, and the percentage of homework assignments participants complete. This would allow for a better evaluation of participant engagement and its impact on the effectiveness of the group. As noted in the limitations of the study, future implementation of the CBT group should be structured to allow for a more intensive delivery of session content, ideally ensuring that participants receive individual sessions each week in conjunction to the group sessions.

A final recommendation is for facilitators to continually adapt the treatment to the individual needs of the participants as repetition fosters retention of what is learned. Thus, facilitators are encouraged to incorporate various learning strategies, such as role plays, at varying paces to aid in the promotion and generalization of compensatory skills in the participants’ lives.
References


Appendix A: Waitlist Letter

Thursday October 11th 2012
Name:
FPS #:
Re: Impulsivity and Self-Management (ADHD) Group

Mr. __________________,
We appreciate your motivation and willingness to participate in the Impulsivity and Self-Management (ADHD) group. However, we regret to inform you that we are unable to accommodate you in the initial running of this group. Please note that we will add your name to a waitlist and ensure that you are contacted about future groups.

Thank you again for your interest.

____________________________
Melissa Rose
Placement Student
Psychology Department
Kingston Penitentiary

____________________________
Kirsten Barr, M.A.
Offender Counsellor
Psychology Department
Kingston Penitentiary
Appendix B: Confirmation Letter

Monday October 1\textsuperscript{st} 2012
Name:
FPS #:
Re: Impulsivity and Self-Management Group

Thank you for your interest in the Impulsivity and Self-Management Group. We would like to inform you that you have been selected to participate. The group will begin this Tuesday, October 2\textsuperscript{nd} 2012, in room 119B in C&D Corridor at 1:00 p.m. The group will typically be held twice per week, on Tuesday and Friday afternoons at 1:00 p.m. for approximately 5 to 10 weeks (depending on institutional logistics).

Thank you again for your interest.

Kirsten Barr, Offender Counsellor
Melissa Rose, Placement Student
Psychology Department, Kingston Penitentiary
Appendix C: Informed Consent Document

St. Lawrence College
100 Portsmouth Ave.
Kingston, Ontario K7L 5A6

Informed Consent Document

Dear participant,

You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at the Kingston Penitentiary (KP). As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this study being done?

My study is designed to evaluate the effectiveness of a therapy program geared towards helping you manage symptoms associated with ADHD. Through the course of this study, you will have the opportunity to learn effective ways to stay organized, plan and prioritize your time, manage your medications, and overcome emotional obstacles.

If you choose to take part in the study, you will attend up to approximately 10 weekly meetings. They will be held in either the psychology department or an interview room at KP and will run for about two hours each, including breaks. Before the first session is held, you will be asked to complete three questionnaires that take about five to ten minutes each to complete. You will be asked to complete the same questionnaires at the end of the study after the last session, and again one month later. Once the study has begun, there will be weekly take-home exercises for you to work on about the skills taught that day for you to bring back to the next session and share.

The study also aims to examine changes in behavioural incidents within the institution before, during, and after your participation in the group. Even if you consent to joining the study, you do not necessarily have to consent to this particular element.

What are the potential benefits of taking part?

Benefits of taking part in this research study include having the opportunity to learn more about what it means to have ADHD and having the opportunity learn new skills that you can use in your everyday life to better manage feelings of impulsivity and inattention. An extra benefit of joining the group is that official reports about your participation and progress will be placed in your case file which can be accessed by your parole officer and other case management officials.

What are the potential benefits of this research study to others?

The potential benefits of this research study to others include helping to determine if others would benefit from participating in a similar program to the one offered here.
What are the potential disadvantages or risks of taking part?
Risks from taking part in this research study are minimal but you may experience physical and emotional stress since you are learning how to use skills that might be new to you. The important thing to remember is that practice makes perfect.

What happens if something goes wrong?
If you find that you are having difficulty with something either talked about during a session or something that resulted from a session, you are always able to talk to me or my supervisor about any questions or concerns you have.

Will my information you collect from me in this project be kept private?
I will make every attempt to keep any information that identifies you strictly confidential unless required by law or if it is part of institutional policy to bring it to someone else’s attention. The consent forms and completed questionnaires will be kept in your psychology file, in a locked filing cabinet in the locked psychology department at Kingston Penitentiary. The documents will be kept there until your Warrant Expiry Date (WED), in which case they will be transferred to National Headquarters for an indefinite period of time. Any information on the computer will be password protected. You will not be identified by name in any reports, publications, or presentations resulting from this project.

Do you have to take part?
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you decide to take part, you will be asked to sign this consent form. If you decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects.

Contact for further information
The Research Ethics Board at St. Lawrence College has approved this project. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me or my placement supervisor Kirsten Barr (613-536-6683).

Consent
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be kept in the psychology department at Kingston Penitentiary.

Sincerely,

Melissa,
Placement Student
By signing this form, I agree that:

✓ The study has been explained to me.
✓ All my questions were answered.
✓ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that I will receive a signed copy of this consent form.

OPTIONAL: I consent to the access, review, and evaluation of my documented behavioural incidents in my case file and on the Offender Management System (OMS) for the use of this study. I also understand that no personal or identifying information from these reports will be utilized in the study.

_____ Yes, I consent.

_____ No, I do not consent.

I hereby consent to take part in this study.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Printed Name</th>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix D: Consent for Use of Agency Name, Personal Name, and Logo

I, ____________________________, consent to the use of the following items in Melissa Rose’s applied thesis for the Bachelor of Applied Arts in Behavioural Psychology program at St. Lawrence College.

_____ the use of the names “Kingston Penitentiary” and/or “Correctional Service of Canada”

_____ the use of my name, Kirsten Barr, M.A.

_____ the use of the logo from the Correctional Service of Canada

__________________________________________  __________________________________________
Agency Staff Signature                      Student Signature

__________________________________________  __________________________________________
Printed Name                                Printed Name
Improving Symptom Management in Offenders Diagnosed with ADHD

A Cognitive-Behavioural Therapy Group Manual

Co-Developed By:
Kirsten Barr, M.A., Offender Counsellor
&
Melissa Rose, B.A.A. in Behavioural Psychology
4th Year Placement Student
St. Lawrence College
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PART I

INTRODUCTION
INTRODUCTION

PURPOSE OF THE MANUAL & RATIONALE

This manual was designed to provide correctional staff with a session-by-session guide to a 12-session treatment group for incarcerated offenders diagnosed with attention-deficit/hyperactivity disorder (ADHD). The contents of this group are geared towards areas of impairment typically experienced by individuals diagnosed with adult ADHD, such as impulsivity, organization, and planning skills. It is assumed that improvement in these various areas will foster an overall reduction in symptom severity, functional impairment, and co-morbid anxiety or depression.

It is imperative to note that the group outlined in this manual was not designed to replace any existing program offered by the Correctional Service of Canada. Rather, it is meant to serve as a preparatory, adjunct, or booster group to complement other existing programs.

DESCRIPTION OF CONTENTS

Below is a brief overview of each topic covered in the group. Session content and format for this group was adapted from the works of Solanto (2011), Safren, Sprich, Perlman, and Otto (2005), and Roberts and Jansen (1997) to meet the specific needs of incarcerated offenders diagnosed with ADHD.

Session 1: Introduction to ADHD

This session is intended to introduce participants of the group to each other and to the facilitators. Participants will learn about the purpose, process, and topics to be covered throughout the course of the group. They will also be provided with information regarding the nature and diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) as well as the cognitive-behavioural approach to ADHD.

Session 2: Identifying Negative Thoughts

This session is intended to educate participants about the formation of negative thinking patterns that may arise as a result of their experiences with ADHD. Participants will learn how these patterns can affect their lives. An additional topic covered during this session is that of mindfulness and the practicality of its use for individuals with ADHD.

Session 3: Challenging Negative Thoughts

This session is a continuation from the previous session. Participants will learn how to challenge different types of negative thinking patterns that will assist in the changing of their thinking styles. These skills are considered useful in helping to change mood and behaviour as well.
Session 4: Mood Management
This session is intended to educate participants about improving mood awareness. Participants will be given the opportunity to track changing moods and learn how to use adaptive coping skills to better manage mood shifts.

Session 5: Managing Impulsivity
This session introduces participants to one of the most difficult symptoms associated with ADHD. Information is provided on the nature of impulsivity and how low frustration tolerance and negative thinking can increase the frequency of impulsive behaviours. Participants are taught how to identify personal triggers, patterns of impulsive behaviours, how to avoid risky situations, and how to create a prevention plan.

Session 6: Anger and Impulsivity
This session is a continuation from the previous session. Participants are introduced to the link between anger and impulsivity which is particularly relevant given the target population. Similar to the previous session, participants will be educated about identifying personal triggers and recognizing anger patterns that lead to impulsive behaviours. The differences between anger and aggression will also be discussed as well as strategies for stopping impulsive behaviours and resolving anger.

Session 7: Time Awareness
This session is intended to help participants understand what time awareness is and how it is affected by ADHD. Participants will learn about specific skills that will improve time awareness, such as time estimation, activity logs, planners or calendars, and scheduling.

Session 8: Time Management
In this session, participants will have the opportunity to learn specific skills that will allow them to make the most of their time. The session will focus on why prioritizing is important, how to decide on priorities, and determining the importance or urgency of priorities. This will be accompanied by exercises related to generating “To-Do” lists and other time management techniques.

Session 9: Managing Distractibility
This session will focus on skills and techniques that can be utilized to manage distractibility. Participants will be educated about procrastination and how to use activation as a motivation tool. The session will also focus on improving attention span, staying focused and, suppressing distracting thoughts until more convenient times.

Session 10: Task Management
This session is intended to teach participants how to break down large or difficult tasks into manageable parts. Participants will also generate personal reward lists to be used as contingent reinforcement when they complete each part of a complex task. Participants will also be encouraged to utilize skills from previous sessions to assist in improving task management, such as time estimation and activity logs.
Session 11: Getting and Staying Organized
In this session, participants will discuss the importance of getting and staying organized. They will also have the opportunity to learn how to prepare, implement, and maintain an organizational system that is appropriate to their individual needs.

Session 12: Review
During this final session, there will be a review of all of the key concepts and skills learned throughout the group. Participants will receive tips for future planning and for staying motivated. They will be encouraged to self-evaluate their progress in the group and formulate a plan for their future needs.

PARTICIPANT CHARACTERISTICS

This group is intended to be used with adult offenders, age 18 years and older, currently serving a federal sentence of two or more years at a penitentiary. It is also necessary that all participants possess a documented diagnosis of attention-deficit/hyperactivity disorder (ADHD) from a registered mental health professional. Participants should also display a need to develop skills in executive functioning, such as time management, task management, organization, and planning. Additionally, participants should demonstrate literacy skills at the grade 6 level in order to facilitate material comprehension.

FACILITATOR CHARACTERISTICS

This group is intended to be facilitated by correctional staff with experience running and delivering similar groups. It is also recommended that facilitators possess a familiarity with behavioural and cognitive-behavioural principles and be able to apply them to issues related to ADHD. Facilitators should also be able to establish rapport with the participants, generate discussion, and anticipate barriers during session delivery. It is also essential that facilitators be enthusiastic and engaging in order to instill hope that change is possible in the participants. They should also be able to positively reinforce participants for their efforts and gently but firmly encourage them to continue practicing the strategies taught within the group for desired change.

FORMAT OF GROUP SESSIONS

Sessions in this group are intended to be held once per week for approximately two hours each. Several sessions, as indicated in the facilitator notes, may require an additional session in order to cover all necessary content. Participant numbers should range from a minimum of three offenders to a maximum of six in order to minimize the level of distractibility within the group. It is also recommended that two facilitators be present during each session of the group.

Each session follows the same structure and format. Facilitators begin each session with a mindfulness activity to relax participants and get them focused for the session. Next, facilitators will review material covered in the previous session and go over the accompanying homework requirements. The new material and skills will then be presented and discussed. The session will
end with a review of the new material and the presentation of new homework activities.

The room selected for this group is ideally well-lit, well-ventilated, and free from any distractions. Participants should be provided with a chair and desk to allow for writing during mindfulness activities or in-session note-taking.

All materials and homework activities for each session is provided in the facilitator notes section of this manual. Homework activities are located at the end of each session chapter. Facilitators will need to photocopy these in advance. Additionally, facilitators will also need to photocopy the accompanying participant handouts for each session.

The contents included in the facilitator notes are meant to act as a guideline for suggested discussion. The facilitators are encouraged to elaborate on provided material, add additional information to the session, and utilize the flipchart as necessary to emphasize specific points and key diagrams.

In order to protect the confidentiality of the group members, it is recommended that facilitators refer to the group as an “Impulsivity and Self-Management” group rather than an “ADHD” group. This will protect confidentiality regarding specific diagnoses in all documents potentially viewed by other staff members or inmates.

ASSESSING SYMPTOM CHANGES

There are three measures included in this manual that can be used to assess changes in ADHD symptoms among the participants throughout the group. The measures should be administered to each participant in a meeting prior to the first session and again after the last session. Results from the measures should then be compared from the pre-test to the post-test to determine if the participants have made a marked improvement. Each measure is detailed below.

The ADHD Self-Report Symptom Form1 (Appendix A) requires participants to rate 18 symptom items on a 4-point Likert scale. Participants should be instructed to complete this form based on their experiences within the week prior to filling it out. Facilitators may choose to administer this measure in a pre-post group fashion or as a weekly homework component to monitor symptom changes throughout the duration of the group.

The Weiss Functional Impairment Rating Scale – Self Report ²(WFIRS-S; Appendix B) assesses areas of impairment that may overlap with symptoms associated with ADHD. Participants are asked to rate how their emotional and behavioural problems within the last month have affected the items in each category. Facilitators are to distribute this measure before the initial group session in a preliminary meeting and once again when the final session of the group has been delivered.

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1 Adapted from Barkley & Murphy (1998) and World Health Organization (2003)

2 Weiss, 2000
The **Depression, Anxiety, and Stress Scale**³ (DASS; Appendix C) measures the severity of symptoms related to depression, anxiety, and stress. Participants are asked to rate each item on a Likert scale ranging from zero to three depending on how relevant the statements are to their current states. It is suggested that participants complete this form based on their experiences within the week prior to filling it out. Facilitators are to distribute this measure before the initial group session in a preliminary meeting and once again when the final session of the group has been delivered.

³ University of New South Wales, n.d.
PART II
SESSIONS
Session 1 – Introduction to ADHD

This session is intended to introduce participants in the group to each other and to the facilitators. Participants will learn about the purpose, process, and topics to be covered throughout the course of the group. They will also be provided with information regarding the nature and diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) as well as the cognitive-behavioural approach to ADHD.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Paper folder for each participant
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ What Does ADHD Look Like?
✓ Summary and Homework sheet

Diversion Objects

Diversion objects, such as Playdough, gel, putty, or stress ball, may be distributed to each member of the group prior to the session. Inform participants that these objects are to use at their disposal should they feel as though they are beginning to get restless during the session. These objects provide participants with an alternative behaviour to engage in rather than an impulsive behaviour that might disrupt the rest of the group.

Group Introductions

Begin by having each participant introduce himself to the rest of the group and to the facilitators. Ask each participant to answer the following questions based on their personal experiences with ADHD:

1. At what age were you first diagnosed with ADHD?
2. At what age did you suspect you might have a condition like ADHD?
3. What problems – if any – do you think having ADHD might have led to in your life?
Determining Group Goals

Open up the floor to the participants. Ask them what their hopes are for the group and about which areas of impairment they specifically wish to target. For instance, some participants may be interested in reducing impulsivity while others may be more concerned with learning practical skills to stay organized.

Overview of the Group

The group consists of 12 topics that aim to teach participants about the nature of ADHD and skills to help manage some of the symptoms of ADHD that tend to interfere with daily living. The group will be held once per week for approximately two hours per session.

Typical Session Schedule

1. Mindfulness exercise
2. Review of previous session and homework
3. Presentation of new material
4. Summary/review of session
5. Presentation of homework

Group Rules and Expectations

Ask the participants to brainstorm group rules and expectations to ensure that everyone has a positive experience while attending the group. If the participants are finding it difficult to generate ideas, discuss the following with them:

- What behaviours will make this group enjoyable and successful?
- What behaviours will make this group difficult?

Write the participants’ ideas on the flipchart as they are generated and agreed upon. While the majority of the rules and expectations should be brainstormed by the participants, through the facilitators’ direction the following rules should be established:

✓ I will bring all of my materials to every session.
✓ I will attempt to complete all of my homework.
✓ I will respect the group leaders and other group members.
✓ I will not judge or insult others.
✓ I will not engage in behaviours that keep others from learning.
✓ I will only provide positive feedback to other group members.
✓ I will respect the privacy of the other group members by keeping what is discussed during the sessions confidential.

If necessary the facilitators may decide to have participants sign a behavioural contract outlining the group rules and expectations. The participant’s signature would be required to
demonstrate agreement of the contract and the consequences agreed upon if the rules are violated.

Group Focuses

This group has two major features that shape the approach taken to learn new skills to help manage symptoms of ADHD.

Cognitive-behavioural focus:

- What we do is influenced by what we think and how we feel
- Cognitive refers to our thinking – both conscious thoughts and automatic thoughts we have but may not notice
- We will look at thinking styles that people with ADHD often have that can hold them back

Skills-building focus:

- Your brain may work differently than other people’s brains – that doesn’t mean it doesn’t work at all!
- We will learn skills that will help you compensate for some of the problems associated with ADHD
- We will also encourage you to use the strengths you have to help you learn these skills and make changes
What Does ADHD Look Like?

Distribute the “What Does ADHD Look Like?” handout to each participant. Ask them to look over the handout and generate appropriate titles for each category of characteristics associated with ADHD. If they show difficulty in brainstorming titles, direct them to “positive characteristics or strengths” for the first category and “negative characteristics or weaknesses” for the second category.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creativity</td>
<td>Moodiness</td>
</tr>
<tr>
<td>Sense of humour</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Lack of inhibition</td>
<td>Memory problems</td>
</tr>
<tr>
<td>High-level energy</td>
<td>Sleep disturbances</td>
</tr>
<tr>
<td>Ability to hyper-focus</td>
<td>Disorganization</td>
</tr>
<tr>
<td>Willingness to take risks</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Ability to read people quickly</td>
<td>Low self-esteem</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Social difficulties</td>
</tr>
</tbody>
</table>

- ADHD makes it hard for you to slow down or speed up when you need to
- You may have problems inhibiting impulses – i.e., not saying what is on your mind or doing what you are thinking of right away
- It causes problems regulating energy levels and attention

**Diagnosing ADHD**

- 6 or more symptoms of inattention OR 6 or more symptoms of hyperactivity/impulsivity
- Some symptoms were present before age 7
- Some impairment from symptoms is present in 2 or more settings (e.g., work and home)
- There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning
- The symptoms do not occur exclusively during the course of another disorder and are not better accounted for by another mental disorder

---

*American Psychiatric Association, 2000*
For ADHD to be considered a medical diagnosis, the problem must be significantly distressing and significantly interfering in an individual’s life.

➢ “Significantly distressing” – causes emotional distress or pain
➢ “Significantly interfering” – problem is disruptive in a person’s life (e.g., work, school, relationships)

There are three major types of ADHD symptoms:

- **Hyperactivity** – feel like you’re driven by a motor, restless, can’t sit still, always on the go, fidgety

- **Inattention** – easily distracted, difficulty organizing, bored easily, problems switching from one task to another, problems planning, difficulty concentrating, can’t do boring or unappealing tasks

- **Impulsivity** – interrupt often, answer questions before person finishes asking them, blurt out inappropriate comments, act before thinking, do things you later regret, have difficulty waiting

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**MODEL OF ADHD**

![Diagram of ADHD model](image)

**Core impairments in**

- attention
- inhibition
- self-regulation (impulsivity)

**History of**

- failure
- underachievement
- relationship problems

**Negative thoughts and beliefs** (e.g., negative self-statements, low self-esteem)

**Mood problems**

- depression
- guilt
- anxiety
- anger

**Failure to use compensatory strategies**

- organizing
- planning (e.g., task list)
- managing procrastination, avoidance, distractibility

**Functional impairment**

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5 Safren, Sprich, Perlman & Otto, 2005
This diagram demonstrates how significant impairments in inattention, hyperactivity, and impulsivity can lead to a history of failure and underachievement, which fosters negative feeling and thoughts about oneself. In turn, people with ADHD often experience mood problems such as depression, anxiety and anger because of an inability to use compensatory strategies to overcome skill deficits. As a result, functional impairment is developed in a number of areas of life, making day-to-day living difficult for those diagnosed with ADHD.

The model is further broken down into three core elements. These elements support the cognitive-behavioural model of ADHD, outlining how behaviour can influence thoughts, which can then in turn influence feelings.

**Behaviours:**
- Core impairments in attention, inhibition, self-regulation (impulsivity)
- History of failure, underachievement, and relationship problems
- Failure to use compensatory strategies such as organizing, planning, managing procrastination, avoidance, and distractibility

**Thoughts (Cognitions):**
- Negative thoughts and beliefs (e.g. negative self-statements, low self-esteem)

**Feelings:**
- Mood problems, such as depression, guilt, anxiety, and anger
Cognitive-Behavioural Model

- Changing thoughts can change behaviours (the outcome)
- Changing thoughts can change how you feel about things
- Changing how you feel about things can change your behaviour (the outcome)
- Changing your behaviour can change how you feel and what you think

SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

Here is an overview of the session:

- ADHD starts in the brain.
- ADHD is experienced differently by each person.
- The 3 major types of ADHD symptoms are: impulsivity, inattention, and hyperactivity.
- There are strengths to having ADHD as well, such as creativity, sense of humour, and high energy level.
- ADHD can affect thoughts, moods, and behaviour – and changing any one of these can change all of them!

HOMEWORK

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Introduction to ADHD Exercise
What Does ADHD Look Like? Handout

1. ___________________ (What would you title this group of characteristics?)

- **Creativity**
  - Can I think in some creative ways?
  - What was a good idea I had recently?
  - How do I express my creativity? (E.g. music, dance, art, drama, writing, cooking, gardening, sewing, computing, mechanics, carpentry, sports, etc.)

- **Sense of Humour**
  - Do I have a pretty good sense of humour?
  - Can I make others laugh?
  - Do I laugh at the humour of others?

- **Spontaneity**
  - Have I ever benefited from being spontaneous?
  - What was the best situation in which being spontaneous benefitted me?

- **High-level Energy**
  - Do others comment on my high energy level?
  - Do I feel the need to be moving?
  - What have I spent a lot of energy on lately?
  - Where would I like to focus my energy?

- **Ability to Hyperfocus**
  - Can I remember a time when I was so focused that I did not hear what was going on around me?
  - On what tasks do I hyperfocus?
  - How do I feel after an experience of hyperfocusing?

- **Willingness to Take Risks**
  - What risks have I taken lately?
  - Have I benefitted from taking risks?
  - What risks would I like to take in the future?

- **Ability to Read People Quickly**
  - Can I see through people’s “facades” and assess their true motivations?
2. _________________________ (What would you title this group of characteristics?)

- **Moodiness**
  - Do I have highs and lows that I can’t control?

- **Substance Abuse**
  - Do I use alcohol or drugs as a means of feeling better or fitting in with others?

- **Memory Problems**
  - Do I often have trouble remembering directions, names, dates, facts, or what I’m supposed to do?

- **Sleep Disturbances**
  - Do I often have trouble falling or staying asleep at night?

- **Disorganization**
  - Do I have trouble getting or staying organized in my personal or work life?
  - Do I often procrastinate/put things off till later?

- **Anxiety**
  - Do I get anxious often?

- **Low Self-Esteem**
  - Do I feel that I haven’t accomplished as much as I should?

- **Social Difficulties**
  - Do I have a hard time making and keeping relationships with others?

- **Depression**
  - Depression is a problem I would like to work on.

Introduction to ADHD Homework

Name: ______________________  Date: ______________________
Time Started: ________________  Time Finished: _______________

1. Based on what we discussed in today’s session, what feeling or combinations of feelings are you experiencing about being diagnosed with ADHD?
___________________________________________________________________________
___________________________________________________________________________

2. Think of the positive changes you want to make in your life. What are the reasons you decided to participate in this group?
___________________________________________________________________________
___________________________________________________________________________

3. What was the hardest thing for you about growing up with ADHD?
___________________________________________________________________________
___________________________________________________________________________

4. What would you say now to help someone if they had ADHD?
___________________________________________________________________________
___________________________________________________________________________

5. What positive qualities or inner strengths do you feel you have developed as a result of having ADHD?
___________________________________________________________________________
___________________________________________________________________________

Session 2 – Identifying Negative Thoughts

This session is intended to educate participants about the formation of negative thinking patterns that may arise as a result of their experiences with ADHD. Participants will learn how these patterns can affect their lives. An additional topic covered during this session is that of mindfulness and the practicality of its use for individuals with ADHD.

MATERIALS
- Flip chart and coloured markers
- Facilitator notes
- Participant notes
- Photocopies of in-session handouts and homework
- Pens or pencils
- Playdough (enough for every participant)
- Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS
- Examples of Negative Thinking Patterns
- Summary and Homework sheet

MINDFULNESS ACTIVITY
1. Give each participant an individual sized container of Playdough.
2. Ask participants to close their eyes and mold the Playdough into the shape of any animal they desire.
3. Give them three minutes to complete the task.
4. Ensure that the Playdough is returned at the end of the activity.

Ask the group what they thought of the activity. What animals did they choose to make and why?

MINDFULNESS EXPLANATION

Use the following questions to generate a discussion about mindfulness:
- What is mindfulness?
- Why should we practice it?
- How will it help me?
Mindfulness means…

- **Choosing and learning** how to control your focus of attention
- **Awareness** – like the whole sky – with thoughts being acknowledged, but not reacted to – like clouds drifting across the sky
- **In the moment** – staying out of the past and future
- **Not judging** – not criticizing or reacting to thoughts or distractions

Why use mindfulness techniques? How can mindfulness help people with ADHD?

- Can help you learn to focus your attention
- Can help slow your thinking
- Can help you decrease negative or self-critical thoughts
- Is shown to help symptoms of depression and anxiety

**REVIEW OF PREVIOUS SESSION**

- Group rules and expectations
- Cognitive-behavioural focus
- Skill-building focus
- Diagnosing ADHD
- Cognitive-behavioural model of ADHD

**REVIEW OF HOMEWORK**

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

**PRESENTATION OF NEW MATERIAL**

**Automatic Thoughts**

*Definition:* Thoughts that occur automatically in response to a given situation. They are referred to as “automatic” because we don’t create them; they are based on our core beliefs. Core beliefs are beliefs we have about ourselves and the world we live in.
To demonstrate core beliefs, ask the participants to finish the following statements:

- I am …
- Others are/should …
- The world is …

When we understand how our automatic thoughts create our feelings and, in turn, our behavior, we can try to change our automatic thoughts and our deeply-held core beliefs.

Ask the participants to generate positive or more appropriate core beliefs if they identified negative ones earlier.

- I am …
- Others are/should …
- The world is …

<table>
<thead>
<tr>
<th>How does this person likely feel on a daily basis?</th>
<th>How does this person likely feel on a daily basis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- I am … a good person.</td>
<td>- I am … worthless.</td>
</tr>
<tr>
<td>- Others are … generally nice.</td>
<td>- Others are … out to get me.</td>
</tr>
<tr>
<td>- The world is … a fascinating place.</td>
<td>- The world is … a threatening, dog-eat-dog place.</td>
</tr>
</tbody>
</table>

The person in column one likely feels happy or positive on a daily basis. His or her core beliefs portray most things in an optimistic approach. However, the person in column two has a fairly negative perspective about him or herself and the world. Therefore the person in column two is likely to approach various events in life with hostility and negativity.

- Core beliefs are learned starting very early, usually beginning in childhood.
- We get information about the world around us starting from when we are babies.
- We get messages and feedback from others that shape our core beliefs.
- These core beliefs then influence the kind of automatic thoughts that we have.

Below are examples of the types of automatic thoughts that someone who has generally positive core beliefs may have:

<table>
<thead>
<tr>
<th>Core Belief</th>
<th>Automatic Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am...a good person</td>
<td>Someone would be happy to hang out with me.</td>
</tr>
<tr>
<td>Others are...generally nice.</td>
<td>He didn’t mean to bump into me; he probably just didn’t see me.</td>
</tr>
<tr>
<td>The world is...a fascinating place.</td>
<td>This arena is crowded, but I enjoy people-watching.</td>
</tr>
</tbody>
</table>
Alternatively, below are examples of the types of automotive thoughts that someone who has generally negative core beliefs might have:

<table>
<thead>
<tr>
<th>Core Belief</th>
<th>Automatic Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am...worthless.</td>
<td>She would never go on a date with me.</td>
</tr>
<tr>
<td>Others are...out to get me.</td>
<td>He is trying to chat me up – he must want something.</td>
</tr>
<tr>
<td>The world is...a threatening, dog-eat-dog place.</td>
<td>This arena is crowded. This is a dangerous place. I need to get out of here.</td>
</tr>
</tbody>
</table>

**Negative Automatic Thoughts**

As we saw in the ADHD model, people with ADHD often have past experiences of failing to accomplish tasks or of being less successful in certain areas than other people (e.g., at school). These negative experiences can lead to self-critical core beliefs and negative automatic thoughts. These people can also experience negative emotions as a result – depression and/or anxiety.

- **Depression** might be seen if a person has given up trying to accomplish some tasks – they may feel that they will certainly fail so there is no point. This can lead to feelings of hopelessness.

- **Anxiety** may be seen if a person is afraid of failing, especially having others witness a failure, and so might cause them to avoid some tasks.

The negative automatic thoughts that people with ADHD often have can end up making sure they don’t succeed – especially if the thoughts prevent them from trying!

Negative automatic thoughts are often inaccurate – there are certain types of negative thinking patterns that can lead to these negative emotions and experiences.

* Distribute the “Examples of Automatic Negative Thoughts” handout to each of the participants.

**Negative Thinking Patterns**

Below is a list of negative thinking patterns that can lead to negative emotions and experiences.

<table>
<thead>
<tr>
<th>Negative Thinking Pattern</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overgeneralization</td>
<td>Emotional reasoning</td>
</tr>
<tr>
<td>Filtering/Disqualifying the Positives</td>
<td>Mind reading</td>
</tr>
<tr>
<td>All-or-nothing thinking</td>
<td>Fortune Telling</td>
</tr>
<tr>
<td>Personalizing</td>
<td>“Should” statements</td>
</tr>
<tr>
<td>Catastrophizing</td>
<td>Magnification/minimization</td>
</tr>
</tbody>
</table>

---

6 Roberts and Jansen, 1997
Ask participants the following questions to examine their negative thinking patterns; if no one has identified a negative thought, perhaps use an example from the “Examples of Automatic Negative Thoughts” handout.

- What is the evidence that this thought is true?
- Are there any different possible explanations for this thought?
- What is the worst that could happen if this thought is true?
- Have you let the situation become more “important” than it really is?
- What would “Nice You” say about this situation?
- What would a good friend say to you about this situation?
- What would you say to a good friend if he was going through this situation?
- Have you done what you can to control the situation? If you did anything else, would it help or make things worse?
- Are you worrying too much about this?
- Why is this thought a thinking error/distorted thought?
- Does this thought help you at all in the situation?

SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

Here is an overview of the session:

- We all have automatic thoughts.
- These thoughts help us process information about the world, but sometimes they can be unhelpful.
- There are different negative thinking patterns – which are specific types of negative automatic thoughts.
- We need to learn to be aware of these thoughts so that we can change them!
HOMEWORK

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Identifying Negative Thinking Patterns Exercise

Answer Key for Identifying Negative Thinking Patterns Exercise:
1-D, 2-B, 3-C, 4-J, 5-E, 6-G, 7-A, 8-F, 9-I, 10-H
Examples of Negative Thinking Patterns Handout

One of the basic assumptions of the cognitive model that underlies much of the broader positive psychology model is that the way we think about things is important in determining how we feel. Further, there are times when our thoughts are unhelpfully negative. Recognizing these ANTS is the first step in learning to change them. Here are some of the more common types of negative thoughts.

(1) **Overgeneralization**: Coming to a general conclusion based on a single event or one piece of evidence. If something bad happens once, you expect it to happen again and again. Such thoughts often include the words “always” and “never”.

   E.g. *I didn’t finish my homework for group today. I never do things right.*

(2) **Filtering (Selective Abstraction)**: Concentrating on the negatives while ignoring the positives. Ignoring important information that contradicts your (negative) view of the situation.

   E.g. *I know my counsellor said that most of my homework was well done, but she also said that there were a few mistakes in it. She must think I’m not very smart.*

(3) **All or Nothing Thinking (Dichotomous Reasoning)**: Thinking in black and white terms (e.g. things are right or wrong, good or bad); a tendency to view things at the extremes with no middle ground.

   E.g. *I can’t concentrate on this work. I must be stupid.*

(4) **Personalizing**: Taking responsibility for something that’s not your fault; thinking that what people say or do is some kind of reaction to you, or is in some way related to you.

   E.g. *Bob just walked by my cell and looked up at me with a scowl on his face. I must have done something to make him angry.*

(5) **Catastrophizing**: Overestimating the chances of disaster; expecting something unbearable or intolerable to happen.

   E.g. *I missed one meeting with my parole officer because I was feeling sick. I can’t call her now. She’s going to send me back to prison – I just know it.*

(6) **Emotional Reasoning**: Mistaking feelings for facts; negative things you feel about yourself are held to be true because they feel true.

   E.g. *I feel worthless, so that must mean I am worthless.*
(7) **Mind Reading:** Making assumptions about other people’s thoughts, feelings, and behaviours without checking the evidence.

E.g. *Bob is talking to Jim out in the yard a lot lately – that must mean they are going to gang up on me. I could tell Bob didn’t like me the first time we spoke.*

(8) **Fortune Telling Error:** Anticipating an outcome and assuming your prediction is an established fact. These negative expectations can be self-fulfilling: predicting what we would do on the basis of past behaviour may prevent possible change.

E.g. *I’ve always been impulsive. I’ll never be able to change. I’ll be sure to fail so there’s no point in even trying.*

(9) **Should Statements:** Using “should”, “ought”, or “must” statements can set up unrealistic expectations of yourself and others. It involves operating by rigid rules and not allowing for flexibility.

E.g. *I shouldn’t get angry. People should always listen to me.*

(10) **Magnification/Minimization:** A tendency to exaggerate the importance of negative information or experiences, while trivializing or reducing the significance of positive information or experiences.

E.g. *Sure Tom offered to replace that book of mine, but it still doesn’t make up for the fact that he lost it.*

Identifying Negative Thinking Patterns Exercise

Name: _______________________  Date: _____________________
Time Started: _______  Time Finished: _______

Read the statements containing a negative thinking pattern. Write the number corresponding to the type in the blank space.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel worthless. That means it must be true.</td>
<td>A. Filtering</td>
</tr>
<tr>
<td>2. If I don’t get organized, I’ll go crazy.</td>
<td>B. Catastrophizing</td>
</tr>
<tr>
<td>3. I’ll never get organized.</td>
<td>C. Overgeneralization</td>
</tr>
<tr>
<td>4. Sure I said I was sorry, but it still doesn’t make up for the mean things I said.</td>
<td>D. Emotional Reasoning</td>
</tr>
<tr>
<td>5. I can tell he doesn’t like me.</td>
<td>E. Mind Reading</td>
</tr>
<tr>
<td>6. She’s so much better at this than I am.</td>
<td>F. “Shoulds”</td>
</tr>
<tr>
<td>7. Two Bs and a C. I’m failing here.</td>
<td>G. Personalization</td>
</tr>
<tr>
<td>8. People should be more tolerant.</td>
<td>H. All-or-Nothing</td>
</tr>
<tr>
<td>9. I’ll be sure to fail, so there’s no point in even trying.</td>
<td>I. Fortune Telling</td>
</tr>
<tr>
<td>10. I can’t concentrate on this work. I must be stupid.</td>
<td>J. Magnification/Minimization</td>
</tr>
</tbody>
</table>

Session 3 – Challenging Negative Thoughts

This session is a continuation from the previous session. Participants will learn how to challenge different types of negative thinking patterns that will assist in the changing of their thinking styles. These skills are considered useful in helping to change mood and behaviour as well.

MATERIALS
- Flip chart and coloured markers
- Facilitator notes
- Participant notes
- Photocopies of in-session handouts and homework
- Pens or pencils
- Diversion Objects (Playdough, gel, putty, stress ball etc.)
- A blank piece of paper for each participant

IN-SESSION HANDOUTS
- Challenging Negative Thinking Patterns
- Summary and Homework sheet

MINDFULNESS ACTIVITY

This mindfulness activity is to get participants to visualize and concentrate on the specific details of an image as well as to be mindful of what their hands are drawing.

1. Give each participant a blank piece of paper and a pen.
2. Ask participants to close their eyes and draw a self-portrait. Remind them to keep their eyes closed.
3. Give participants three minutes to complete the exercise.

Ask participants to examine their own self-portrait. Use the following questions to generate discussion about the mindfulness exercise:
- What was it like to draw a picture with your eyes closed?
- What did you focus on? What did you visualize?
- Were you able to get all of your facial features in the correct places?
REVIEW OF PREVIOUS SESSION

- People develop their ideas about themselves, others, and the world starting in childhood, from feedback they receive from parents, siblings, friends, teachers, and others.

- People with ADHD may receive more negative feedback than others, so they can develop more negative views of themselves.

- They can also develop certain inaccurate or negative thinking patterns.

- These may contribute to negative emotional symptoms and unhelpful behavioural reactions.

- We went through a list of the different types of negative thinking patterns (see Identifying Negative Automatic Thoughts handout from Session 2: Identifying Negative Thoughts).

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

This session is a continuation of Session 2: Identifying Negative Thoughts and is designed to build upon the materials previously discussed.

Negative Automatic Thoughts

It is important to realize that automatic thoughts are often opinions, not facts. Because these thoughts are not necessarily accurate, we can learn to challenge them, and change them, replacing them with more rational thoughts. A more rational thought is something you can tell yourself in order to feel better about the situation.

A rational response does not necessarily ignore what may be truly negative aspects of a situation, but challenges whether your thinking has made it more negative than it really is. You can ask yourself questions to test whether you have blown the situation out of proportion. For example, what is the evidence this thought is true? Am I worrying too much over this?

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7 Roberts and Jansen, 1997
The rational response should be more **objective** than a negative automatic thought, and should be a more **helpful** way of looking at things (i.e. it will help you deal with the situation rather than making it worse).

*Distribute “Challenging Automatic Negative Thoughts” handout to each of the participants.*

**Challenging Negative Thinking Patterns**

*Below are the definitions for the negative thinking patterns listed above. For each term, try to have participants brainstorm examples of each distortion. If they have difficulties in doing so, guide them to the examples provided in the “Examples of Negative Thinking Patterns” handout.*

**Overgeneralization**

Overgeneralization is defined as drawing false general conclusions from one particular situation. It is the tendency to generalize about your abilities and experiences without enough evidence for your conclusion. These thoughts often include the words *always* or *never*.

➢ *How to Challenge:*
   - What is the evidence?
   - How do I know that for sure?
   - Do other people agree?

**Filtering or Disqualifying the Positives**

Filtering or disqualifying the positives is defined as only concentrating on the negative while ignoring the positive. This creates a view of the world as a frightening and hostile place and it can create anger and anxiety.

➢ *How to Challenge:*
   - Is there some non-threatening part of this situation?
   - Is there anything positive that I’m overlooking?
   - Would others think the same about the situation?

**All-or-Nothing Thinking**

All-or-nothing thinking is defined as viewing things at the extremes only, with no middle ground (black-and-white thinking with no shades of grey).

➢ *How to Challenge:*
   - Try to put the situation in the middle ground of a continuum (e.g., on a scale of 1-100)
   - Try to imagine the absolute extremes (the worst and best that could happen) and then compare your situation to the extremes to see that it falls somewhere in the middle.
**Personalizing**

Personalizing is defined as assuming responsibility for something that is not really your fault. It also involves thinking that what happens somehow relates to you, and is a comment on you.

- **How to Challenge:**
  - What is the evidence that you are responsible?
  - Could another person in the situation have something on their mind that is unrelated to me?
  - What or who else could possibly have caused this?

**Catastrophizing**

Catastrophizing is defined as assuming that the worst is going to happen or overestimating the likelihood that the situation will end in a catastrophe. It also involves assuming that the outcome will be unbearable or intolerable.

- **How to Challenge:**
  - What are the possible outcomes to this situation other than what I am predicting? (Think of as many possible alternate outcomes as you can)
  - What is the worst that could happen?
  - Even if the worst happened, would it be as bad as I’m assuming?
  - Try to imagine what you could do to help the situation even if the worst happened.

**Emotional Reasoning**

Emotional Reasoning is defined as mistaking feelings for facts or assuming something is true just because you believe it is true.

- **How to Challenge:**
  - What is it about the situation that is upsetting me?
  - What is the evidence that it is true?
  - Is it possible someone else would think differently than me?
  - What would I tell my best friend in the same situation?

**Mind Reading**

Mind reading is defined as assuming you know what someone else is thinking, feeling, or going to do. It also refers to making snap decisions based on your assumptions about others and usually involves projecting your own fears, anxieties, or beliefs onto others.

- **How to Challenge:**
  - Ask for clarification – ask them what they are thinking or feeling.
  - What is the evidence?
  - How do I know they are thinking/feeling/doing this?
Fortune Telling

Fortune telling is defined as predicting a certain outcome and assuming that your prediction is a fact. It often involves an assumption that the worst will happen and can create a self-fulfilling prophecy (‘‘set yourself up for failure’’).

➢ How to Challenge:
   - Is it really as bad as I am thinking?
   - How likely is it that what I am thinking will happen?
   - How often does the worst really happen?
   - Are there other outcomes that could happen, and how likely are they?
   - Am I being realistic in my predictions?
   - Try to tolerate the uncertainty of not making predictions – try to just “go with the flow” and see what happens.

“Should” Statements

“Should” statements are defined as believing that you or others “should” or “have to” behave in particular ways. This creates unrealistic expectations for yourself and others as you are playing by rigid rules and not allowing for flexibility.

➢ How to Challenge:
   - Why? Why should someone do what I expect?
   - Who says they have to?
   - Try substituting “should” statements with “could” or “I would prefer it if people would” statements. Then realize that your preference isn’t a rule – nothing says that what you prefer has to happen (we all have preferences, after all…).

Magnification/Minimization

Magnification/minimization is defined as the tendency to exaggerate the importance of negative things and reducing the importance of positive things. This includes inflating your faults and trivializing your strengths or accomplishments.

➢ How to Challenge:
   - What would Nice Me/my best friend say?
   - Is my assessment of the importance of the negative and positive really accurate or realistic?
   - Would somebody else see this situation differently?
SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

- There are some negative thinking patterns that are often seen in people with ADHD.

- These thinking patterns can keep people “stuck” – stuck in unhelpful behaviour patterns, and also stuck with depressive, anxious, or angry moods.

- It is important when trying to make behaviour changes to learn how to identify and challenge these negative thoughts.

- Challenging these thoughts involves asking yourself questions – asking what the evidence for and against the thought is, asking if other people would think the same in the situation, asking if you might be making the situation bigger than it needs to be, asking if there might be explanations other than what you believe that could account for the situation, and asking if the thought is helpful for you or for the situation.

- Even if there is some truth to the thought you are having, going through this questioning can help you figure out if the negative thoughts are keeping you stuck, and if replacing them with different thoughts might help you get unstuck.

- You can “trick” your brain into being less “reactive” – that is sometimes helpful to the situation.

- “Don’t just do something, stand there!!”

HOMEWORK

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- 7-Column Thought Change Record
Challenging Negative Thinking Patterns Handout

Although we all have unhelpful thoughts from time to time, and although we are not always very aware of them, the good news is they can be changed and that by challenging or questioning these thoughts, you can feel happier and more in control. Practice the following simple steps:

1. **Be aware** of what you are saying to yourself. Ask yourself:
   - “What is going through my mind?”
   - “What is it about this situation that is upsetting me?”

2. **Challenge your thoughts.** Remember, just because you think something doesn’t mean it’s true. Ask yourself:
   - Is this thought helpful?
   - Am I being realistic?
   - Is this an example of one of the common automatic negative thoughts?

3. Consider the following strategies and ask yourself some of these questions:

   - **Look for evidence:**
     - What’s the evidence for and against my thought?
     - Am I focusing on the negatives and ignoring other information?
     - Am I jumping to conclusions without looking at all the facts?

   - **Search for alternative explanations:**
     - Are there any other possible explanations?
     - Is there another way of looking at this?
     - How would someone else think if they were in this situation?
     - Am I being too inflexible in my thinking?

   - **Put thoughts into perspective:**
     - Is it as bad as I am making out? What is the worst that could happen?
     - How likely is it that the worst will happen? Even if it did happen, would it really be that bad? What could I do to get through it?

4. **What is a more helpful thought?** Ask yourself:
   - What can I say to myself that will help me remain calmer and help me achieve what I want to achieve in this situation?

## 7-Column Thought Change Record

<table>
<thead>
<tr>
<th>Event/Situation</th>
<th>Automatic Thoughts</th>
<th>Feeling/Emotion</th>
<th>Negative Thinking Pattern</th>
<th>Evidence that does not support the thought</th>
<th>Alternative Thought</th>
<th>Feeling/Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>What were you doing? What happened?</td>
<td>What thoughts were going through your mind?</td>
<td>What emotions were you experiencing? Use one word responses (E.g. sad, angry). Rate from 0-100%</td>
<td>Overgeneralization Filtering All-or-nothing Personalizing Catastrophizing Emotional Reason Mind-reading Fortune-telling Shoulds Magnification</td>
<td>Is there any evidence to show that this thought might not be true?</td>
<td>What is your new thought about the situation based on the evidence?</td>
<td>What emotions are you experiencing now? Rate 0-100%</td>
</tr>
</tbody>
</table>

Session 4 – Mood Management

This session is intended to educate participants about improving mood awareness as people with ADHD often experience very intense moods that can fluctuate quickly. As people with ADHD can also be more reactive to environmental and interpersonal events, participants will discuss how mood can influence their reactions to specific situations. Participants will be given the opportunity to track changing moods and learn how to use adaptive coping skills to better manage mood shifts.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ A blank piece of paper for each group member
✓ Distraction Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Identifying Emotional Signs
✓ Summary and Homework Sheet

MINDFULNESS ACTIVITY

Each participant will require a blank piece of paper and a pen or pencil. Have participants trace their left hand on one side of the blank page, and their right hand on the other side. Then, instruct participants to follow the directions below:

1. Lay your left hand, palm up, on the table in front of you.
2. With your right hand, draw the details of your left hand onto the outline of the left hand – lines, joints, interesting fingerprint patterns, etc.
3. Now switch – lay your right hand on the table.
4. With your left hand, draw the details of your right hand onto the outline of the right hand.

Ask the following questions to generate discussion about the mindfulness activity:

• What did you notice about your hands as you were drawing them?
• What did you notice when you drew with your right hand? And with your left hand?
REVIEW OF PREVIOUS SESSION

- It is important when trying to make behaviour changes to learn how to identify and challenge the negative thought patterns that can interfere with you accomplishing your goals.

- Challenging these thoughts involves asking yourself questions – asking what the evidence for and against the thought is, asking if other people would think the same in the situation, asking if you might be making the situation bigger than it needs to be, asking if there might be explanations other than what you believe that could account for the situation, and asking if the thought is *helpful* for you or for the situation.

- Even if there is some truth to the thought you are having, going through this questioning can help you figure out if the negative thoughts are keeping you stuck, and if replacing them with different thoughts might help you get unstuck.

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

- People with ADHD are often very closely tuned in to their environments (sometimes even hyper-vigilant). This can result in their having very strong or intense reactions to emotional events.

- Some reactions may be tied to a specific triggering event, but sometimes they might have no explanation at all – this can be confusing and frustrating.

- Having these kinds of reactions can result in mood swings – feeling up, happy, excited, revved up one minute, and let down, upset, irritable the next.

- Some emotional intensity might be necessary for you to get going – on a project, on your day, etc. But having wild mood swings can get in the way of accomplishing your goals.

- Learning to manage your moods is an important skill to help you succeed in many areas of life.
Managing Your Mood Involves:
1. Recognizing your moods (i.e., are you sad, angry or scared? Happy, excited, or stressed?)
2. Recognizing any mood-shift patterns you have.
3. Learning to anticipate the shifts or mood swings.
4. Learning to manage the intensity and frequency of the moods.

Recognizing Your Moods:
- We don’t always know how we feel – we need to know what we can feel to know how we feel.
- Know basic words for your moods.
- All emotions come with body responses, thoughts, behaviours.
- If you can learn your own individual pattern of body responses, thoughts, and behaviours associated with specific moods, you can understand better what your own moods are in the moment.
- When we can’t tell how we feel, it can be frustrating, sometimes overwhelming.
- Frustration can also contribute to making the mood worse.

Distribute the “Identifying Emotional Signs” handout to participants. This handout may also be utilized as an In-Session Exercise to introduce participants to the various bodily responses, thoughts, and behaviours associated with six common emotions.

Recognizing the Patterns of Your Moods:
- Do your moods follow patterns?
  - Do you get irritable when you are hungry?
  - Do you get sad when you finish a big project?
  - Do you get agitated or restless when your medication wears off?
  - Do you get happy just before you call your family?
- If you keep track of your moods over time, and what is going on when you feel each mood, you can start to identify patterns.

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8 Roberts and Jansen, 1997
Anticipating Mood Shifts or Swings:

- Once you notice a pattern to your moods, you can take actions in advance to decrease the intensity of negative or overwhelming moods.
- You can also prolong or make use of positive moods.
- Either way, you can use techniques to decrease the impact on you of negative moods and increase the effect on you of positive moods.

Managing Intensity and Frequency of Moods:

- If you know you get irritable when you are hungry, you can eat small snacks every 2-3 hours.
- If you know you get restless and jumpy when your medication wears off, you can try to schedule exercise for that time.
- If you get happy when you call your family, you can start thinking about the call a while before it happens, and try to focus on that feeling. You could use the memory of this good feeling as a visualization exercise to cheer yourself up when you are feeling bad.

Strategies to Help Manage Your Moods

Physical Strategies:

- **Exercise** - Try to use activities that are vigorous as they can really help you “work out” the bad moods.
- **Exercise outside** – sunlight, fresh air, and green spaces can all improve your mood.
- Allow yourself to **move** while doing other activities (e.g., jiggling your feet, tapping your fingers on your leg, playing with a stress ball, etc.) – this can help keep frustration from building up during hard or boring tasks.
- Set aside “**recharging your batteries**” time each day – take a nap, a hot shower, watch TV – but designate this as a special time that you don’t need to feel guilty about.
- Set aside “**blow-out**” time during the week – pick a time when you can let loose doing something you enjoy that can help you burn off the negative (e.g., kickboxing).
- Make sure you **get enough sleep**!
**Behavioural Strategies:**

- **Leave a situation** before you lose control – take a “time-out” or “cool-down” period.

- **Take two breaths** or a sip of water before you speak when you are having an intense feeling – gives you time to “tone down” your response if it is likely to worsen the situation.

- **Try to give yourself a choice** of tasks when you can – a sense of control can help your mood (e.g., for the next hour I can work on homework or cleaning, whichever I am most in the mood for).

- **Try to avoid watching violent TV shows** or playing violent TV games, especially when you are angry – people with ADHD may be more likely to feel more aggressive during these activities.

- **Find positive things you can use to reward yourself** with when you have accomplished a task (e.g., watching your favourite – non-violent – TV show, calling a friend).

- **Schedule breaks** in long or hard activities.

**Emotional Strategies:**

- **Try to understand what causes your mood episodes** so you can develop strategies to head them off.

- **Understand and accept the “fear” of things going well** – it’s common to feel edgy when things seem too easy (“waiting for the other shoe to drop”).

- **Expect depression after success** or after completing a big project – the letdown is normal.

- **Develop a plan to deal with the “blahs” in advance** – then implement it when you start feeling down.

- **Try to develop your sense of humour**, and be willing to laugh at yourself (in a non-judgemental, non-critical way).

- **Learn how to tolerate bad moods** (e.g., distraction activities, finding simple sensory pleasures) rather than “give in” to them.
• Recognize and understand the ADHD mood cycle:
  1. Something changes in your life (for the worse or for the better),
  2. You respond with a “mini-panic” state and magnify the situation in your mind,
  3. Then you obsess about the situation (outwardly or inwardly) which can lower your mood dramatically.

• Understand the hyperfocus tendency, and distinguish between situations you can control and those you cannot.

• Learn to extend the happy or successful moments – find a cue that you can use to remember these moments, and cue yourself to remember them when things aren’t going so well.

Social Strategies:

• Schedule activities with friends – Connecting with people is a great pick-me-up.

• Join a support group – Knowing that other people struggle with similar things as you can make things feel less overwhelming or dismal.

• Don’t stay in situations with people who don’t appreciate or understand you.

Lifestyle Strategies (For Now, or Down the Road):

• Choose friends who encourage you – this will help you maintain more positive moods.

• Work hard on learning to recognize and accept positive feedback (i.e., don’t “disqualify the positive”).

• Find a way to help other people with ADHD – helping others makes us feel good (e.g., join a support group and participate, mentor a young person).

• If you tend to get “hooked” on things, find some beneficial addictions that won’t get you into trouble or make you feel guilty (e.g., exercise, artwork, home improvement projects, etc.).
SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

- People with ADHD can often experience very strong or intense reactions to emotional events.

- Having mood swings can get in the way of accomplishing goals.

- It is important to recognize your mood patterns and learn how to anticipate or manage mood changes.

- There are many ways to help manage mood swings – it’s just about finding out which ones work best for you!
  - Physical
  - Behavioural
  - Emotional
  - Social
  - Lifestyle

HOMEWORK

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Mood Monitor
## Identifying Emotional Signs

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Body Response</th>
<th>Thoughts</th>
<th>Behaviours</th>
<th>Example of when you felt this way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness</td>
<td>I can tell I feel ____ when my body...</td>
<td>I can tell I feel ____ when I think...</td>
<td>I can tell I feel ____ when I...</td>
<td>Mood rating (1-10):</td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
<td></td>
<td></td>
<td>Mood rating (1-10):</td>
</tr>
<tr>
<td>Anger</td>
<td></td>
<td></td>
<td></td>
<td>Mood rating (1-10):</td>
</tr>
<tr>
<td>Fear</td>
<td></td>
<td></td>
<td></td>
<td>Mood rating (1-10):</td>
</tr>
<tr>
<td>Shame</td>
<td></td>
<td></td>
<td></td>
<td>Mood rating (1-10):</td>
</tr>
<tr>
<td>Frustration</td>
<td></td>
<td></td>
<td></td>
<td>Mood rating (1-10):</td>
</tr>
</tbody>
</table>
# Mood Monitor

Name: ____________________                                                    Date: _____________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Feeling/Emotion</th>
<th>Mood Rating (1-10)</th>
<th>Activity or People Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Session 5 – Managing Impulsivity

This session introduces participants to one of the most difficult symptoms associated with ADHD. Information is provided on the nature of impulsivity and how low frustration tolerance and negative thinking can increase the frequency of impulsive behaviours. Participants are taught how to identify personal triggers, patterns of impulsive behaviours, how to avoid risky situations, and how to create a prevention plan.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Examples of Impulsive Behaviours
✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

This mindfulness exercise seeks to get participants actively trying to concentrate on resisting urges and/or impulses. Direct participants to follow the instructions below:

1. Sit up as straight as you can in your chair with your feet flat on the floor.
2. Keep your back tall, your shoulders square, and your hands placed in your lap.
3. Resist any urge to move for as long as you can.

Ask participants the following questions to generate discussion about the mindfulness activity:

• Notice what it feels like to resist the urge to move. What does it feel like?
• What were you thinking during this exercise?
REVIEW OF PREVIOUS SESSION

- People with ADHD can often experience very strong or intense reactions to emotional events.
- Having mood swings can get in the way of accomplishing goals.
- It is important to recognize your mood patterns and learn how to anticipate or manage mood changes.
- There are many ways to help manage mood swings – it’s just about finding out which ones work best for you!
  - **Physical**
    - E.g. Exercising, recharging your batteries, getting enough sleep
  - **Behavioural**
    - E.g. Taking a break in stressful situations, avoid violent programs
  - **Emotional**
    - E.g. Recognizing and tolerating moods
  - **Social**
    - E.g. Spending time with friends
  - **Lifestyle**
    - E.g. Helping others who have ADHD

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

Impulsivity is the tendency to **act quickly** and **without thought**. It involves not being able to stop a behaviour *before* it starts or change a behaviour once it has *already* begun.

People with ADHD often have problems controlling their impulses even though they are aware of the consequences. Impulsivity is often viewed as the most difficult symptom associated with ADHD because it can lead to trouble if it goes unmanaged.

Impulsivity problems can be expressed in **small ways**.
- E.g. Rushing through something to just “get it done” or being unable to resist buying something that you do not need

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9 Roberts and Jansen, 1997
However, difficulty controlling impulses can lead also lead to more **serious problems**.

- E.g. High-stakes gambling, yelling at someone who has upset you, or doing dangerous things on a whim

Impulsivity is also related to aggression, crime, and violence. This can often occur if an individual does not think before acting or does not examine the consequences of specific actions. Impulsivity in these areas is problematic because the ideas usually sound good at the time but can lead to serious problems either immediately or in the future.

Impulsivity can stem from a **low ability to tolerate frustrations**. If a situation is overwhelming or too difficult to tolerate, a person with ADHD might need to *relieve* the tension by engaging in something – *anything* – in order to cope with the feelings of frustration

- E.g. Blurt something out or engage in a distracting activity

People with ADHD often have a hard time being patient, waiting for things to happen and just “going with the flow”. It is all about **immediate action** and having things happen **now**.

The link between impulsivity and low frustration tolerance can create a cycle that can be difficult to break.

Most people with ADHD tend to act impulsively when they are **over-stimulated**

- E.g. When a lot is happening around you; if you are being rushed, if you are emotionally charged, or if you are tired
Identify Personal Triggers

The first step to managing your impulsivity is to become **aware** of what behaviours are likely to **trigger** your impulsive behaviour.

- **Ask yourself:** *When am I most likely to lose control and act impulsively?*
- **E.g.** When something doesn’t go your way, spending money, blurting things out, using drugs, hurting yourself, losing your temper

Recognize Triggers & Prevent Impulsive Behaviours

Once you are able to identify the situations where you are most likely to act impulsively, you can begin to **avoid** these triggers. However it is not enough to merely identify your triggers, you must assess the **conditions** that are associated with them.

- **Ask yourself:** *What was occurring during the last few times I acted impulsively?*
  - **E.g.** A lot of noise, certain people around, rushing, feeling depressed, lifestyle changes or transitions

The more familiar you become with your triggers and impulsive patterns, the more likely you will **recognize** them before you lose control and act impulsively.

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<thead>
<tr>
<th>Identify</th>
<th>• Become aware of what situations or behaviours will most likely <strong>trigger</strong> your impulsive behaviour.</th>
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<tr>
<td>Recognize</td>
<td>• Become <strong>familiar</strong> with your triggers so that you can easily <strong>recognize</strong> them before they occur and <strong>prevent</strong> yourself from making an impulsive decision.</td>
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| Prevent | • **Avoid temptation** by removing yourself from risky situations  
  • **Be prepared** by using coping skills to manage impulses and stop impulsive behaviour. |
Strategies to Prevent Impulsive Behaviours

Avoiding Temptations

Once you have identified your triggers and assessed the conditions in which your impulsivity usually occurs, it is important to eliminate as many temptations as possible.

- E.g. Do not buy alcohol if you have a problem with impulsive drinking; try taking a new route home or avoid certain people who cause you to act impulsively.

Many people have a desire to control their behaviour, even while the temptations are present. But this form of self-control is risky and might set you up for failure. In cases like this, when you are first starting to manage your impulsivity, it is best to just try and avoid any temptations that might interfere with your progress.

Ask yourself: *What changes can I make to reduce or avoid temptations?*

One of the hardest temptations to avoid are the people who act as triggers to your impulsive behaviour. If you can’t avoid them entirely, at least try to avoid being in high-risk situations around them.

- Tell them what you are trying to accomplish.
- Be prepared that they might get defensive and try to place the blame back on you; this may be through excuses, jokes, or even threats

Impulsivity Delay

One of the best ways to avoid impulsive behaviour is to purposely delay your decisions.

As mentioned earlier, the key to success is becoming aware of your triggers and when you are about to lose control. When you feel you are about to make an impulsive decision –

STOP!  Think  Talk It Over

Sometimes it is helpful to talk over a decision with someone else; it can give you an alternative perspective and more information.

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*10 Roberts and Jansen, 1997*
Even if you like to make decisions independently and don’t ask for advice very often, it will still be you making the final decision in the end.

By talking it over with someone else, you are also giving yourself more time to think about the consequences of your actions.

It is suggested that you try and give yourself 24-hours before making any impulsive decisions

- Try and sleep on it
- Generate alternatives

### Slowing Down

As previously mentioned, one of the characteristics associated with ADHD is hyperactivity – the feeling that you are driven by a motor.

When you’re constantly moving around or rushing, it becomes difficult to make smart decisions and is a perfect opportunity for impulsive behaviour.

Notice when you are starting to “speed up” and slow things down before you do something impulsive. It might be worthwhile to have a system in place for when you notice that you are starting to “speed up” so you can quickly slow yourself down.

Here are some helpful ways to help you slow down:

- Keep something nearby to keep your hands occupied
  - E.g. Worry beads, stress ball, playdough
- Take a minute to stretch your arms and legs
- Do some deep breathing exercises
- Take a walk – but keep your pace slow
- Use self-talk to tell yourself to slow down
- Ask someone to let you know if you are starting to speed up

### Controlling Impulses

Once you are able to identify your impulse triggers, you can work on controlling your urges. The best way to do this is to be prepared.

- **Identify the urge** – it might help to even give it a name that will put distance between you and the urge.
  - E.g. “I can feel my urge to fight building up”
- **Use self-talk** - if you say “it will pass” eventually it will
• **Have a replacement behaviour** – do something that is incompatible with the urge and that will help calm you down
  o E.g. exercising to relieve frustration or anger

If you absorb yourself in another behaviour the urge will eventually pass; the more often you are able to ignore urges, the weaker they will become over time.

**Visualization**

Visualization techniques can also be used to manage impulsivity. It is an effective way to help us **practice skills** by using our **imagination** to envision the proper things to say and do in a particular situation.

The good thing about visualization is that when you are actually confronted with a similar situation in real life, you’ll be able to respond in the way you have practiced; this is helpful when visualizing **how to resist impulsive situations**.

Visualization can be used for almost any scenario; just remember to relax, clear your mind, and just start to imagine yourself acting out the scene – think of it like watching a movie in your head where you are the starring role!

**IN-SESSION EXERCISE**

Try to visualize yourself resisting an urge to act impulsively to each of the scenarios below.

**Scenario:**

• You received some bad news today and you’re feeling upset – you’d really like to take the edge off so you start to think about drinking alcohol or taking drugs....

• You and a particular correctional officer do not get along. When he’s around you tend to feel so angry that you could explode. Today he is working on your range...

• A friend comes and tells you that someone else has been spreading rumours about you and talking about you behind your back....

Relax and close your eyes – now begin to imagine yourself resisting the urge to do something impulsively:

• What did you envision yourself doing? Saying?
• How did you respond?
• What would you say to resist someone who was urging you to do something impulsive?
CONTINUATION OF NEW MATERIAL

Stopping Impulsive Behaviour

For people with ADHD, it is often difficult to stop impulsive behaviour once it has already started. You might say to yourself “why stop now?” once you’ve realized what you are doing.

If you don’t stop yourself, it’s as if you are giving yourself permission to keep being impulsive. It doesn’t matter at what point you realize you’re being impulsive, just that you **stop doing it immediately.**

As soon as you realize you are being impulsive, start doing something else – an **alternative behaviour** – that is easily available.
- E.g. Exercising, stretching, deep-breathing, squeezing something

By switching to an alternative behaviour, you will begin to **associate** the new activity with the urge to be impulsive. Hopefully over time you will begin to choose the alternative behaviour instead of the impulsive one

Remember, even if you stop halfway through an impulsive behaviour, that is still an improvement!

**SESSION SUMMARY**

*Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.*

- Impulsivity is the tendency to **act quickly** and **without thought**; it is often caused by a low frustration tolerance.

- Impulsivity can be expressed in small ways, or in serious ways that can lead to life problems (e.g. crime, violence).

- Becoming aware of your impulsivity triggers will allow you to recognize when you are about to lose control so you can prevent yourself from doing something impulsive.

- You can prevent yourself from losing control by making changes in your life to avoid temptation and by taking time to think through decisions before you act on them.

- There are also different strategies to use when you feel that you are starting to “speed up” and need to calm down.
  - E.g. Deep breathing exercises, stretching, taking a walk, using self-talk

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11 Roberts and Jansen, 1997
• One of the best ways to control impulsive urges is to be prepared for them; have a plan!

• Visualization can be used to practice appropriate responses to situations that might lead you to be impulsive.

• It’s important to stop engaging in impulsive behaviours as soon as you notice yourself doing it – try to switch to an alternative behaviour to distract or calm yourself.

**HOMEWORK**

*Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.*

  o ADHD Self-Report Symptom Form (Appendix A)
  o Managing Impulsivity Exercise
Examples of Impulsive Behaviours

- Spending sprees (i.e. spending large amounts of money)
- Binge eating or drinking
- Yelling, shouting, or screaming
- Making threats against others
- Risky or unsafe sexual behaviours
- Self-harm
- Destroying property (e.g. throwing things, punching things, or “smashing up” your cell)
- Getting into physical fights
- Shoplifting
- Talking back to correctional officers or other staff
- Refusing to take your medication or refusing to go to appointments
- Gambling
- Using drugs and/or drinking alcohol
- Thrill-seeking behaviours (e.g. spontaneous activities)
- Starting romantic relationships
- Cutting people out of your life or being dismissive of others
- Interrupting others while they are speaking
- Blurting things out
- Being impatient
- Running away, disappearing, or not showing up to things without an excuse
Managing Impulsivity Exercise

Name: ______________________  Date: ______________________
Time Started: ________________  Time Finished: _______________

1. What areas are you most likely to lose control and act impulsively?
   My impulsive problem urges are:
   a. __________________________
   b. __________________________
   c. __________________________

2. Pick one of the areas above. Think of the last few times you had trouble with this issue.
   What was happening at that time?
   __________________________________________________________________________
   __________________________________________________________________________

3. What changes can you make to avoid the temptation of acting impulsively?
   __________________________________________________________________________
   __________________________________________________________________________

4. Who can you ask to let you know when you start to “speed up” and talk it over with?
   __________________________________________________________________________
   __________________________________________________________________________

5. For each urge, list another activity or behaviour you can do until the impulse passes:

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<th>Alternative Behaviour</th>
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Session 6 – Anger and Impulsivity

This session is a continuation from the previous session. Participants are introduced to the link between anger and impulsivity which is particularly relevant given the target population. Similar to the previous session, participants will be educated about identifying personal triggers and recognizing anger patterns that lead to impulsive behaviours. The differences between anger and aggression will also be discussed as well as strategies for stopping impulsive behaviours and resolving anger.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Blank piece of paper for each participant
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

1. Take out a pen and a piece of paper.

2. Now, try to write your name backwards
   • E.g. Robert -> Trebor

3. If you really want to challenge yourself, try to write your name backwards in cursive writing.
   • E.g. Robert -> Trebor
REVIEW OF PREVIOUS SESSION

- Impulsivity is the tendency to act quickly and without thought; it is often caused by a low frustration tolerance.

- Impulsivity can be expressed in small ways, or in serious ways that can lead to life problems (e.g. crime, violence).

- Becoming aware of your impulsivity triggers will allow you to recognize when you are about to lose control so you can prevent yourself from doing something impulsive.

- You can prevent yourself from losing control by making changes in your life to avoid temptation and by taking time to think through decisions before you act on them.

- There are also different strategies to use when you feel that you are starting to “speed up” and need to calm down.
  - E.g. Deep breathing exercises, stretching, taking a walk, using self-talk

- One of the best ways to control impulsive urges is to be prepared for them; have a plan!

- Visualization can be used to practice appropriate responses to situations that might lead you to be impulsive.

- It’s important to stop engaging in impulsive behaviours as soon as you notice yourself doing it – try to switch to an alternative behaviour to distract or calm yourself.

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

Anger and Impulsivity

Begin by generating a discussion about the terms ‘anger’, ‘aggression’, and ‘assertiveness’ by asking participants to brainstorm definitions and differences for the three terms. Participants may also solicit examples of each term.

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12 Roberts and Jansen, 1997
Anger is…

- A natural human emotion that usually occurs as a result of thinking that we have been mistreated, injured, or opposed by a variety of stressors.

- It can also occur when we encounter an obstacle that stops us from completing tasks or goals.

Aggression is…

- A behavioural reaction to anger.

- It is how we express our feelings of anger.

- It is often used to gain something, either through intimidation or by forcing someone to do something for you.

Assertiveness is…

- Reacting to positive and negative events without resorting to aggression or passivity.

- Asking for what you want while maintaining respect for others.

*It is important for the facilitators to stress that anger is a natural human emotion. However, reacting aggressively to external events is a choice that often leads to negative consequences. Rather facilitators should encourage the use of assertive resolution tactics throughout the session.*

**Anger and Impulsivity**

Like anybody else, people with ADHD often experience a flood of emotion; however anger tends to appear frequently and quickly in response to feelings of being overwhelmed and frustrated.

- **Ask yourself:** How do you deal with anger? Do you bottle it up? Or do you let it out in impulsive outbursts?

Anger becomes a problem when it is a constant state; it can cause mental and physical stress. If you have a generally angry outlook on life, it is more likely that you will find situations to get angry about.

Often, anger can occur so quickly that someone with ADHD may not be able to properly assess the situation and they may respond by snapping questions, giving orders, or angry outbursts (aggression and/or violence)

Anger is maintained by reinforcement – that means that you will get as angry as other people

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13 Roberts and Jansen, 1997
will let you. It’s likely that you’ve been impulsive when you were angry before and it was successful in getting you what you wanted. However angry outbursts can have the opposite effect that you want, eventually leading you down a troublesome path.

**Placing Blame**

When we get angry, we have a tendency to place blame on an external source, such as a person or an event, to help us cope with the emotions

- E.g. “It’s his fault I’m mad” or “If this didn’t happen, I wouldn’t be so angry”

Placing blame usually helps us think that the situation and our anger are out of our own control because of some other factor and it takes responsibility away from ourselves. However, this is actually an unhealthy way to deal with feelings of anger and does not reflect the truth of the situation:

You, and ONLY you, are responsible for getting angry and how you express your anger!

As long as you allow others’ actions to influence your emotions, you allow them to “control” your life as well. You have a choice to decide if you are going to be angry and if you are going to act impulsively on it.

**Identifying Anger Triggers**

The first step in controlling angry impulsive acts is to identify and acknowledge your triggers (what makes you angry). It might be helpful to ask yourself the following questions to help you identify your triggers:

- Who?
- What?
- When?
- Where?
- Why?

If you can successfully identify these triggers, you’ll be able to stop yourself before you do or say something you might regret.
Anger and Other Emotions

Anger can often disguise how you are really feeling. It’s a defence we use to protect us from feeling more vulnerable emotions, such as sadness, hurt, loss, and especially powerlessness.

- **Ask yourself:** What emotions are you *really* feeling?

If you can learn to accept some of these underlying emotions, you’ll have an easier time resolving what is truly bothering you.

Stopping the Anger Escalation

When you feel yourself starting to get angry, the most important thing you can do is to stop it – stop the escalation. Anger that you allow yourself to build up will be more difficult to manage and it might increase your chances of doing something impulsive.

If you spend a lot of time just “being angry”, you will get used to feeling that way and you’ll likely become comfortable with escalation.

The first step to take once you feel yourself escalating is to take a break – remove yourself from the situation that is causing you to get angry. Don’t be afraid to tell others that you need to take a few minutes to calm down.

Once you have taken yourself away from the situation, do something that will actually help calm you down.

- E.g. Deep breathing exercises, visualization, or any other activity that will help distract you
- Remember – use visualization to practice appropriate responses, not aggressive or impulsive ones!

Come back to the situation or problem after you have taken some time to calm down and reassess your approach.

Using Signals

Signals can also be an effective way to stop the anger escalation. Sometimes anger can happen so quickly that we aren’t even aware it happening.

In the early stages of managing anger, it might be helpful to ask someone else to “think” for you when you need to slow down. Set up a sign for someone else to use when you start to escalate (e.g. a hand gesture) that will indicate that you need to take a break.

You can also set up signals for yourself to remind you to ‘slow down’ and take a break.

- E.g. A red dot somewhere visible that will remind you to take a break if needed
Resolving Anger

Once you’ve removed yourself from an upsetting situation, the next step is to return to the problem with an alternative, more appropriate approach. Of course you want to fix the problem in a way that will benefit both you and the other people involved, minimizing as much damage as possible.

Here are some tips for generating positive solutions:

- **Ask questions** to truly understand the problem and what outcomes everyone wants.
- **Speak in a calm voice** – if you start to raise your voice, take a break.
- **Try to understand where the other person is coming from** – what is their perspective? Are there any alternative solutions you can both agree on?

If you can’t generate a positive solution, come back to it at a later time.

Sometimes our anger can escalate before we can stop it and find ourselves doing things impulsively that we may later regret. In this case, even if the damage has already been done, it is **never too late to right a wrong** – apologize for your actions and **take responsibility** for your anger.

- If you hurt someone, tell them you are sorry.
- If you damaged someone’s property, offer to pay for it to be fixed.

Even if your apology is not accepted, you have taken an important step in breaking the cycle of anger and impulsive behaviour.

**SESSION SUMMARY**

*Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.*

- Anger is highly related to impulsivity – it is important to acknowledge what triggers your anger and take responsibility for the actions that result because of it.

- You can stop your anger from getting out of control by being aware of triggers, taking a break when you feel yourself escalating, and using signals.

- Remember, you and only you are responsible for getting angry and how you express your emotions. Try to be assertive rather than aggressive. There is always a choice in how you respond or react to situations.
HOMEWORK

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Impulse Log
**Impulse Log**

Use this sheet to keep a record of your impulses and what strategies you used to stop yourself from engaging in impulsive actions.

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<td>What happened/situation:</td>
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Session 7 – Time Awareness

This session is intended to help participants understand what time awareness is and how it is affected by ADHD. Participants will learn about specific skills that will improve time awareness, such as time estimation, activity logs, planners or calendars, and scheduling.

MATERIALS
✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Watch/clock/timer
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)
✓ A planner for each participant (either monthly or daily)

IN-SESSION HANDOUTS
✓ Example of a Daily Planner
✓ Example of a Monthly Planner
✓ Example of a Weekly Schedule
✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

This activity designed to make participants aware of how they each perceive the passage of time. Ask participants to follow the directions below; as the facilitator, use a watch, clock, or timer to accurately time 60 seconds.

1. Begin by closing your eyes.
2. When you feel as though one minute has passed, open your eyes again.

Ask the following questions to generate a discussion about the mindfulness activity:
• How accurate was your judgement of time?
• Did you open your eyes before a minute had passed?
• After a minute had passed?
REVIEW OF PREVIOUS SESSION

- Anger is highly related to impulsivity – it is important to acknowledge what triggers your anger and take responsibility for the actions that result because of it.

- You can stop your anger from getting out of control by being aware of triggers, taking a break when you feel yourself escalating, and using signals.

- Remember, you and only you are responsible for getting angry and how you express your emotions. Try to be assertive rather than aggressive. There is always a choice in how you respond or react to situations.

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

What is Time Awareness?

Time awareness is the ability to estimate how much time has passed and at what rate it is passing; time awareness is often used to help us make important decisions. Take this scenario as an example of how time might be perceived by someone with ADHD:

- If you ask a highly skilled driver to estimate how fast he is driving on a beautiful, sunny day, he will most likely be able to correctly gauge how fast the car is travelling. His guess would have been based on:
  - Previous driving experience (how much pressure is needed on the pedal to reach a certain speed)
  - Peripheral vision (what you see out of the “corner” of your eye)

- However, if you ask the same driver to guess how fast the car is driving on a very foggy day, he will likely be incorrect and guess that the car is travelling much faster than it actually is! But why? Wouldn’t the feeling of the pedal under his foot feel the same on a foggy day as it would on a sunny day?

- The reason why the driver would be less accurate at guessing the speed of the car on a foggy day is because of the fog! But how did it affect the driver’s perception of how fast
the car was moving? When driving on a sunny day, the driver’s peripheral vision is filled with things passing by, such as trees, buildings, and people.

- While the driver might not notice it, he has likely built an awareness of how fast these items are passing in his peripheral vision depending on how fast he is driving the car. But when the fog hides those objects from sight and the driver can no longer see them, he loses those points of reference that made it possible for him to predict how fast the car was moving!

In this example, the facilitator should emphasize that ADHD mimics the fog that obscures the points of reference for the driver attempting to gauge his speed.

**How did the example of the driver relate to time?**

The passage of time is actually the measurement of things moving past each other; for example, the Earth moving around the Sun…days into hours, hours into minutes…etc.

Time awareness is developed through two ways:

- **Hindsight** – the ability to understand what caused or what should have happened after an event has occurred; this refers to learning from past experiences.
  - E.g. “Well my homework took longer than I expected. I thought it would only take 10 minutes but it actually required 1 hour”.

- **Foresight** – the ability to understand or predict the nature of an event before it occurs; this refers to taking our past experiences and applying them to future decisions.
  - E.g. “Since my homework took me an hour to finish last week, I’m going to schedule myself an hour to finish this week’s homework”.

Most people have a subconscious awareness of time and find time predictable. However people with ADHD often have difficulty in gauging the passage of time in two ways:

1. **Feeling like time is passing slower or faster than it actually is**
   - 5 minutes can feel like 1 hour (time = slow)
   - 1 hour can feel like 5 minutes (time = fast)

  - “Hyperfocus” - the ability to focus on a task or object of interest for a significant amount of time, blocking all else out; when this happens the brain no longer perceives little changes that signal the passage of time. It’s almost like being in a mental state of fog!

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14 Roberts and Jansen, 1997
2. **Tendency to underestimate how much time it takes to complete a task.**

   - For example, you might think a homework exercise is easy and will only take 10 minutes to complete – but when you sit down to work on it, you find it’s actually going to take you a lot longer than you thought! You are supposed to see your counsellor in 5 minutes and now your homework is not complete...

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**Becoming Aware of Time**

Improving your time awareness is a skill that takes practice, practice, practice. The key is to use visual reminders!

**Clock and/or wrist-watch:** being able to consult a clock is essential when learning how to manage your time. You don’t want to be in a situation where you have to say “I didn’t know what time it was”. By using a clock or a watch, it’s less likely that time will just slip away from you.

**Using a Planner**

When you forget about appointments, meetings, or errands that you were supposed to do, it can be frustrating for both you and the others involved. Forgetting about very important meetings, such as a meeting with your parole officer, can also be costly.

Even if you have given up on trying to keep track of appointments long ago, it is important that you start making an effort now. By starting to use a planner and having a daily schedule, you will start to build the habit of adding structure to your life.

A planner is essential to time management because it allows us to keep track of all of the things we need to get done. It is one of the most important things you can use to help you stay organized.

Your planner should be used to track key appointments, such as meetings or important dates. It can also be used to keep “to-do lists” for specific days or times.

*Distribute the Daily Planner and Monthly Planner handouts to participants.*
Guidelines for Using a Planner\textsuperscript{15}:

- **Only use one planner** and stick with it.

- **Bring your planner where ever you go** – you need to be able to refer to it easily and you never know when you might need to write something in it.

- **Write everything down in the planner.** If it’s not written down, it likely won’t get finished.

- **Always look at your planner** in the morning, afternoon, and evening. If you don’t check it regularly to help you plan your day, it’s not being used properly.

- **Set a “cue” for yourself** to check your planner. For example, when you wake up, after you eat lunch, and before bed.

**Scheduling**

Scheduling is a tool that helps you organize your time. It means planning to do specific tasks at specific times of the day to help you accomplish as much as possible. Once you have a system that works for you, try to use it every day.

*Distribute Example of a Weekly Schedule handouts to the participants.*

**Short-Term Scheduling**

Short-term scheduling refers to **making plans for the near future**. This includes writing down all of your daily appointments and tasks that you must complete.

If there is something that you weren’t able to complete, be sure to schedule it during a new time period. This will help you **structure and plan** out your day so you stay on track. Having structure eliminates the chances that you will do something you shouldn’t be doing.

Review and update your schedule daily. It might help to check it at the same time every day.

\textsuperscript{15} Solanto, 2011
Tips for Scheduling

- **Schedule tasks that repeat** or occur at the same time each day.

- Try to schedule your important activities within normal “business hours” (approx. 9am – 5pm)

- Save the evenings and weekends for relaxing or fun activities (this will help avoid temptation and distraction!)

- Plan to do the most challenging things when you are most motivated.
  - E.g. Doing homework right after group when the information is fresh in your mind

- If there is a task that you have been putting off or find difficult, schedule it during a time that you have a lot of energy.
  - E.g. If you have trouble staying focused in the evenings, plan to do your homework during the morning when you are most alert and motivated.
  - E.g. If you know that you are irritable in the morning, ask your counsellor to visit you in the afternoons.

- When you are feeling tired, try to do the easiest tasks first, or the ones which require the “least amount of thought or effort”. You can even try doing things that are fun or enjoyable.

- **Never abandon a task during a difficult part** – it might stop you from picking it back up again and completing it.

- Schedule yourself **more time than you need**. If you have a hard time getting started on a task, be prepared by giving yourself extra time to get motivated.

- Don’t forget to use the **“time cracks”** – this is the time between two tasks.
  - E.g. If you have a free 20 minutes before dinner, start reading over your homework or making a to-do list for the next day.

- If you find yourself straying from your schedule, don’t worry it happens to everyone. Don’t think negatively about it – **just look at your schedule and figure out where you need to be**.

- **Remember to schedule yourself some relaxation time**! If you don’t, you might begin to feel overwhelmed by your schedule and stop following it.

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16 Solanto, 2011
SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

- People with ADHD often have difficulties tracking how quickly time passes or how long it takes to complete tasks.

- Becoming aware of time takes practice, but there are several strategies you can use to help you improve:
  
  o Using a planner to keep track of important dates and times; remember to follow the guidelines in order to get the most out of your planner!

  o Scheduling tasks during ideal times; this will help you become aware of how much time is needed to complete each task and what you can accomplish each day.

- Wearing a watch prevents you from ever having to say “I didn’t know what time it was.”

- Having a schedule to follow adds structure to your day so you are less likely to lose track of time.

HOMEWORK

At this point, distribute the new planners to each participant. Provide an overview of the planner and the different components. Ask participants to use their new planners to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Activity Log
- Weekly Schedule
Example of a Daily Planner

Mon.
November 5th 2012
- Call my family today

Tues.
November 6th 2012
- Impulsivity & Self-Management group @ 1pm
  - Don't forget to bring symptom form to group

Weds.
November 7th 2012
- Daughter's birthday today

Thurs.
November 8th 2012
- Finish homework for group
- Appointment with my parole officer @ 9:00am

Fri.
November 9th 2012
- Impulsivity & Self-Management group @ 1:00pm
## Example of Monthly Calendar

### November 2012

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Activity Log Homework

Name: ___________________  Date: ___________________

Pick one day this week and record every activity that you do for that whole day. Remember to write something for each time slot below. This will help you track your time, see how you are spending it, and where you might need to make changes.

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<th>Time (Hourly)</th>
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**Weekly Schedule Homework**

Design a schedule in the space below based on your current activities. This will help you plan and organize your time. Remember to look at it several times each day!

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<th>Time</th>
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Session 8 – Time Management

In this session, participants will have the opportunity to learn specific skills that will allow them to make the most of their time. The session will focus on why prioritizing is important, how to decide on priorities, and determining the importance or urgency of priorities. This will be accompanied by exercises related to generating “To-Do” lists and other time management techniques.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Scheduling Priorities In-Session Exercise
✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

Ask participants to stand behind their chairs and attempt to balance on one foot as still as possible. Ask the following questions to generate a discussion about the mindfulness activity:

- What does it feel like when you are completely balanced?
- What does it feel like when you feel yourself slipping?
REVIEW OF PREVIOUS SESSION

- People with ADHD often have difficulties tracking how quickly time passes or how long it takes to complete tasks.

- Becoming aware of time takes practice, but there are several strategies you can use to help you improve:
  
  o **Using a planner** to keep track of important dates and times; remember to follow the guidelines in order to get the most out of your planner!
  
  o **Scheduling** tasks during ideal times; this will help you become aware of how much time is needed to complete each task and what you can accomplish each day.

- Wearing a watch prevents you from ever having to say “I didn’t know what time it was.”

- Having a schedule to follow adds structure to your day so you are less likely to lose track of time.

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

**Time Management**

As previously mentioned, people with ADHD often experience difficulties tracking the passage of time. But with the successful use of key organizational tools like a planner and a schedule, it will become easier for you to manage your time and get the most out of your day.

However, a planner and a schedule are just the building blocks of effective time management skills. If you have been using your planner appropriately since the last session, you may have noticed that you often have several things that you need or want to accomplish at the same time.

Multi-tasking can be difficult for people with ADHD as they might have trouble deciding which tasks are most important and which tasks can wait. Even if you are able to decide on which tasks are important, you might have a hard time sticking with it until it’s finished.
To-Do Lists\textsuperscript{17}

The first step in learning how to manage your time is to generate a list of all of the things you need to accomplish. To-do lists serve several helpful purposes:

- They clarify our thinking and organize our thoughts.
- They increase our commitment to begin or finish tasks.
- They add structure to our routine.
- They can act as memory helpers in general so that we don’t forget about an important task that we need to do.

Having a to-do list for each important area of your life can be helpful (e.g. work, home, self-care). However, having too many lists can be confusing and leave you feeling overwhelmed – try to keep the number of lists you have to a minimum.

Some people get anxious when writing a to-do list or worry that they might have forgotten to include an important task. Some may even debate over which items are worthy enough to be on their to-do list. In a situation like this, it is important to write down anything you think is relevant – remember, you can always revise the list and make changes later.

A to-do list is only useful if it is actually used. Since lists can easily be forgotten, it is important to keep the list somewhere convenient where you can refer to it often.

- **Keep your to-do list in your planner** – that way, as long as you have your planner with you, you can refer to the list quickly and easily.

- **Use colours** – a bright piece of paper will help your to-do list stand out from a lot of other white papers.

You can write your to-do list on a small piece of paper so that you can carry it around with you or you can write it on a large piece of paper. Making the list large and brightly coloured will help keep it in view – which will increase the likelihood that the tasks get completed.

Try to make daily lists of what you need to do – this will feel less overwhelming than a to-do list that you carry around week after week. Daily lists are easier to revise and will serve as feedback for how you are keeping up with everything that needs to be done.

However, a weekly to-do list might fit the nature of the task better.

- E.g. Cleaning, grocery shopping, appointments, etc.

\textsuperscript{17} Roberts and Jansen, 1997; Safren et al., 2005; Solanto, 2011
Write the date that you wrote the list down and give the list an expiration date. When that date arrives, review your list. Congratulate yourself for what you have accomplished and look at what still needs to be done.

- **Ask yourself:** *Why was I not able to finish this task?*

If the task is still important, include it on your next to-do list.

**Prioritizing To-Do Lists**

Having a to-do list is an essential tool to stay organized. However, it does not help you determine which tasks are more important or time-sensitive than others. People have a tendency to complete easier, less important tasks first. When we do this, we feel like we are getting tasks accomplished but this becomes problematic when we never end up making progress on important goals.

Prioritizing the items on your to-do list is the best strategy to ensure that you are completing the most important tasks first. Prioritizing is important for two reasons:

1. There often isn’t enough time in the day to get every task on our to-do lists completed.
2. Prioritizing is especially helpful for people with ADHD, who are likely to be impulsive and attend to whatever is most interesting in the present moment.

**Deciding What is a Priority**

There are several things that you will need to take into account when deciding which items are your top priorities:

- **Urgency/Deadlines** – when you look at your to-do list, when does each item have to be completed by? Those with the closest deadlines should be a high priority.

- **Importance** – what items are important to your short and long-term goals? A task might be important but not urgent.

- **Personal Goals** – consider your personal long-term goals and values. What do you need to do in the short-term to reap the rewards in the long-term?
  - It’s important to prioritize these goals into your daily activities in order to make sure they are actually met.
  - E.g., exercising or spending time with family

- **Efficiency** – make the most of your time by grouping like tasks together. This also includes making use of the “time cracks” in your schedule.

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18 Solanto, 2011
If you still find yourself having trouble deciding which items are a priority, just ask yourself what you would feel good about accomplishing that day. Remember, priorities can change throughout the day depending on what you manage to complete and what unexpected events arise.

By reviewing your planner, schedule, and to-do list at several points throughout the day, you can adjust your priorities as needed.

**Problem Areas When Prioritizing**

People with ADHD often run into difficulties with to-do lists and prioritizing in two main areas:

1. Wanting to reserve chunks of time to “do anything”
2. Feelings of failure if items on the to-do list are not completed by a given time period

However, it’s important to remember that in the time periods we expect to “do anything” in, we often end up doing nothing at all. This is why the use of a planner, schedule, and to-do list is so helpful.

Even on days when you don’t manage to accomplish all that you had hoped, remember that this is a new skill and that reviewing how or why tasks didn’t get completed will improve your chance of success in the future.

**How to Prioritize**

1. Make a to-do list; write down all of the tasks you need to accomplish.

2. Create a ranking system to show a task’s priority
   - E.g. 1, 2, 3; hot, warm, cold; A, B, C
   - Assign a priority ranking to each item on your to-do list.

3. Take the high priority items and put them into your planner or schedule.

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19 Solanto, 2011
Considering Importance and Urgency

Two of the most central things to consider when determining the priority of a task or activity are the importance (significance or value) of the item and/or the urgency (immediate attention) of the item. Tasks or activities can be classified using the four categories outlined below:

- **Important and urgent** – these items have the highest priority and should be completed first.
  - E.g. Submitting documents by a certain date

- **Important but not urgent** – usually considered to be long-term goals that improve our personal well-being; while they may be important in the long-run, they often get neglected or overlooked because of other daily items that are more urgent.
  - E.g. Personal relationships, exercising

- **Not important but urgent** – these are the items that we most often attend to and people with ADHD often get caught up in these demands. These items are usually things that other people need done quickly. We may look and feel busy, but we might not actually be accomplishing anything all that much.
  - E.g. Phone calls, interruptions, etc.

- **Not important and not urgent** – these items have the lowest priority and are often the most appealing or pleasant tasks. These items pose a great risk for people with ADHD as they might fall into the trap of devoting their time to these tasks and ignoring the more important ones. If that is the case, consider scheduling these items during downtime as a fun activity or removing the task from your priority list all together.
  - E.g. Reading, drawing, listening to music

**General Rating Scale**

Here is a general rating scale that you can use to prioritize your to-do list:

- “A” tasks – these are the tasks of the highest importance. They most likely need to be completed either today or tomorrow.

- “B” tasks – these tasks are of less importance and can likely be completed over the course of several days or in several steps.

- “C” tasks – these tasks are of the least importance and might be most tempting; they are likely easier or enjoyable but are not urgent.

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20 Solanto, 2011
21 Safren et al., 2005
**Tips for Prioritizing**

1. Estimate how much time it will require to complete each task and use this estimation to fit the task into your schedule.

2. Schedule uninterrupted chunks of time for tasks that might be more difficult for you to complete.

3. Schedule similar tasks together.

4. Consider your own patterns – schedule difficult tasks during times when you have the most energy.

5. Schedule easier tasks as a reward after you complete difficult tasks or alternate between the two.

6. If possible, try to do difficult tasks at the same time as enjoyable activities (e.g. Watching TV while exercising or listening to music while cleaning).

7. Limit social or fun activities to evenings and weekends.

8. Try to prioritize your to-do list each morning and stick with it, making adjustments when needed. Try to resist the urge to do things out of order!

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**IN-SESSION EXERCISE**

*Draw the following table on the flip chart.*

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*Distribute copies of the Scheduling Priorities In-Session Exercise handout to the participants. Ask participants to rate each item on the To-Do list based on the priority of each item. A simple rating system is provided on the handout for the participants to utilize.*

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22 Solanto, 2011
Then, using the table above, ask participants to appropriately schedule each item on the To-Do list based on priorities. Encourage participants to use skills from the Time Awareness session to help schedule the items into the calendar. Ask participants to provide rationale for the priority ratings they assigned to the items and the rationale behind when they scheduled each item in the calendar.

- A copy of the exercise is included in the handout section of this session for the facilitator to utilize; it contains suggested item priorities and a hypothetical calendar with the items appropriately scheduled.

SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

- Multi-tasking can be difficult for people with ADHD as they might have trouble deciding on which task is most important and which tasks can wait.

- Learning how to use a to-do list and prioritizing the items on that list are excellent tools to help you stay organized and ensure that you are attended to the most important tasks first.

- The four things to consider when prioritizing are:
  - **Urgency/deadlines** – when does each item need to be completed?
  - **Importance** – is this task relevant to my short- or long-term goals?
  - **Personal goals** – what do I need to do now to make sure I meet my long-term goals?
  - **Efficiency** – how can I make the most of my time?

- By using a ranking system, you will be able to distinguish high priority tasks from low priority tasks. This ranking system will help you transfer your to-do list into your planner or schedule.

- Remember, priorities can change throughout the day and uncompleted tasks do not necessarily mean failure.

- Learning to manage your time is a skill that takes practice and you can use the meantime to review how the skills are working for you and what changes you can make to improve!
HOMEWORK

Ask participants to use their **planners** to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Prioritizing Your To-Do List
Scheduling Priorities In-Session Exercise
Facilitator Notes

A. Highest Priority
B. Medium Priority
C. Lowest Priority

- Do homework for Friday’s ISMG session (Priority B)
- ISMG session Friday at 1:00pm (Priority A)
- Call niece for her birthday on Thursday (Priority B)
- Read new book (Priority C)
- Phone call with lawyer Wednesday at 2:30pm (Priority A)
- Mail letters (Priority B)
- Call family (Priority B)
- Meeting with parole officer on Friday at 9:00am (Priority A)
- Finish drawing and colouring picture (Priority C)
**Scheduling Priorities In-Session Exercise – Facilitator Notes**

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<td>“B” Do homework for ISMG session on Friday</td>
<td>“A” Phone call with lawyer at 2:30pm</td>
<td>“B” Call niece for her birthday</td>
<td>“A” ISMG session at 1:00pm</td>
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<td>“C” Read new book</td>
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<td>“C” Finish drawing/colouring picture</td>
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**Scheduling Priorities In-Session Exercise**

Use the rating scale below to rank the priority of each item on the to-do list.

D. Highest Priority  
E. Medium Priority  
F. Lowest Priority

- Do homework for Friday’s ISMG session _____  
- ISMG session Friday at 1:00pm _____  
- Call niece for her birthday on Thursday _____  
- Read new book _____  
- Phone call with lawyer Wednesday at 2:30pm _____  
- Mail letters _____  
- Call family _____  
- Meeting with parole officer on Friday at 9:00am _____  
- Finish drawing and colouring picture _____
**Prioritizing Your To-Do List Exercise**

Use the table below to prioritize your to-do list for the week. Be sure to give yourself a deadline to complete each task and estimate how much time you will need to schedule yourself to finish it.

Then, once you have completed each task, write down the date that you finished it.

Remember to start with the tasks that you have rated as “A” – the highest priority and work your way down the list to the “C” items!

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Session 9 – Managing Distractibility

This session will focus on skills and techniques that can be utilized to manage distractibility. Participants will be educated about procrastination and how to use activation as a motivation tool. The session will also focus on improving attention span, staying focused and, suppressing distracting thoughts until more convenient times.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

This mindfulness activity is designed to help participants become aware of the distracting thoughts that appear in their minds, especially during periods of focus or concentration. Ask participants to follow the instructions below:

1. Close your eyes and focus your attention on counting to ten.
2. If your thoughts start to wander off, start back at number one!
3. Try to concentrate long enough to count all the way to 10 without getting distracted.

Ask the following questions to generate discussion about the mindfulness activity:

- Did you find your thoughts racing during the activity?
- How many times did you have to restart counting back at 1?
REVIEW OF PREVIOUS MATERIAL

- Multi-tasking can be difficult for people with ADHD as they might have trouble deciding on which task is most important and which tasks can wait.

- Learning how to use a to-do list and prioritizing the items on that list are excellent tools to help you stay organized and ensure that you are attended to the most important tasks first.

- The four things to consider when prioritizing are:
  - **Urgency/deadlines** – when does each item need to be completed?
  - **Importance** – is this task relevant to my short- or long-term goals?
  - **Personal goals** – what do I need to do now to make sure I meet my long-term goals?
  - **Efficiency** – how can I make the most of my time?

- By using a ranking system, you will be able to distinguish high priority tasks from low priority tasks. This ranking system will help you transfer your to-do list into your planner or schedule.

- Remember, priorities can change throughout the day and uncompleted tasks do not necessarily mean failure.

- Learning to manage your time is a skill that takes practice and you can use the meantime to review how the skills are working for you and what changes you can make to improve!

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?
PRESENTATION OF NEW MATERIAL

Distractibility

For people with ADHD, losing interest in an activity once the novelty has worn off is a commonly reported problem. Losing this initial interest can lead to consistently abandoned activities or tasks and in turn, make a person vulnerable to a variety of distractions.

Distractibility also refers to the inability to filter or screen out irrelevant or unimportant things that occur around us.

Types of Distractions

Expected Distractions

Most distractions are not unexpected; in fact they are often events that you might even be able to predict.

- E.g. Food carts rolling by your cell, count, etc.

For people with ADHD whose brains seek constant stimulation, ordinary or common sounds can also be distracting.

- E.g. Other inmates talking on the range, music playing, TV shows, etc.

Inner Distractions

Expected distractions can also come from within you. These are the urges that make you feel like you want to take a break from a boring task.

- E.g. Eat food, make a phone call, doodle, clean, etc.

These inner urges sound spontaneous but if you really examine your own personal habits, you might notice that whenever you engage in these behaviours, you tend to get side-tracked.

Unexpected Distractions

It’s nearly impossible to ignore all of the different types of distractions. No matter what you do to control for the various elements in your environment, sometimes things will occur that break your concentration. Unexpected distractions can be anything from loud, sudden noises to phone calls or visitors.

23 Roberts and Jansen, 1997
Procrastination

As mentioned in previous sessions, people with ADHD often have the ability to “hyperfocus” during certain activities and become completely absorbed in the task when the conditions are right.

However, it is more often than not that people with ADHD find it difficult to concentrate and follow through on dull, boring, or difficult tasks. This sense of restlessness can turn into procrastination and is easily maintained by internal or external distractions within the environment.

People who procrastinate on difficult or boring tasks often find themselves using an excuse to justify escaping or putting off the task. These excuses can come in a variety of ways; some may be valid and truly deserving of your attention, but in the end, the purpose of an excuse is to provide short-term reward.

Becoming aware of the different types of excuses is the first way to learn how to avoid them.

Types of Excuses

➤ Waiting for Inspiration
  • People with ADHD are often highly creative and imaginative individuals.
  • However, if you find yourself feeling particularly unmotivated to do a certain task, you might say “I need to wait until I’m in the mood or inspired to start that task”.
  • It is important to remember that not all activities need inspiration in order to complete them.
    o E.g. Work, creative projects, or routine/daily tasks

➤ Waiting for Tomorrow
  • Not feeling ready to begin something can often result in putting things off until “tomorrow”.
  • However this is problematic when the demands of “tomorrow” end up pushing “yesterday’s” task to an even later date until eventually it is forgotten.
  • This type of excuse also refers to waiting for another event to occur in the meantime.
    o E.g. Not quitting smoking until you’ve lost a few extra pounds
  • While these events are both important, they are actually independent of each other.

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24 Roberts and Jansen, 1997
- **Blaming Others**
  - This type of excuse refers to blaming others for not preparing you for certain challenges that you need to accomplish.
  - Blaming can often allow you to feel less responsible for what you need to do and will make it easier for you to give up or not even try on specific tasks.
    - E.g. “She didn’t give me the form I need to complete”

- **Emotionalism**
  - This type of excuse refers to the feelings of resentment and anger often associated with placing blame on others.
  - Our emotions often demand immediate attention to manage them.
  - It’s easier to tell yourself that you are just too upset to get started on something than to push ahead and separate your emotions from your goals.
    - E.g. “I’m so angry right now – there’s no way I could concentrate on that today”.

- **Waiting to be Rescued**
  - This excuse refers to slowing down or quitting a task and waiting for someone else to step in and take over for you.
  - If this has worked in the past, it’s more likely that you will sit back and hope it will work again this time.
  - However, when this excuse is unsuccessful, a person may jeopardize future opportunities and experience feelings of failure.

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**Managing Distractibility**

Changing the structure of your environment is the first and best step in managing distractibility. While you may have little control over the distractions that other people create, there are several changes you can make to help reduce or minimize the distractions around you.

- **Ask yourself:** What are the things that typically distract me? What are the types of things that typically get in the way of me trying to accomplish something?

For each item that you find distracting, try to come up with a strategy to reduce your temptation to engage in the distraction.
- E.g. If people talking tends to easily distract you, perhaps wearing headphones to drown out the noise will help you concentrate.

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25 Roberts and Jansen, 1997
It’s important to figure out what your distractions are and which strategies work best for you.

**Reminders**

One way you can alter your environment to help you concentrate better is through the use of reminders and signals.

Posting a sign or a note that has a phrase such as “Stay Focused” written on it will help you catch yourself before you get too distracted.

If posting a sign or note is not possible, consider using other methods of reminders in your environment to help you get back on track when you find yourself slipping.

For instance, a visible reminder could be as simple as placing a coloured dot near or on the objects that you find most distracting.

- E.g. Television, phone, radio, window, etc.

Each time you see your visual reminders, ask yourself: *Am I doing what I’m supposed to be doing, or did I just get distracted?*

Another reminder technique that you can use to manage your distractibility is the use of alarms.

- E.g. A watch, stop watch, timer, or alarm clock

An alarm is an excellent way you can routinely “check-in” with yourself to make sure that you are on track. If you schedule an alarm to sound at regular intervals, such as every 30 minutes or 1 hour, you can ask yourself: *Am I doing what I’m supposed to be doing, or did I get distracted?*

If you find during your “check-in” that you are distracted, just return immediately to the task at hand.

**Recognizing Distractions**

It is also important to address those inner urges you might feel compelled to attend to. If you find that you are often distracted by the need to eat, drink, or use the washroom, try to schedule breaks for these urges rather than just giving into them.

When these urges occur because you are seeking a more exciting task, it’s important to become aware of your distraction and label it.

- E.g. “I’m being distracted”

Hopefully, this simple observation will be enough for you to overcome the distraction and get back on track.

Sometimes when the urge to distract yourself is very strong, you might require some extra mental techniques to help keep yourself focused:
• First, you want to establish a clear reason why it is so important that you concentrate now rather than later.

• These reasons can then be transformed into mantras, or motivational statements, that will help keep you from escaping the present situation.

• For tasks that require a lot more time and effort, these motivational statements can be written in a list to remind you of the positive outcomes of staying on-task.

Attention Span

As previously mentioned people with ADHD often have a tendency to lose interest in tasks or activities once the initial novelty has worn off and devote their attention to more stimulating or exciting things. However, these exciting yet distracting things are not always relevant or important to the task.

Attention span can be expressed in two ways:

1. **Focused** – attending to a distraction for less than 8 seconds and then returning focus to the task at hand (e.g. Looking up when a phone rings)

2. **Maintained** – being able to pay attention to something continuously for a significant amount of time (e.g. Watching a long movie)

Gauging Attention\(^{26}\)

In order to improve your attention span, you first have to determine how long you are currently able to hold your attention. Below are the steps you can take to gauge your current attention span:

• First, pick a task or activity you have either been avoiding or that requires some amount of effort and concentration.

• Then, start a timer or wrist watch, and begin working on the task.

• Keep going for as long as you can before feeling the urge to stop, take a break, or allow a strong distraction to interrupt you.

• As soon as you notice this distraction, stop the timer and make note of how much time as passed.

• Record the time – how long were you able to stay concentrated?

• Repeat this exercise several times throughout the week.

\(^{26}\) Safren et al., 2005
Look for patterns with your attention span – if you average out the numbers from each time recording, you will be able to determine what your attention span is currently.

This knowledge will be helpful in the next session when you learn how to use problem-solving skills to break boring or difficult tasks into more manageable chunks.

**Distractibility Delay**

When you are engaged in something that is difficult or boring, it is only natural that distracting thoughts are going to pop into your mind and act as a large temptation to switch to another activity.

At the time, some of these distracting thoughts might appear to be of high importance. However it is important to examine whether these distractions are really important or have they only become important because:

- They are not the task that you planned to do.
- The task you are required to do is no longer attractive.

The distractibility delay is a technique that can be used in addition to techniques described earlier. Once you have an understanding of your attention span, it’s important that you attempt to increase the length of time you can maintain concentration and delay engaging in any unimportant distractions during that time.

**Using the Distractibility Delay**

1. Keep a notebook or piece of paper beside you.
2. Set your timer for the length of time that you can usually maintain your attention. If you are trying to increase this, try timing yourself for slightly longer.
3. Start working on a task or activity.
4. When a distraction enters your mind, write it down on the piece of paper; but do not do anything about it!
   - “List it – Don’t Fix It!”
5. Next, use self-talk or coping statements to help you resist the distraction.
   - E.g. “I’ll worry about it later”, “This is not a major priority”, or “I’ll come back to this”

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27 Safren et al., 2005
6. Return to your task or activity until the timer goes off or the chunk of time you’ve selected is over.

7. At this point, feel free to take a break and look at your distraction list. Decide if anything on the list should be taken care of now or if they can wait until later.

8. At the end of the day, review the list again. Ask yourself the following questions:
   - Were the distractions actually important?
   - Did they only seem important because they suddenly became more attractive than the task you were working on at the time?

9. If any of the items are important, either attend to them or add them to your to-do list or planner.

**Tips for Managing Distractibility**

Here are some tips to help boost attention span and improve your concentration:

- **Get plenty of sleep** – lack of sleep causes fatigue and impairs concentration
- **Exercise!**
- **Use mindfulness activities** to keep “brain chatter” to a minimum, allowing you to focus and concentrate on the “now”
- **Eat breakfast** – skipping breakfast leads to low-blood sugar throughout the day which can cause poor focus

**SESSION SUMMARY**

*Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.*

- People with ADHD often find it difficult to filter out distractions within the environment. Because boring or difficult tasks require sustained effort, you may find yourself seeking more attractive activities once the initial novelty of the task has worn off.

- As a result, poor attention span is commonly reported among those with ADHD. Inabilities to ignore or filter out distractions can often lead to procrastination. Tasks then get left incomplete and abandoned for more stimulating activities.
• Distractions can be expected and unexpected, external and internal.

• The first step in managing distractibility is to make changes in your environment to reduce or minimize distractions.

• You can also set up reminders or alarms in your environment to act as “check-in” points for you to ask yourself: “Am I distracted right now?”

• Part of managing distractibility also involves increasing the length of your attention span. By timing how long you can maintain concentration, you can slowly start to challenge yourself to focus for longer periods of time.

• A final technique you can use to manage distractibility is the distractibility delay. By writing down your distracting thoughts, you will be able to decide whether or not they are truly important and deserving of your immediate attention or if they are just more attractive than the task you set out to do.

HOMEWORK

Ask participants to use their planners to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

• ADHD Self-Report Symptom Form (Appendix A)
• Managing Distractibility
Managing Distractibility Exercise

**Part 1 - Making Environmental Changes**

1. Create a list of the things in your environment that typically distract you. These can be expected or unexpected distractions.

2. Next, generate a strategy or technique you can use to reduce the intensity of each distraction.

<table>
<thead>
<tr>
<th>Distraction</th>
<th>Reduction Strategy (Changes I Can Make)</th>
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**Part 2 – Gauging Your Attention Span**

1. Pick a task or activity that you need or want to do. Describe it in the “Task/Activity” box.

2. Before you begin, write down the current time in the “Time Started” box.

3. Work on the task for as long as possible; as soon as you notice yourself becoming distracted or wanting to stop, write down the current time in the “Time Stopped” box.

4. Then, calculate how long you were able to maintain your attention before getting distracted. Try this exercise several times to gauge your attention span.

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Time Started</th>
<th>Time Stopped</th>
<th>Length of Attention Span (in minutes)</th>
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Part 3 – Using the Distractibility Delay

1. Pick a task or activity that you need or want to do.

2. Set a timer for the length of time you can usually maintain your concentration (see Part 2 – Gauging Your Attention Span).

3. Start working on the task or activity.

4. As soon as a distracting thought pops into your head, write it in the chart below but do not act on it.

5. When the timer goes off, look at the list of your distractions and prioritize each item based on its urgency or importance.

6. Ask yourself: Is the distraction truly important? Or was it just more attractive than the task I set out to do?

<table>
<thead>
<tr>
<th>Distracting Thought</th>
<th>Priority (A, B, or C)</th>
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Session 10 – Task Management

This session is intended to teach participants how to break down large or difficult tasks into manageable parts. Participants will also generate personal reward lists to be used as contingent reinforcement when they complete each part of a complex task. Participants will also be encouraged to utilize skills from previous sessions to assist in improving task management, such as time estimation and activity logs.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)
✓ Two different types of chocolates ( texture, taste, etc.)

IN-SESSION HANDOUTS

✓ Breaking Down a Task
✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

Give each participant one of each chocolate treats. Remind them not to eat them right away and to follow these instructions first:

1. Pick one of the two chocolates and put it in your mouth – But do not bite it yet!
2. Concentrate on the shape and feel of it in your mouth.
3. Think about the taste – does the chocolate of one taste different from the other?
4. You might want to let it melt in your mouth – what does this feel like?
5. You might want to bite/chew it – what does this feel like?

Have participants complete the activity for both of the chocolates. Then, to generate discussion, have participants compare and contrast the two chocolate treats using their senses (taste, smell, feel, etc.).
REVIEW OF PREVIOUS SESSION

- People with ADHD often have problems with distractibility:
  - They may get distracted when the novelty of a task wears off.
  - They may be distracted when tasks are boring or difficult.
  - This can result in short attention span and/or procrastination.

- Different types of distractions
  - **Expected** (something you know will happen, but distracts you anyway)
  - **Unexpected** (distractions you aren’t prepared for)
  - **External** (something that catches your attention from somewhere in your environment)
  - **Internal** (something inside you that pulls you away from what you were doing)

- Tips for managing distractibility
  - Make changes in your environment that will remove distractions, or reduce the impact they have (e.g., earplugs to block out sound, or your own music to drown out other sounds)
  - Put reminders to yourself to *stay focused* in your environment
  - Set alarms that will remind you to ask yourself periodically if you are distracted, and if so, to focus back on your task
  - Learn what your attention span is at present, then practice trying to lengthen it – bit by bit
  - Use the “distractibility delay” – when distracting thoughts come to you when you are working on something, write them down on a piece of paper and commit to returning to your task now and attending to the distractions when you are done.
REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

PRESENTATION OF NEW MATERIAL

Problems with Tasks & Projects

People with ADHD often struggle with tasks or projects that are:
- Repetitive
- Boring
- Tedious
- Effortful
- Large
- Complex

People with ADHD may have trouble taking on or completing these types of tasks or projects because:
- The tasks are too boring – they may not provide enough stimulation
- The tasks may be things you hate doing
- They take too long, and may stop being interesting partway through

People with ADHD may have trouble taking on or completing these types of tasks or projects because:
- They may seem like they will take too much time and/or effort
- They may seem overwhelming – it may be hard to know where to start, and what will be needed to complete them

Solving the Problems

We will talk about 3 skills that can help you to overcome problems in starting and finishing tasks/projects
1. Making an Action Plan
2. Rewarding yourself
3. Breaking down tasks into manageable “chunks” or steps
Making an Action Plan

This can help when you don’t know how to best deal with a problem, or when there are too many possible ways of dealing with it.

People with ADHD may “stall out” or procrastinate if they can’t figure out the first step in dealing with a problem, or if they become overwhelmed by too many possible ways of dealing with it.

There are 5 steps to making an Action Plan:

1. **Spell out the problem** – describe it briefly but be specific. (e.g., I don’t know if I should break up with my girlfriend; I don’t know what to do about a guy on the range who is causing me trouble)

2. **List all possible solutions** – brainstorm! Be creative. List *everything* you can think of – even silly solutions – without worrying about consequences. Listing everything will help you to come up with more possibilities.

3. **List the Pros and Cons** (positives and negatives) of each solution – now is the time to think (realistically) about the consequences. Be honest – list what really could happen if you picked that solution.

4. **Rate each solution** – on a scale from 1 to 10, where 1 is Terrible and 10 is Fantastic. Keep in mind the consequences, but also how difficult or realistic the solution is for you (i.e., will doing this make you anxious? Will it have the desired outcome?)

5. **Pick the best* solution and apply it.**

   ❖ Note that the “best” solution might not be the one you rated the highest, if there is some logical reason not to pick the highest rated one. However, when rating the solutions, you should try to take into account reasons that you might not be able to apply it.

Rewarding Yourself

Once you have a plan of action, it is time to put it into practice. But if the plan/task seems unpleasant or overwhelming, you might still be tempted to put it off. If the unpleasant nature of the task is getting you “stuck”, plan to reward yourself for doing the task.

Pick a reward – something that you will enjoy – and tell yourself you can have the reward when you complete the task (or chunk of it).

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28 Safren et al., 2005
29 Roberts and Jansen, 1997
Rewards can be many things. For example:
- **A treat** – e.g., chocolate bar, brownie, chips
- **A pleasant activity** – e.g., phoning your family, playing cards on the range
- **Relaxation** – e.g., TV time, a shower, a nap, yard or gym time, reading an interesting magazine

Just remember, the reward has to be something that will motivate you to complete the task/chunk. Remember, also, that you don’t get the reward if you don’t complete the task!!! Rewarding yourself isn’t useful if you reward yourself for “failing” – that is, for not trying or for procrastinating.

**IN-SESSION EXERCISE**

*Draw the table below on to the flip chart. Solicit the group for an example of a problem that one of the participants is currently experiencing. Have participants brainstorm as many solutions as possible, regardless of the practicality. Then, have participants compare the pros and cons of each solution and rate each solution on a scale from 1 (poor solution) – 10 (best solution). Finally, based on their analysis of the problem, ask the participants what the best solution to the problem is.*

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<tr>
<th>Possible Solution</th>
<th>Pros (Positives) of Solution</th>
<th>Cons (Negatives) of Solution</th>
<th>Overall Rating of Solution (1-10)</th>
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**CONTINUATION OF NEW MATERIAL**

**Breaking Down Tasks**

If the plan/task is overwhelming, and the feeling of being overwhelmed is getting you “stuck”, then you need to break the plan/task down into manageable “chunks” or steps.

Many projects, tasks, or ideas will have several parts or aspects to them – if you try to think of everything at once it might discourage you from even starting.

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30 Solanto, 2011
You can set up rewards for each step of the task, or for reaching certain parts of the task. Each step needs to be manageable – if one step seems too hard, break it down more. Don’t be afraid to have lots of steps if that’s what gets the job done!

**Remember: If you can’t seem to get started, then the first step is TOO BIG!**

Once you have the chunks, or steps, listed, you can make them into a To-Do list and/or schedule them on your calendar.

You can also try to anticipate what things might distract you from completing them. You can even turn the possible distractions into rewards.

- E.g., If you know you want to watch a particular show, and you have a step that will take you a half-hour, start on that step a half-hour or more before the show and once you complete it you can turn on the TV

The steps should be small enough that you can reasonably finish them in one “session” – you can use the information about the length of your attention span to guide how big the steps should be or how long they should take.

- E.g., if you know your attention span for reading/writing is only 15 minutes, and you have one hour of homework for a program, break the homework into 4 parts of about 15 minutes each – then reward yourself after each 15 minute period you spend working on your homework

Some other tips about breaking down tasks into chunks or steps:

- Plan a list of rewards first, that you can pair up with the steps

- Alternate activities you dislike with ones you like (e.g., writing a letter, include a drawing)

- Work with someone else – either tell them what you are doing and have them verify what you’ve done after a certain amount of time, or work on a similar task at the same time (e.g., homework)

*Distribute copies of the “Breaking Down a Task” handout to each participant and discuss how each task is broken down into manageable steps.*
Plan a Project\textsuperscript{31}

If you have a big task – or project – that has multiple parts or is very complex, you can use a flowchart to keep track of it.

![Flowchart](image)

**SESSION SUMMARY**

*Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.*

- People with ADHD may have trouble taking on or completing tasks or projects, especially if they are unpleasant, difficult or complex.

- The tasks may seem overwhelming - it may be hard to know where to start, and what will be needed to complete them.

- 3 skills to help you take on, and complete, tasks or projects
  - **Make an Action Plan** – use the problem-solving model to determine the best course of action.
  - **Reward yourself** – use rewards to help motivate yourself to do tasks, using things like treats, enjoyable activities, or relaxing activities.
  - **Break tasks down into more manageable chunks or steps** – as many as you need to make it seem do-able to you

- When you break large tasks or projects down into smaller steps, you can also:
  - Use the steps to generate a To Do list or schedule
  - Pair rewards with the different steps to keep yourself motivated
  - Anticipate what kind of distractions might stop you from completing the steps,

\textsuperscript{31} Solanto, 2011
and then do something to manage the distractions

- Make sure that the “length” of the step matches up to your current attention span

HOMEWORK

Ask participants to use their planners to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Problem Solving/Action Plan
- Breaking Down a Task
Breaking Down a Task

Get PFV with wife
Target date:

- Find out application procedure
  Target date:
  Contact: Parole officer, CXII
  - Fill out request form for PO (11-15)
  - Ask PO what criteria are
  - Fill out application and give to CXII (11-20)
  - Follow up with CXII to find out if application is approved (12-15)

- Wife needs CA
  Target date:
  Contact: PO, wife
  - Call wife to make sure she gives jail up-to-date phone and address info (12-17)
  - Also tell her to schedule CA with community PO ASAP

- Tell wife to schedule visit
  Target date:
  Contact: wife
  - Make sure wife has phone number to book visit (01-31)
  - Transfer money for wife’s bus ticket (02-15)

- Put in food order
  Target date: 03-31
  Contact: Wife, canteen staff
  - Phone wife to find out what we should cook (02-20)
  - Make “grocery list” and double check it with wife (03-01)
  - Hand in food order for PFV (03-15)
Release Plan
Target date:

Where to Stay
Target date:
Contact: Parole officer, brother
-Talk to PO about living with brother
-Talk to brother about CA

Need ID
Target date:
Contact: Discharge planner
-Put in request to talk to Discharge Planner about getting ID
-Get mom to send in birth certificate
-Set aside money needed for ID

Finding a Job
Target date:
Contact: Service Ontario, uncle
-Talk to Service Ontario about help with looking for job
-Learn how to write resume, fill in job application
-Talk to uncle about whether his construction crew needs anyone

Release Conditions
Target date:
Contact: PO, psychologist
-Talk to PO about what release conditions will be
-Book appointment with community PO
-Book appointment with psychologist
**Problem-Solving/Action Plan**

**Statement of the Problem:**

________________________________________________________________________

________________________________________________________________________

**Making an Action Plan:**

1. List ALL of the possible solutions that you can think of. List them even if you think they don't make sense or you don't think you would do them. The point is to come up with AS MANY solutions as possible.

2. List the pros and cons (positives and negatives) of each solution.

3. Review the pros and cons of each solution, think about any problems there might be in carrying out each solution, and then give each solution a rating from 1-10 (1 = Terrible, 10 = Fantastic).

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<thead>
<tr>
<th>Possible Solution</th>
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<th>Cons (Negatives) of Solution</th>
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Task Management Worksheet

Task:
Target Date:

☐ Completed

Target Date:
Contact:

Reward for completing: __________

☐ Completed

Target Date:
Contact:

Reward for completing: __________

☐ Completed

Target Date:
Contact:

Reward for completing: __________
Session 11 – Getting and Staying Organized

In this session, participants will discuss the importance of getting and staying organized. They will also have the opportunity to learn how to prepare, implement, and maintain an organizational system that is appropriate to their individual needs.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts and homework
✓ Pens or pencils
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

This is a simple exercise to get participants to center themselves, and connect with their environment. Ask participants to follow the directions below:

1. Pause for a moment.
2. Look around, and notice five things you can see.
3. Listen carefully, and notice five things you can hear.
4. Notice five things you can feel in contact with your body. (E.g. your watch against your wrist, your pants against your legs, the air upon your face, your feet upon the floor, your back against the chair etc)
REVIEW OF PREVIOUS SESSION

- People with ADHD may have trouble taking on or completing tasks or projects, especially if they are unpleasant, difficult or complex.

- The tasks may seem overwhelming - it may be hard to know where to start, and what will be needed to complete them.

- 3 skills to help you take on, and complete, tasks or projects
  - Make an Action Plan – use the problem-solving model to determine the best course of action.
  - Reward yourself – use rewards to help motivate yourself to do tasks, using things like treats, enjoyable activities, or relaxing activities.
  - Break tasks down into more manageable chunks or steps – as many as you need to make it seem do-able to you

- When you break large tasks or projects down into smaller steps, you can also:
  - Use the steps to generate a To Do list or schedule
  - Pair rewards with the different steps to keep yourself motivated
  - Anticipate what kind of distractions might stop you from completing the steps, and then do something to manage the distractions
  - Make sure that the “length” of the step matches up to your current attention span

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?
PRESENTATION OF NEW MATERIAL

Why Be Organized?

Some people might be resistant to organization. People who are organized might be thought of as “boring” or “rigid” and people with ADHD might be afraid to lose their sense of spontaneity and creativity.

However, it might just be that people with ADHD feel as though becoming organized will cause them to lose a core part of their personality (spontaneity).

It’s important to remember that better organization will free you from the hassle associated with being disorganized and allow you to spend more time doing the things you enjoy.

Why is being organized a helpful skill to have?

1. It helps us find things more easily.
2. It helps us be more efficient - we will spend less time looking for things.
3. It helps reduce stress.
4. It makes our environment look neat and presentable.

The Basics of Organization

In order to have a good organization plan it is important to make sure that the places you decide your things belong are:

- Easily identifiable
- Easily accessible
- Neat in appearance

For people with ADHD, it’s important for the things that require your attention to be placed in your immediate view. Try to minimize visual distracters by putting the things you need most often within hands reach.

The Key to Success

There are two things to remember that are essential to good organization:

1. There is a place for everything.
2. Everything should be in it’s place.

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This means that in order for an organization plan to work, everything must **belong** somewhere and be put **back** in that place when you are finished with it.

**Getting Organized**

**STEP 1: ANALYSIS**

- Make a list of the different types of items you keep in your living space. For example: important papers, homework, books, personal belongings, etc.

**STEP 2: CREATE ZONES**

- Next, create “zones” in your living space for all of the above items to **belong**. Imagine what your ideal living space would look like when it is clean and neat. It might help to draw a diagram and label each zone.

  - **REMEMBER**: It is important to create zones that “fit” with each item. Store items as close as possible to the place that you will use them. Items that are placed in inconvenient zones can quickly lead to clutter!

**STEP 3: SORT IT OUT**

- Now it is time to sort all of the clutter! Begin by making piles that make sense for what you are organizing; for example, if you are sorting paperwork, make 2 piles: one for **KEEP** and another for **TRASH**.

  - **REMEMBER**: when going through interesting items you might be tempted to stop and read several pieces of paper or maybe you’ve discovered something you had forgotten about – **resist the urge**! Otherwise you might get distracted and never finish organizing.

- Instead, place those items aside and look at them when you take a break.

**STEP 4: GIVE EVERY OBJECT A HOME**

- Take a look at each of the piles you have sorted. Ask yourself why these items ended up as clutter. Is it because they didn’t have a home? Was their home too inconvenient?

- Give each item in the KEEP pile a home. Make sure it is in the zone that is most convenient to the purpose of the item.
Using a Filing System

Papers are one of the most frequent things that get lost, misplaced, or disorganized. One way to make sure that you can always find what you are looking for is to set up a filing system for papers.

Ask participants to brainstorm the different types of papers they might want to file. Below is a list of potential file labels.

<table>
<thead>
<tr>
<th>Health/Medical</th>
<th>Receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articles</td>
<td>Drawings</td>
</tr>
<tr>
<td>Financial</td>
<td>Letters</td>
</tr>
<tr>
<td>Legal Documents</td>
<td>Programs</td>
</tr>
<tr>
<td>Family</td>
<td>Homework</td>
</tr>
<tr>
<td>Photos</td>
<td>Puzzles/Activities</td>
</tr>
</tbody>
</table>

Tips for Using a Filing System:

- Make sure your files are clearly labeled.
- Put them in alphabetical order (A – B – C)
- Use colour coding to find things quickly

Using Previous Skills

Divide the task into smaller parts. You can divide the task into sections or divide your time based on your attention span.

Decide how many “sessions” it will take for you to get organized. Schedule these sessions into your planner.

Reward yourself for the parts you complete.

Use visualization to help you stay motivated when you get distracted (visualize how the space will look and how you will feel).

Use a system to help you sort things out (“keep” or “trash”).

Ask someone to help you with the process.
Staying Organized

Now that you know HOW to organize, it is important to learn how to STAY organized. This is often the hardest part for people with ADHD.

Sorting new items and putting old items back in their place can be boring and tedious – which is something that probably sounds very unappealing to you.

However, staying organized is necessary for maintaining order and being able to succeed at everything else you hope to accomplish.

The most important thing to remember about staying organized is to **not let things pile up**.

It can be easy to just place things in convenient locations and forget about them, but eventually, this might form into a habit and you no longer have an organization system that works.

Seeing a pile of items that need to be sorted can leave you feeling overwhelmed and most likely, you will never want to even start organizing it...but day-by-day, the pile will only get larger and LARGER.

- **Remember:** The longer something is left piled up, the more effort it will require to put it away!

So how **DO** you stay organized? The trick is to put things away on an immediate or daily basis.

**Advantages of putting things away when you are done with them:**

1. You will have an easier time finding things when you need them.

2. Your living space will look neat and tidy. *Did you know that having an organized living environment can reduce stress?*

3. Each time you spend a few minutes putting things away, you will have the almost immediate reward of seeing a positive result! For example, your desk will be clean or your floor will be clear.

4. For every few minutes you spend **now** staying organized, it will save you many minutes in the **future** from having to deal with things that pile up.
SESSION SUMMARY

Ask participants to use the Session Summary & Homework (Appendix D) sheet to make note of any important things learned in the lesson.

- Organization is a helpful skill to have because it allows us to find things easily, it helps us be more efficient with our time, and it helps reduce stress.
- Everything has a place and everything should be in its place!
- The hardest part of being organized is staying organized.
- In order to be successful, it is essential that you do not let things pile up!
- Instead, put things back in their correct place as soon as you are done with them. Making this a habit will save you time and effort!

HOMEWORK

Ask participants to use their planners to make note of all homework requirements. Review homework instructions with the group and discuss any potential areas of concern.

- ADHD Self-Report Symptom Form (Appendix A)
- Getting and Staying Organized
Getting and Staying Organized Homework Exercise

Name: ______________________                                              Date: ______________________
Time Started: ________________                                               Time Finished: ______________

STEP 1: Analysis
Create a list of all the different categories of items you keep in your living space. For example, books, personal belongings, clothing, paperwork, legal documents, etc.

_____________________                                  ___________________
_____________________
_____________________
_____________________                                  ___________________

STEP 2: Create “Zones”
Next, assign “zones” for each of the categories you listed above to belong. Remember to store each item closest to place that you will use it. Create a diagram of your living space in the box below. Label the diagram to show where you will assign each zone.
STEP 3: Sort It Out

Now that you have assigned “zones” to each category, pick category at a time to organize. How will you organize each category? What strategies will you use? Below is space for you to create a plan for three categories.

My plan for Category #1:
______________________________________________________________________________
______________________________________________________________________________

My plan for Category #2:
______________________________________________________________________________
______________________________________________________________________________

My plan for Category #3:
______________________________________________________________________________
______________________________________________________________________________

STEP 4: Give Every Object a Home

Now it is time to put your organization system into action! Use the plan you made in the previous step to help you begin organizing each category and putting each item in a home. If you are having trouble getting started, remember to keep the task small! Try to work on one category at a time and break it down into smaller, shorter parts. Record your progress in the spaces below.

What I accomplished with Category #1:
______________________________________________________________________________
______________________________________________________________________________

What I accomplished with Category #2:
______________________________________________________________________________

What I accomplished with Category #3:
______________________________________________________________________________
______________________________________________________________________________

Remember: The trick to STAYING organized is putting things away on an immediate or daily basis! This means that we cannot let things pile up – the bigger the pile, the more effort and time it will take to organize it later!

Session 12 – Review

During this final session, there will be a review of all of the key concepts and skills learned throughout the group. Participants will receive tips for future planning and for staying motivated. They will be encouraged to self-evaluate their progress in the group and formulate a plan for their future needs.

MATERIALS

✓ Flip chart and coloured markers
✓ Facilitator notes
✓ Participant notes
✓ Photocopies of in-session handouts
✓ Pens or pencils
✓ Diversion Objects (Playdough, gel, putty, stress ball etc.)

IN-SESSION HANDOUTS

✓ Participant Feedback Form
✓ Summary and Homework sheet

MINDFULNESS ACTIVITY

Ask participants to follow the directions below:

1. Pause for a moment and take ten slow, deep breaths. Focus on breathing out as slowly as possible, until your lungs are completely empty, and breathing in using your diaphragm.

2. Notice the sensations of your lungs emptying and your ribcage falling as you breathe out. Notice the rising and falling of your abdomen.

3. Notice what thoughts are passing through your mind. Notice what feelings are passing through your body.
REVIEW OF PREVIOUS SESSION

- Organization is a helpful skill to have because it allows us to find things easily, it helps us be more efficient with our time, and it helps reduce stress.
- Everything has a place and everything should be in its place!
- The hardest part of being organized is staying organized.
- In order to be successful, it is essential that you do not let things pile up!
- Instead, put things back in their correct place as soon as you are done with them. Making this a habit will save you time and effort!

REVIEW OF HOMEWORK

- How did it feel to complete last week’s homework?
- How did you plan/schedule to complete it? How long did it take you to complete?
- Were there elements you enjoyed?
- Were there challenges you encountered?
- What would you do again in the future when confronted with a similar situation?

REVIEW OF ALL PREVIOUS SESSIONS

SESSION 1: Introduction to ADHD

- ADHD starts in the brain.
- ADHD is experienced differently by each person.
- The 3 major types of ADHD symptoms are: impulsivity, inattention, and hyperactivity.
- There are strengths to having ADHD as well, such as creativity, sense of humour, and high energy level.
- ADHD can affect thoughts, moods, and behaviour – and changing any one of these can change all of them!
SESSION 2: Identifying Negative Thoughts and SESSION 3: Challenging Negative Thoughts

Cognitive-Behavioural Model

Thoughts, feelings, and behaviour are all connected. What we do is influenced by what we think and how we feel. If you make changes to one, changes can happen in the others.

Changing behaviour often means you need to look at your thinking patterns and how they support or maintain the behaviour

Cognitive-behavioural focus:

- Cognitive refers to our thinking – both conscious thoughts, and automatic thoughts we have but may not notice.
- People with ADHD often have some common thinking styles that can hold them back or keep them “stuck” – in unhelpful behaviour patterns or negative mood states

Automatic Thoughts

Definition: Thoughts that occur automatically in response to a given situation

We don’t consciously create them; they are based on beliefs we have about ourselves and the world we live in (I am…; others are/should…; the world is…). We develop our beliefs, starting from a young age, based on our experiences and on messages and feedback we get from others

Negative Automatic Thoughts

People with ADHD often have negative past experiences, and a history of getting negative messages and feedback from others. These negative experiences and messages can lead to a negative view of the self/low self-esteem. The negative automatic thoughts of people with ADHD can be very self-critical AND other-critical.

Types of Negative Automatic Thoughts

1. Overgeneralization
2. Filtering/disqualifying the positives
3. All-or-nothing thinking
4. Personalizing
5. Catastrophizing
6. Emotional reasoning
7. Mind reading
8. Fortune telling
9. “Shoulding on yourself”
10. Magnification/minimization

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Having very negative automatic thoughts can get in the way of accomplishing your goals. It is important to realize that these automatic thoughts are often opinions, not facts. You may need to challenge and change the thoughts in order to change your behaviour.

To challenge or change your negative automatic thoughts, you need to replace them with more rational thoughts. A more rational thought is one that might help you to feel better about the situation, or would be a more helpful way of looking at things (i.e., help you make the situation better, not worse).

Ask some of the following questions to challenge your thoughts:

- What is the evidence that this thought is true?
- Is there a different possible explanation?
- Have I let the situation become more “important” than it really is?
- What would a good friend say to me about this situation? What would I say to a good friend if he was going through this situation?
- Have I done what I can to control the situation? If I did anything else, would it help or make things worse?
- Does this thought help me at all in the situation?

**SESSION 4: Mood Management**

People with ADHD can often have very strong or intense reactions to emotional events. Some reactions may be tied to a specific triggering event, but sometimes they might have no explanation at all. Having these kinds of reactions can result in intense mood swings. Some emotional intensity might be necessary for you to get going – on a project, on your day, etc. But having wild mood swings can get in the way of accomplishing your goals. Learning to manage your moods is an important skill to help you succeed in many areas of life.

Managing your moods involves:

- Recognizing your moods (i.e., are you sad, angry or scared? Happy, excited, or stressed?)
- Recognizing any mood-shift patterns you have
- Learning to anticipate the shifts or mood swings
- Learning to manage the intensity and frequency of the moods

Once you notice a pattern to your moods, you can take actions in advance to decrease the intensity of negative or overwhelming moods. You can also prolong or make use of positive moods. Either way, you can use techniques to decrease the impact on you of negative moods and increase the effect on you of positive moods.
Moods and Thinking Patterns

We saw that negative automatic thoughts can get in the way of our goals. These can also create negative moods. Both negative thoughts and negative moods can make us behave in ways that get in the way of our goals.

Mood Management Strategies

- Physical strategies
- Behavioural strategies
- Emotional strategies
- Social strategies

SESSION 5: Managing Impulsivity

There are three key steps to begin managing your impulsivity:

1. **Identify** behaviours are likely to trigger impulsive behaviour.
   - **Ask yourself:** *When and how am I most likely to act impulsively?*
2. Once you can identify your triggers, you can begin to avoid them; assess the conditions that are associated with them. If you become familiar with your triggers you will likely **recognize** them before you act impulsively.
   - **Ask yourself:** *What was occurring during the last few times I was impulsive?*

3. **Prevent** yourself from acting impulsively. Avoid temptation by removing yourself from risky situations and have a plan – be prepared by using coping strategies to stop impulsive behaviour.
   - **Ask yourself:** *What is my plan? What am I going to do to cope with risky situations?*

Strategies to Manage Impulsivity

Purposely delay your decisions to avoid making impulsive choices:
- “Stop – Think – Talk It Over” either using self-talk or by talking to someone else
- Give yourself 24 hours to make a decision

Slow yourself down **BEFORE** you start to speed up.
- Keep something nearby to keep your hands occupied
- Take a minute to stretch
- Do some deep breathing exercises
- Take a slow walk
• Use self-talk
• Ask someone to let you know if you’re speeding up

If you catch yourself in the middle of an impulse, STOP DOING IT IMMEDIATELY and start to do something else (alternative behaviour).

Controlling Impulses

• Be prepared – have a plan in place.
• Identify the urge – put distance between you and the impulse (E.g. “I can feel my urge to fight building up”).
• Use self-talk – “It will pass”
• Have a replacement behaviour – do something that will help calm you down (E.g. Exercising)
• Use visualization to practice skills with your imagination so that when you are confronted with the situation in real life, you’ll be able to respond in the way you have practiced (E.g. How to resist risky situations).

SESSION 6: Anger and Impulsivity

Anger is a natural human emotion that occurs when we feel mistreated or opposed. Aggression is a behaviour used to express our reactions to anger and is often used to get gain control or power over the situation. However, it is a choice to act aggressively in response to anger.

Sometimes when we’re angry we place blame on external sources. This allows us to feel like the situation is out of our control and we are less responsible for how we react.

YOU, and only YOU, are responsible for getting angry.

As long as you allow others’ actions influence your emotions, you allow them to “control” your life as well. Ultimately, you have a choice to decide if you are going to get angry and how you are going to express your anger.
• E.g. Impulsive/aggressive OR assertive/appropriate
 SESSION 7: Time Awareness

Time awareness affects those with ADHD in two ways:

1. Feeling like time is passing slower or faster than it actually is
2. Tendency to underestimate how much time it takes to complete a task.

Time awareness is built through the combination of two things:

- **Hindsight** = learning from past experiences
- **Foresight** = applying past experiences to future decisions

Becoming Aware of Time

Use visual reminders. Wear a watch so time does not slip away from you.

Use a planner to keep track of all of the things you need to remember about

- Only use one planner
- Bring your planner everywhere
- Write everything down in the planner
- Always look at your planner
- Set a “cue” for yourself to look at the planner

Use scheduling to help you plan to do specific tasks at specific times of the day to help you accomplish as much as possible.

Remember to use what you have learned from past experiences to help you gauge how long it will take you to do something and use that to make smart decisions about planning.

Get to know your personal patterns and rhythms to help you with scheduling as well. It’s important to figure out what works best for you so you can maximize your potential.

Scheduling

Scheduling will help add structure to your day and eliminates the chances that you will get off track.

- Review your schedule daily
- Schedule tasks that repeat
- Try to do things within the normal “business” hours (approx. 9-5pm)
- Plan to give yourself more time than you need
- Make use of “time cracks” between two tasks
- Remember to schedule yourself some relaxing or fun activities!
SESSION 8: Time Management

Using a planner and scheduling are only the building blocks of becoming organized.

To-do lists can be used to organize your thoughts, increase commitment to finishing tasks, add structure to your routine, and act as memory helpers.

To-do lists, much like planners, are only helpful if they are used! Keep your to-do list in your planner or somewhere you can easily see it.

Prioritize the items on your to-do list so that you make sure you are completing the most important tasks first.

Prioritizing

Design a rating scale to help you determine which items are most important; remember the following criteria:

- Important and urgent (HIGHEST PRIORITY)
- Important but not urgent
- Not important but urgent
- Not important and not urgent (LOWEST PRIORITY)

Here is a general rating scale to help you prioritize:

- “A” tasks – today or tomorrow
- “B” tasks – several days or steps
- “C” tasks – tempting, enjoyable, or easy tasks

Tips for Prioritizing

- Estimate how much time it will take you to finish the task and use this to fit the task into your schedule
- Schedule uninterrupted chunks of time or gauge the amount of time you work on a priority according to your attention span.
- Use action plans and problem-solving to break high priority tasks into more manageable chunks or parts.
- Schedule easier tasks as a reward after you complete difficult tasks.
- Try to stick with your to-do list each morning and adjust your priorities as the day goes on.
SESSION 9: Managing Distractibility

Distractions can be expressed in many forms:
- Expected distractions
- Inner distractions
- Unexpected distractions

Responding to too many distractions or for too long can often lead to procrastination and abandoned tasks. While it’s impossible to control every distraction, the first step is to make changes to your environment.

- **Ask yourself:** *what are the things that typically distract me? What can I do to minimize this distraction interrupting my task?*

- It’s important to figure out **WHAT WORKS FOR YOU!**

**Tips for Staying Focused**

- Use **reminders** and **signals** to help catch yourself before you get too distracted or off track.

- Each time you see your reminder or signal, use it as a **check-in point. Ask yourself:** *Am I doing what I’m doing or am I just distracted?*

- Setting an **alarm** to go off after a specific amount of time is also a good way to establish a check-in point.

- Schedule yourself **breaks** so that you can attend to inner distractions but make sure you go back to what you were doing!

- Use **self-talk, mantras, or motivational statements** to remind you of why it is important to focus now rather than later.

**Gauging Attention Span**

Gauge your current attention span by timing how long you are able to focus or concentrate on a difficult or boring task before getting distracted. Repeat this exercise to get a better understanding or pattern of your attention span.

Being aware of how long you can concentrate will help you utilize several of the skills discussed in this group better, such as planning, scheduling, and breaking down tasks. You can also use it as a basis for lengthening your attention span little by little.
Distractibility Delay

Using the distractibility delay can also be helpful in using other skills as well such as prioritizing tasks and scheduling them into your planner.

By delaying your reaction to distracting thoughts you can reaseess their importance and urgency. This will help you determine if they only seem important because they are not the task you planned to do or the task you planned to do is no longer interesting.

Remember, when using the distractibility delay: LIST IT – DON’T FIX IT! This is also a challenge in managing impulsivity!

Use your attention span to determine how long you should wait before reviewing your distraction list.

SESSION 10: Task Management

People with ADHD may have trouble taking on or completing these types of tasks or projects because:

- The tasks are too boring or not stimulating enough, or are things they don’t enjoy doing
- The tasks may seem like they will take too much time and/or effort or may stop being interesting partway through
- The tasks may seem overwhelming – it may be hard to know where to start, and what will be needed to complete them

There are 3 skills to help you take on, and complete, tasks or projects:

1. Make an Action Plan – use the problem-solving model to determine the best course of action
2. Reward yourself – use rewards to help motivate yourself to do tasks, using things like treats, enjoyable activities, or relaxing activities
3. Break tasks down into more manageable chunks or steps – as many as you need to make it seem do-able to you
Making an Action Plan

There are 5 steps to making an Action Plan:

1. Specify the problem.
2. List all possible solutions.
3. List the Pros and Cons (positives and negatives) of each solution (honestly and realistically).
4. Rate each solution – on a scale from 1 to 10, where 1 is Terrible and 10 is Fantastic.
5. Pick the best solution and apply it.

Rewarding Yourself

Pick a reward – something that you will enjoy – and tell yourself you can have the reward when you complete the task (or step of it). Just remember, the reward has to be something that will motivate you to complete the task/chunk. Remember, also, that you don’t get the reward if you don’t complete the task!!!

Breaking Down Tasks

If the plan/task is overwhelming, and the feeling of being overwhelmed is getting you “stuck”, then you need to break the plan/task down into manageable “chunks” or steps.

Each step needs to be manageable – if one step seems too hard, break it down more. Remember, if you are having trouble getting started, then the first step is TOO BIG!

Combining Skills

When you break large tasks or projects down into smaller steps, you can:

• Use the steps to generate a To Do list or schedule
• Pair rewards with the different steps to keep yourself motivated
• Anticipate what kind of distractions might stop you from completing the steps, and then do something to manage the distractions
• Make sure that the “length” of the step matches up to your current attention span
SESSION 11: Getting and Staying Organized

Organization is a helpful skill to have because it allows us to find things easily, it helps us be more efficient with our time, and it helps reduce stress.

Everything has a place and everything should be in its place!

Remember to organize things so that they are:

- Easily identifiable
- Easily accessible
- Neat in appearance

The hardest part of being organized is staying organized. In order to be successful, it is essential that you do not let things pile up! Instead, put things back in their correct place as soon as you are done with them. Making this a habit will save you time and effort!

PARTICIPANT FEEDBACK FORM

Distribute the Participant Feedback Form to each of the participants. Encourage them to be as honest as possible in their responses.
Participant Feedback Form

Please take a few minutes to complete this feedback form. Please be as honest as possible. We would like to take your recommendations into consideration for future groups. You are not required to write your name on this form. All comments will be kept anonymous.

The most important thing I learned or skill I developed in the group was:

What I liked most about the group:

What I did not like about the group:

Topics that I wish we covered in group but did not:

<table>
<thead>
<tr>
<th>Overall, I found the homework activities:</th>
<th>Poor</th>
<th>OK</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall, I would rate the facilitators:</th>
<th>Poor</th>
<th>OK</th>
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<tbody>
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<td></td>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Below is a list of the topics we have discussed in this group. Please rate each topic below based on how helpful you found the information. A summary of each session is provided as well.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Poor</th>
<th>OK</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction to ADHD</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>• What ADHD looks like</td>
<td></td>
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<td>• Strengths of ADHD</td>
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<tr>
<td>• Model of ADHD</td>
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<tr>
<td><strong>Identifying Negative Thoughts</strong></td>
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<td>2</td>
<td>3</td>
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<tr>
<td>• Learning about the link between thoughts, feelings, and behaviours</td>
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<tr>
<td>• Types of negative thought patterns</td>
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<tr>
<td><strong>Challenging Negative Thoughts</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>• How to challenge negative thoughts</td>
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<tr>
<td>• Using a thought-change record</td>
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</tr>
<tr>
<td><strong>Mood Management</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>• Learning how mood is related to ADHD</td>
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<td>• Recognizing and anticipating mood shift patterns</td>
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<td>• Strategies to manage moods (e.g. exercise relaxation time, sleep, giving yourself choice, rewarding yourself, a sense of humor, making happy moments last, etc.)</td>
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<td><strong>Managing Impulsivity</strong></td>
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<td>• Identify - Recognize – Prevent impulsive behaviours strategy</td>
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<td>• Avoiding risky situations; using visualization to practice skills</td>
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<td>• Stop – Think – Talk it Over strategy</td>
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<tr>
<th>Anger and Impulsivity</th>
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<tr>
<td>• The relationship between anger, aggression, and impulsivity</td>
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<td>• Identifying anger triggers</td>
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<td>• Understanding underlying emotions</td>
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<td>• Stopping the anger escalation</td>
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<td>• Resolving anger</td>
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<th>Time Awareness</th>
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<tr>
<td>• Understanding how time awareness is affected by ADHD</td>
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<td>• Using past experiences to make future decisions or plans</td>
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<td>• Using a planner</td>
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<td>• Using a schedule</td>
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<td>• Tracking how time is spent using an activity log</td>
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<tr>
<td>• Using a to-do list to keep track of things that need to be done</td>
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<td>• Prioritizing items on a to-do list</td>
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<td>• Learning about the different categories of priorities (E.g. important vs. urgent)</td>
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<td>• Setting up a priority rating scale</td>
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<td>• Scheduling items on a to-do list into a planner based on priorities</td>
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<th>Managing Distractibility</th>
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<td>• Learning about the different types of distractions (E.g. expected, inner, or unexpected)</td>
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<td>• Types of excuses that justify procrastination because of distractions</td>
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<td>• Managing distractions by recognizing distractions, changing the environment and using reminders/signals</td>
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<td>• Gauging and lengthening attention span</td>
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<tr>
<td>• Using the “Distractibility Delay” to postpone impulses and prioritize distractions</td>
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### Problem-Solving & Task Management

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- Making an Action Plan (E.g. possible solutions and pros/cons of each solution, rating solutions)
- Breaking tasks into manageable “chunks” or steps
- Using rewards when a step is completed

### Getting and Staying Organized

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- The basics of organization
- Steps to getting organized (E.g. Analysis, Create Zones, Sort It Out, and Give Every Object a Home)
- Setting up a filing system
- How previous skills can help you become organized
- How to stay organized (E.g. do not let things pile up)

### Review

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- Review of each session
- Reminders of important skills and tips

THANK YOU!
PART III

PARTICIPANT HANDOUTS
Session 1 – Introduction to ADHD

This group has two major approaches to help teach you new skills for managing symptoms of ADHD.

Cognitive-behavioural focus:
- What we do is influenced by what we think and how we feel

Skills-building focus:
- Your brain may work differently than other people’s brains – that doesn’t mean it doesn’t work at all!
- We will learn skills that will help you make up for some of the problems associated with ADHD
- We will also encourage you to use the strengths you have to help you learn these skills and make changes

ADHD can make it hard for you to slow down or speed up when you need to. You may have problems inhibiting impulses – i.e., not saying what is on your mind or doing what you are thinking of right away.

There are three major types of ADHD symptoms:

- **Hyperactivity** – feel like you’re driven by a motor, restless, can’t sit still, always on the go, fidgety

- **Inattention** – easily distracted, difficulty organizing, bored easily, problems switching from one task to another, problems planning, difficulty concentrating, can’t do boring or unappealing tasks

- **Impulsivity** – interrupt often, answer questions before person finishes asking them, blurt out inappropriate comments, act before thinking, do things you later regret, have difficulty waiting
Model of ADHD

This diagram shows how problems in inattention, hyperactivity, and impulsivity can lead to a history of failure and underachievement, which creates negative feelings and thoughts about one self.

In turn, people with ADHD often experience mood problems such as depression, anxiety and anger. As a result, problems might occur in a number of areas of life, making day-to-day living difficult.

The diagram also shows us how behaviour can influence our thoughts as well as our feelings. And, if we can change make changes in one area, we can make change in others too!

Notes:
What is Mindfulness?

Mindfulness means...
- **Choosing and learning** how to control your focus of attention
- **Being aware** of your thoughts
- **Being in the moment** – staying out of the past and future
- **Not judging** – not criticizing or reacting to thoughts or distractions

Why use mindfulness techniques? How can mindfulness help people with ADHD?
- It can help you learn to focus your attention
- It can help slow your thinking
- It can help you decrease negative or self-critical thoughts
- It is shown to help symptoms of depression and anxiety

Identifying Negative Thoughts

Automatic Thoughts

**Definition:** Thoughts that occur automatically in response to a given situation. They are referred to as “automatic” because we don’t create them; they are based on our core beliefs. Core beliefs are beliefs we have about ourselves and the world we live in.

When we understand how our automatic thoughts create our feelings and, in turn, our behavior, we can try to change our automatic thoughts and our deeply-held core beliefs. Core beliefs are learned starting very early, usually beginning in childhood. We get information about the world around us starting from when we are babies. We also get messages and feedback from others that shape our core beliefs. These core beliefs then influence the kind of automatic thoughts that we have.

My Core Beliefs:
- I am ____________________________
- Others are __________________________
- The world is __________________________
Positive Core Beliefs

<table>
<thead>
<tr>
<th>Core Belief</th>
<th>Automatic Thought</th>
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<tbody>
<tr>
<td>I am...a good person</td>
<td>Someone would be happy to hang out with me.</td>
</tr>
<tr>
<td>Others are...generally nice.</td>
<td>He didn’t mean to bump into me; he probably just didn’t see me.</td>
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<tr>
<td>The world is...a fascinating place.</td>
<td>This arena is crowded, but I enjoy people-watching.</td>
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Negative Core Beliefs

<table>
<thead>
<tr>
<th>Core Belief</th>
<th>Automatic Thought</th>
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<tbody>
<tr>
<td>I am...worthless.</td>
<td>She would never go on a date with me.</td>
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<tr>
<td>Others are...out to get me.</td>
<td>He is trying to chat me up – he must want something.</td>
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<tr>
<td>The world is...a threatening, dog-eat-dog place.</td>
<td>This arena is crowded. This is a dangerous place. I need to get out of here.</td>
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Negative Automatic Thoughts

As we saw in the ADHD model, people with ADHD often have past experiences of failure or of being less successful in certain areas than other people (e.g., at school or work). These negative experiences can lead to negative core beliefs and negative automatic thoughts. Some people can also experience negative emotions as a result – depression and/or anxiety.

- **Depression** might be seen if a person has given up trying to accomplish some tasks – they may feel that they will certainly fail so there is no point. This can lead to feelings of hopelessness.

- **Anxiety** may be seen if a person is afraid of failing, especially having others witness a failure, and so might cause them to avoid some tasks.

The negative automatic thoughts that people with ADHD often have can end up making sure they don’t succeed – especially if the thoughts prevent them from trying! Negative automatic thoughts are often only opinions, not facts!
Types of Negative Thinking Patterns

Below is a list of negative thinking patterns that can lead to negative emotions and experiences.

<table>
<thead>
<tr>
<th>Negative Thinking Pattern</th>
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<tbody>
<tr>
<td>Overgeneralization</td>
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<tr>
<td>Emotional reasoning</td>
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<tr>
<td>Filtering/Disqualifying the Positives</td>
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<tr>
<td>Mind reading</td>
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<tr>
<td>All-or-nothing thinking</td>
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<tr>
<td>Fortune Telling</td>
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<tr>
<td>Personalizing</td>
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<tr>
<td>“Should” statements</td>
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<tr>
<td>Catastrophizing</td>
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<tr>
<td>Magnification/minimization</td>
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- Refer to the “Examples of Negative Thinking Patterns” handout for complete definitions of each type of thought pattern and helpful examples.

Notes:
Session 3 – Challenging Negative Thoughts

**Negative Automatic Thoughts**
It is important to realize that automatic thoughts are often *opinions*, not *facts*. Because these thoughts are not necessarily accurate, we can learn to challenge them. When we challenge negative thoughts, we can change them and replace them with more rational thoughts.

- A **more rational thought** is something you can tell yourself in order to feel better about the situation.

A rational response does not necessarily ignore what may be truly negative aspects of a situation, but challenges whether your thinking has made it more negative than it really is.

You can **ask yourself questions** to test whether you have blown the situation out of proportion. For example, what is the evidence this thought is true? Am I worrying too much over this?

**Challenging Negative Thoughts**
Below are some helpful questions you can ask yourself to challenge the different types of negative thoughts.

1. **Overgeneralization** - drawing false general conclusions from one particular situation. It is the tendency to generalize about your abilities and experiences without enough evidence for your conclusion. These thoughts often include the words *always* or *never*.

   ➢ **How to Challenge:**
   ○ What is the evidence?
   ○ How do I know that for sure?
   ○ Do other people agree?

2. **Filtering or Disqualifying the Positives** - only concentrating on the negative while ignoring the positive. This creates a view of the world as a frightening and hostile place and it can create anger and anxiety.

   ➢ **How to Challenge:**
   ○ Is there some non-threatening part of this situation?
   ○ Is there anything positive that I’m overlooking?
   ○ Would others think the same about the situation?
3. **All-or-Nothing Thinking** - viewing things at the extremes only, with no middle ground (black-and-white thinking with no shades of grey).

   ➢ **How to Challenge:**
   o Try to put the situation in the middle ground of a continuum (e.g., on a scale of 1-100)
   o Try to imagine the absolute extremes (the worst and best that could happen) and then compare your situation to the extremes to see that it falls somewhere in the middle.

4. **Personalizing** - assuming responsibility for something that is not really your fault. It also involves thinking that what happens somehow relates to you, and is a comment on you.

   ➢ **How to Challenge:**
   o What is the evidence that you are responsible?
   o Could another person in the situation have something on their mind that is unrelated to me?
   o What or who else could possibly have caused this?

5. **Catastrophizing** - assuming that the worst is going to happen or overestimating the likelihood that the situation will end in a catastrophe. It also involves assuming that the outcome will be unbearable or intolerable.

   ➢ **How to Challenge:**
   o What are the possible outcomes to this situation other than what I am predicting? (Think of as many possible alternate outcomes as you can)
   o What is the worst that could happen?
   o Even if the worst happened, would it be as bad as I’m assuming?
   o Try to imagine what you could do to help the situation even if the worst happened.

6. **Emotional Reasoning** - mistaking feelings for facts or assuming something is true just because you believe it is true.

   ➢ **How to Challenge:**
   o What is it about the situation that is upsetting me?
   o What is the evidence that it is true?
   o Is it possible someone else would think differently than me?
   o What would I tell my best friend in the same situation?
7. **Mind Reading** - assuming you know what someone else is thinking, feeling, or going to do. It also refers to making snap decisions based on your assumptions about others and usually involves projecting your own fears, anxieties, or beliefs onto others.

> **How to Challenge:**
> - Ask for clarification – ask *them* what they are thinking or feeling.
> - What is the evidence?
> - How do I know they are thinking/feeling/doing this?

8. **Fortune Telling** - predicting a certain outcome and assuming that your prediction is a fact. It often involves an assumption that the worst will happen and can create a self-fulfilling prophecy (“set yourself up for failure”).

> **How to Challenge:**
> - Is it really as bad as I am thinking?
> - How likely is it that what I am thinking will happen?
> - How often does the worst really happen?
> - Are there other outcomes that could happen, and how likely are they?
> - Am I being realistic in my predictions?
> - Try to tolerate the uncertainty of not making predictions – try to just “go with the flow” and see what happens.

9. **“Should” Statements** - believing that you or others “should” or “have to” behave in particular ways. This creates unrealistic expectations for yourself and others as you are playing by rigid rules and not allowing for flexibility.

> **How to Challenge:**
> - Why? Why should someone do what I expect?
> - Who says they have to?
> - Try substituting “should” statements with “could” or “I would prefer it if people would” statements. Then realize that your preference isn’t a rule – nothing says that what you prefer has to happen (we all have preferences, after all...).
10. **Magnification/Minimization** - the tendency to exaggerate the importance of negative things and reducing the importance of positive things. This includes inflating your faults and trivializing your strengths or accomplishments.

- **How to Challenge:**
  - What would Nice Me/my best friend say?
  - Is my assessment of the importance of the negative and positive really accurate or realistic?
  - Would somebody else see this situation differently?

- Refer to the “**Challenging Negative Thinking Patterns**” handout for more strategies to challenge your negative thoughts.

**Notes:**
Session 4 – Mood Management

People with ADHD are often experience very strong or intense reactions to emotional events. Some reactions may be tied to a specific triggering event, but sometimes they might have no explanation at all – this can be confusing and frustrating.

Having these kinds of reactions can result in mood swings – feeling up, happy, excited, revved up one minute, and let down, upset, irritable the next. Having wild mood swings can get in the way of accomplishing your goals.

Learning to manage your moods is an important skill to help you succeed in many areas of life.

Managing Your Mood Involves:
1. Recognizing your moods (i.e., are you sad, angry or scared? Happy, excited, or stressed?)
2. Recognizing any mood-shift patterns you have.
3. Learning to anticipate the shifts or mood swings.
4. Learning to manage the intensity and frequency of your the moods.

Strategies to Help Manage Your Mood:
Physical Strategies:
- Exercise or exercise outside.
- Allow yourself to move while doing other activities.
- Set aside time to “recharging your batteries”
- Set aside “blow-out” time during the week.
- Make sure you get enough sleep!
Behavioural Strategies

- Leave a situation before you lose control.

- Take two breaths or a sip of water before you speak when you are having an intense feeling.

- Try to give yourself a choice of tasks when you can – a sense of control can help your mood.

- Try to avoid watching violent TV shows or playing violent TV games.

- Find positive things you can use to reward yourself with when you have accomplished a task.

- Schedule breaks in long or hard activities.

Emotional Strategies

- Try to understand what causes your mood episodes so you can develop strategies to head them off.

- Understand and accept the “fear” of things going well.

- Expect depression after success or after completing a big project.

- Develop a plan to deal with the “blahs” in advance.

- Try to develop your sense of humour.

- Learn how to tolerate bad moods.
• Recognize and understand the ADHD mood cycle:

  1. *Something changes in your life (for the worse or for the better).*

  2. *You respond with a “mini-panic” state and magnify the situation in your mind.*

  3. *Then you obsess about the situation (outwardly or inwardly) which can lower your mood dramatically.*

• **Distinguish between situations** you can control and those you cannot.

• **Learn to extend the happy or successful moments.**

**Social Strategies**

• **Schedule activities with friends** – Connecting with people is a great pick-me-up.

• **Join a support group** – Knowing that other people struggle with similar things as you can make things feel less overwhelming or dismal.

• Don’t stay in situations with people who **don’t appreciate or understand you.**

**Lifestyle Strategies (For Now, or Down the Road):**

• Choose friends who **encourage you** – this will help you maintain more positive moods.

• Work hard on learning to recognize and **accept positive feedback** (i.e., don’t “disqualify the positive”).

• Find a way to **help other people with ADHD** – helping others makes us feel good (e.g., join a support group and participate, mentor a young person).

• If you tend to get “hooked” on things, find some beneficial addictions that won’t get you into trouble or make you feel guilty (e.g., exercise, artwork, home improvement projects, etc.).
Session 5 – Managing Impulsivity

Impulsivity is the tendency to **act quickly** and **without thought**. It involves not being able to stop a behaviour **before** it starts or change a behaviour once it has **already** begun. People with ADHD often have problems controlling their impulses even though they are aware of the consequences. Impulsivity is often viewed as the most difficult symptom associated with ADHD because it can lead to trouble if it goes unmanaged.

Impulsivity can be expressed in **small ways**.
- E.g. Rushing through something to just “get it done” or being unable to resist buying something that you do not need

However, difficulty controlling impulses can lead also lead to more **serious problems**.
- E.g. High-stakes gambling, yelling at someone who has upset you, or doing dangerous things on a whim

Impulsivity is also related to aggression, crime, and violence. This can often occur if an individual does not think before acting or does not examine the consequences of specific actions. Impulsivity in these areas is problematic because the ideas usually sound good at the time but can lead to serious problems either immediately or in the future.

**Low Frustration Tolerance**
Impulsivity can stem from a **low ability to tolerate frustrations**. If a situation is overwhelming or too difficult to tolerate, a person with ADHD might need to **relieve** the tension by engaging in something – **anything** – in order to cope with the feelings of frustration
- E.g. Blurt something out or engage in a distracting activity

People with ADHD often have a hard time being patient, waiting for things to happen and just “going with the flow”. It is all about **immediate action** and having things happen **now**. The link between impulsivity and low frustration tolerance can create a cycle that can be difficult to break.

![Diagram of the relationship between Frustration, Negative Thoughts, and Impulsive Behaviour](attachment:image.png)
Most people with ADHD tend to act impulsively when they are over-stimulated

- E.g. When a lot is happening around you; if you are being rushed, if you are emotionally charged, or if you are tired

**Identify Personal Triggers**
The first step to managing your impulsivity is to become aware of what behaviours are likely to trigger your impulsive behaviour.

- **Ask yourself:** *When am I most likely to lose control and act impulsively?*

- E.g. When something doesn't go your way, spending money, blurting things out, using drugs, hurting yourself, losing your temper

**Recognize Triggers & Prevent Impulsive Behaviours**
Once you are able to identify the situations where you are most likely to act impulsively, you can begin to avoid these triggers. However it is not enough to merely identify your triggers, you must assess the conditions that are associated with them.

- **Ask yourself:** *What was occurring during the last few times I acted impulsively?*

- E.g. A lot of noise, certain people around, rushing, feeling depressed, lifestyle changes or transitions

The more familiar you become with your triggers and impulsive patterns, the more likely you will recognize them before you lose control and act impulsively.

---

**Identify**
- Become aware of what situations or behaviours will most likely trigger your impulsive behaviour.

**Recognize**
- Become familiar with your triggers so that you can easily recognize them before they occur and prevent yourself from making an impulsive decision.

**Prevent**
- Avoid temptation by removing yourself from risky situations
- Be prepared by using coping skills to manage impulses and stop impulsive behaviour.
**Strategies to Prevent Impulsivity**

**Avoiding Temptations and Risky Situations**

Many people have a desire to control their behaviour, even while the temptations are present. But this form of self-control is risky and might set you up for failure. In cases like this, when you are first starting to manage your impulsivity, it is best to just try and avoid any temptations that might interfere with your progress.

*Ask yourself: What changes can I make to reduce or avoid temptations?*

One of the hardest temptations to avoid is the people who act as triggers to your impulsive behaviour. If you can’t avoid them entirely, at least try to avoid being in high-risk situations around them.

**Impulsivity Delay**

One of the best ways to avoid impulsive behaviour is to purposely delay your decisions. As mentioned earlier, the key to success is becoming aware of your triggers and when you are about to lose control.

When you feel you are about to make an impulsive decision –

1. **STOP!**
2. **Think**
3. **Talk It Over**

Sometimes it is helpful to talk over a decision with someone else; it can give you an alternative perspective and more information. Even if you like to make decisions independently and don’t ask for advice very often, it will still be you making the final decision in the end. By talking it over with someone else, you are also giving yourself more time to think about the consequences of your actions.

It is suggested that you try and give yourself 24-hours before making any impulsive decisions:
- Try and sleep on it
- Generate alternatives
Slowing Down

As previously mentioned, one of the characteristics associated with ADHD is *hyperactivity* – the feeling that you are driven by a motor. When you’re constantly moving around or rushing, it becomes difficult to make smart decisions and is a perfect opportunity for impulsive behaviour. Notice when you are starting to “speed up” and slow things down **before** you do something impulsive.

*Here are some helpful ways to help you slow down:*

- Keep something nearby to keep your hands occupied
  - E.g. Worry beads, stress ball, playdough
- Take a minute to stretch your arms and legs
- Do some deep breathing exercises
- Take a walk – but keep your pace slow
- Use self-talk to tell yourself to slow down
- Ask someone to let you know if you are starting to speed up

Controlling Impulses

Once you are able to identify your impulse triggers, you can work on controlling your urges. The best way to do this is to **be prepared**.

- **Identify the urge** – give it a name
  - E.g. “I can feel my urge to fight building up”
- **Use self-talk** - if you say “it will pass” eventually it will
- **Have a replacement behaviour** – do something that will help calm you down
  - E.g. exercising to relieve frustration or anger

Visualization

Visualization techniques can also be used to manage impulsivity. It is an effective way to help us **practice skills** by using our **imagination** to envision the proper things to say and do in a particular situation. This is helpful when you are confronted with a similar situation in real life. Visualization can be used for almost any scenario; just remember to relax, clear your mind, and just start to imagine yourself acting out the scene.
Stopping Impulsive Behaviour

For people with ADHD, it is often difficult to stop impulsive behaviour once it has already started. You might say to yourself “why stop now?” once you’ve realized what you are doing. If you don’t stop yourself, it’s as if you are giving yourself permission to keep being impulsive.

It doesn’t matter at what point you realize you’re being impulsive, just that you stop doing it immediately. As soon as you realize you are being impulsive, start doing something else – an alternative behaviour – that is easily available.

- E.g. Exercising, stretching, deep-breathing, squeezing something

Remember, even if you stop halfway through an impulsive behaviour, that is still an improvement!

Notes:
Anger is...
- A natural human emotion that usually occurs as a result of thinking that we have been mistreated, injured, or opposed by a variety of stressors.
- It can also occur when we encounter an obstacle that stops us from completing tasks or goals.

Aggression is...
- A behavioural reaction to anger.
- It is how we express our feelings of anger.
- It is often used to gain something, either through intimidation or by forcing someone to do something for you.

Assertiveness is...
- Reacting to positive and negative events without resorting to aggression or passivity.
- Asking for what you want while maintaining respect for others.

Anger and Impulsivity

Like anybody else, people with ADHD often experience a flood of emotion; however anger tends to appear frequently and quickly in response to feelings of being overwhelmed and frustrated.
- **Ask yourself:** How do you deal with anger? Do you bottle it up? Or do you let it out in impulsive outbursts?

Anger becomes a problem when it is a constant state; it can cause mental and physical stress. Often, anger can occur so quickly that someone with ADHD may not be able to properly assess the situation and they may respond by snapping questions, giving orders, or angry outbursts (aggression and/or violence).

It’s likely that you’ve been impulsive when you were angry before and it was successful in getting you what you wanted. However angry outbursts can have the opposite effect that you want, eventually leading you down a troublesome path.
Placing Blame

When we get angry, we have a tendency to place blame on an external source, such as a person or an event, to help us cope with the emotions

- E.g. “It’s his fault I’m mad” or “If this didn’t happen, I wouldn’t be so angry”

Placing blame usually helps us think that the situation and our anger are out of our own control because of some other factor and it takes responsibility away from ourselves. However, this is actually an unhealthy way to deal with feelings of anger and does not reflect the truth of the situation:

You, and ONLY you, are responsible for getting angry and how you express your anger!

As long as you allow others’ actions to influence your emotions, you allow them to “control” your life as well. You have a choice to decide if you are going to be angry and if you are going to act impulsively on it.

Identifying Anger Triggers

The first step in controlling angry impulsive acts is to identify and acknowledge your triggers (what makes you angry). It might be helpful to ask yourself the following questions to help you identify your triggers: Who? What? When? Where? Why?

If you can successfully identify these triggers, you’ll be able to stop yourself before you do or say something you might regret.

Anger and Other Emotions

Anger can often disguise how you are really feeling. It’s a defence we use to protect us from feeling more vulnerable emotions, such as sadness, hurt, loss, and especially powerlessness.

- Ask yourself: What emotions are you really feeling?

If you can learn to accept some of these underlying emotions, you’ll have an easier time resolving what is truly bothering you.
Stopping the Anger Escalation

When you feel yourself starting to get angry, the most important thing you can do is to stop it – stop the escalation. Anger that you allow yourself to build up will be more difficult to manage and it might increase your chances of doing something impulsive.

The first step to take once you feel yourself escalating is to take a break. Once you have taken yourself away from the situation do something that will actually help calm you down.

- E.g. Deep breathing exercises, visualization, or any other activity that will help distract you
- Remember – use visualization to practice appropriate responses, not aggressive or impulsive ones!

Next, come back to the situation or problem after you have taken some time to calm down and reassess your approach.

Using Signals

Signals can also be an effective way to stop the anger escalation. Sometimes anger can happen so quickly that we aren’t even aware it happening.

In the early stages of managing anger, it might be helpful to ask someone else to “think” for you when you need to slow down. Set up a sign for someone else to use when you start to escalate (e.g. a hand gesture) that will indicate that you need to take a break.

You can also set up signals for yourself to remind you to ‘slow down’ and take a break.
- E.g. A red dot somewhere visible that will remind you to take a break if needed

Resolving Anger

Once you’ve removed yourself from an upsetting situation, the next step is to return to the problem with an alternative, more appropriate approach. Of course you want to fix the problem in a way that will benefit both you and the other people involved, minimizing as much damage as possible

Here are some tips for generating positive solutions:

- Ask questions
- Speak in a calm voice
- Try to understand where the other person is coming from
Sometimes our anger can escalate before we can stop it and find ourselves doing things impulsively that we may later regret. In this case, even if the damage has already been done, it is **never too late to right a wrong** – apologize for your actions and **take responsibility** for your anger.

- If you hurt someone, tell them you are sorry.
- If you damaged someone’s property, offer to pay for it to be fixed.

Even if your apology is not accepted, you have taken an important step in breaking the cycle of anger and impulsive behaviour.

**Notes:**
Session 7 – Time Awareness

What is Time Awareness?
Time awareness is the ability to estimate how much time has passed and at what rate it is passing; time awareness is often used to help us make important decisions. Time awareness is developed through two ways:

- **Hindsight** – learning from past experiences.
  - E.g. “Well my homework took longer than I expected. I thought it would only take 10 minutes but it actually required 1 hour”.

- **Foresight** – taking our past experiences and applying them to future decisions.
  - E.g. “Since my homework took me an hour to finish last week, I’m going to schedule myself an hour to finish this week's homework”.

Most people have a subconscious awareness of time and find time predictable. However people with ADHD often have difficulty in gauging the passage of time in two ways:

1. **Feeling like time is passing slower or faster than it actually is**
   - 5 minutes can feel like 1 hour (time = slow)
   - 1 hour can feel like 5 minutes (time = fast)

2. **Tendency to underestimate how much time it takes to complete a task.**
   - For example, you might think a homework exercise is easy and will only take 10 minutes to complete – but when you sit down to work on it, you find it’s actually going to take you a lot longer than you thought! You are supposed to see your counsellor in 5 minutes and now your homework is not complete...
Becoming Aware of Time

Improving your time awareness is a skill that takes practice, practice, practice. The key is to use visual reminders!

Clock and/or wrist-watch: being able to consult a clock is essential when learning how to manage your time. You don’t want to be in a situation where you have to say “I didn’t know what time it was”. By using a clock or a watch, it’s less likely that time will just slip away from you.

Using a Planner

When you forget about appointments, meetings, or errands that you were supposed to do, it can be frustrating for both you and the others involved. Forgetting about very important meetings, such as a meeting with your parole officer, can also be costly.

A planner is essential to time management because it allows us to keep track of all of the things we need to get done. Your planner should be used to track key appointments, such as meetings or important dates. It can also be used to keep “to-do lists” for specific days or times.

Guidelines for Using a Planner:

• Only use one planner.
• Bring your planner where ever you go.
• Write everything down in the planner.
• Always look at your planner in the morning, afternoon, and evening.
• Set a “cue” for yourself to check your planner.
Scheduling

Scheduling is a tool that helps you organize your time. It means planning to do specific tasks at specific times of the day to help you accomplish as much as possible. Once you have a system that works for you, try to use it every day. This will help you structure and plan out your day so you stay on track. Having structure eliminates the chances that you will do something you shouldn’t be doing.

Tips for Scheduling

- Schedule tasks that repeat or occur at the same time each day.
- Try to schedule your important activities within normal “business hours” (approx. 9am – 5pm).
- Save the evenings and weekends for relaxing or fun activities.
- Plan to do the most challenging things when you are most motivated.
- If there is a task that you have been putting off or find difficult, schedule it during a time that you have a lot of energy.
- When you are feeling tired, try to do the easiest tasks first, or the ones which require the “least amount of thought or effort”.
- Never abandon a task during a difficult part.
- Schedule yourself more time than you need.
- Don’t forget to use the “time cracks” – this is the time between two tasks.

If you find yourself straying from your schedule, don’t worry it happens to everyone. Don’t think negatively about it – just look at your schedule and figure out where you need to be.

Remember to schedule yourself some relaxation time! If you don’t, you might begin to feel overwhelmed by your schedule and stop following it.

Notes:
Session 8 – Time Management

Multi-tasking can be difficult for people with ADHD as they might have trouble deciding which tasks are most important and which tasks can wait. Even if you are able to decide on which tasks are important, you might have a hard time sticking with it until it’s finished.

**To-Do Lists**
The first step in learning how to manage your time is to generate a list of all of the things you need to accomplish. To-do lists serve several helpful purposes:

- They clarify our thinking and organize our thoughts.
- They increase our commitment to begin or finish tasks.
- They add structure to our routine.
- They can act as memory helpers in general so that we don’t forget about an important task that we need to do.

A to-do list is only useful if it is actually used. Since lists can easily be forgotten, it is important to keep the list somewhere convenient where you can refer to it often.

- **Keep your to-do list in your planner** – that way, as long as you have your planner with you, you can refer to the list quickly and easily.

Try to make daily or weekly lists of what you need to do. These lists are easier to revise and will serve as feedback for how you are keeping up with everything that needs to be done.

Write the date that you wrote the list down and give the list an expiration date. When that date arrives, review your list. Congratulate yourself for what you have accomplished and look at what still needs to be done.

- **Ask yourself:** *Why was I not able to finish this task?* If the task is still important, include it on your next to-do list.

**Prioritizing To-Do Lists**
Having a to-do list is an essential tool to stay organized. However it does not help you determine which tasks are more important or time-sensitive than others. People have a tendency to complete easier, less important tasks first. When we do this we feel like we are getting tasks accomplished but this becomes problematic when we never end up making progress on important goals.
Prioritizing the items on your to-do list is the best strategy to ensure that you are completing the most important tasks first. Prioritizing is important for two reasons:

1. There often isn’t enough time in the day to get every task on our to-do lists completed.

2. Prioritizing is especially helpful for people with ADHD, who are likely to be impulsive and attend to whatever is most interesting in the present moment.

**Deciding What is a Priority**

There are several things that you will need to take into account when deciding which items are your top priorities:

- **Urgency/Deadlines** – when you look at your to-do list, when does each item have to be completed by? Those with the closest deadlines should be a high priority.

- **Importance** – what items are important to your short and long term goals? A task might be important but not urgent.

- **Personal Goals** – consider your personal long-term goals and values. What do you need to do in the short-term to reap the rewards in the long-term?
  - It’s important to prioritize these goals into your daily activities in order to make sure they are actually met.
  - E.g. exercising or spending time with family

- **Efficiency** – make the most of your time by grouping like tasks together. This also includes making use of the “time cracks” in your schedule.

**Problem Areas When Prioritizing**

People with ADHD often run into difficulties with to-do lists and prioritizing in two main areas:

1. Wanting to reserve chunks of time to “do anything”
2. Feelings of failure if items on the to-do list are not completed by a given time period

However, it’s important to remember that in the time periods we expect to “do anything” in, we often end up doing nothing at all. This is why the use of a planner, schedule, and to-do list is so helpful.

Even on days when you don’t manage to accomplish all that you had hoped, remember that this is a new skill and that reviewing how or why tasks didn’t get completed will improve your chance of success in the future.
How to Prioritize

1. Make a to-do list; write down all of the tasks you need to accomplish.

2. Create a ranking system to show a task’s priority
   - E.g. 1, 2, 3; hot, warm, cold; A, B, C
   - Assign a priority ranking to each item on your to-do list.

3. Take the high priority items and put them into your planner or schedule.

Considering Importance and Urgency

• **Important and urgent** – these items have the highest priority and should be completed first.
  - E.g. Submitting documents by a certain date

• **Important but not urgent** – usually considered to be long-term goals that improve our personal well-being; while they may be important in the long-run, they often get neglected or overlooked because of other daily items that are more urgent.
  - E.g. Personal relationships, exercising

• **Not important but urgent** – these are the items that we most often attend to and people with ADHD often get caught up in these demands. These items are usually things that other people need done quickly. We may look and feel busy, but we might not actually be accomplishing anything all that much.
  - E.g. Phone calls, interruptions, etc.

• **Not important and not urgent** – these items have the lowest priority and are often the most appealing or pleasant tasks. These items pose a great risk for people with ADHD as they might fall into the trap of devoting their time to these tasks and ignoring the more important ones. If that is the case, consider scheduling these items during downtime as a fun activity or removing the task from your priority list all together.
  - E.g. Reading, drawing, listening to music
**General Rating Scale**

Here is a general rating scale that you can use to prioritize your to-do list:

- **“A” tasks** – these are the tasks of the highest importance. They most likely need to be completed either today or tomorrow.

- **“B” tasks** – these tasks are of less importance and can likely be completed over the course of several days or in several steps.

- **“C” tasks** – these tasks are of the least importance and might be most tempting; they are likely easier or enjoyable but are not urgent.

**Tips for Prioritizing**

- Estimate how much time it will require to complete each task and use this estimation to fit the task into your schedule.

- Schedule uninterrupted chunks of time for tasks that might be more difficult for you to complete.

- Schedule similar tasks together.

- Consider your own patterns – schedule difficult tasks during times when you have the most energy.

- Schedule easier tasks as a reward after you complete difficult tasks or alternate between the two.

- If possible, try to do difficult tasks at the same time as enjoyable activities (e.g. Watching TV while exercising or listening to music while cleaning).

- Limit social or fun activities to evenings and weekends.

- Try to prioritize your to-do list each morning and stick with it, making adjustments when needed. Try to resist the urge to do things out of order!

**Notes:**
Session 9 – Managing Distractibility

For people with ADHD, losing interest in an activity once the novelty has worn off is a commonly reported problem. Losing this initial interest can lead to consistently abandoned activities or tasks and in turn, make a person vulnerable to a variety of distractions. Distractibility also refers to the inability to filter or screen out irrelevant or unimportant things that occur around us.

**Expected Distractions**
Most distractions are not unexpected; in fact they are often events that you might even be able to predict. (E.g. Food carts rolling by your cell, count, etc.)
For people with ADHD whose brains seek constant stimulation, ordinary or common sounds can also be distracting. (E.g. Other inmates talking on the range, music playing, TV shows, etc.)

**Inner Distractions**
Expected distractions can also come from within you. These are the urges that make you feel like you want to take a break from a boring task (E.g. Eat food, make a phone call, doodle, clean, etc.). These inner urges sound spontaneous but if you really examine your own personal habits, you might notice that whenever you engage in these behaviours, you tend to get sidetracked.

**Unexpected Distractions**
It’s nearly impossible to ignore all of the different types of distractions. No matter what you do to control for the various elements in your environment, sometimes things will occur that break your concentration. Unexpected distractions can be anything from loud, sudden noises to phone calls or visitors.

**Procrastination**
People with ADHD often find it difficult to concentrate and follow through on dull, boring, or difficult tasks. This sense of restlessness can turn into procrastination and is easily maintained by internal or external distractions within the environment.
People who procrastinate on difficult or boring tasks often find themselves using an excuse to justify escaping or putting off the task. These excuses can come in a variety of ways; some may be valid and truly deserving of your attention, but in the end, the purpose of an excuse is to provide short-term reward.
Types of Procrastination Excuses

- **Waiting for Inspiration**
  - If you find yourself feeling particularly unmotivated to do a certain task, you might say “I need to wait until I’m in the mood or inspired to start that task”.
  - It is important to remember that not all activities need inspiration in order to complete them.
    - E.g. Work, creative projects, or routine/daily tasks

- **Waiting for Tomorrow**
  - Not feeling ready to begin something can often result in putting things off until “tomorrow”.
  - However this is problematic when the demands of “tomorrow” end up pushing “yesterday’s” task to an even later date until eventually it is forgotten.

- **Blaming Others**
  - This type of excuse refers to blaming others for not preparing you for certain challenges that you need to accomplish.
  - Blaming can often allow you to feel less responsible for what you need to do and will make it easier for you to give up or not even try on specific tasks.
    - E.g. “She didn’t give me the form I need to complete”

- **Emotionalism**
  - This type of excuse refers to the feelings of resentment and anger often associated with placing blame on others.
  - It’s easier to tell yourself that you are just too upset to get started on something than to push ahead and separate your emotions from your goals.
    - E.g. “I’m so angry right now – there’s no way I could concentrate on that today”.

- **Waiting to be Rescued**
  - This excuse refers to slowing down or quitting a task and waiting for someone else to step in and take over for you.
  - If this has worked in the past, it’s more likely that you will sit back and hope it will work again this time.

Managing Distractibility
Changing the structure of your environment is the first and best step in managing distractibility. While you may have little control over the distractions that other people create, there are several changes you can make to help reduce or minimize the distractions around you.

- **Ask yourself:** What are the things that typically distract me? What are the types of things that typically get in the way of me trying to accomplish something?
For each item that you find distracting, **try to come up with a strategy to reduce your temptation to engage in the distraction.** It’s important to figure out what your distractions are and which strategies work best for you.

**Reminders**

One way you can alter your environment to help you concentrate better is through the use of reminders and signals. Posting a sign or a note that has a phrase such as “**Stay Focused**” written on it or an alarm that will go off at regular time periods will help you catch yourself before you get too distracted.

Each time you see your visual reminders or hear your signal, **ask yourself:** _Am I doing what I’m supposed to be doing, or did I just get distracted?_

**Gauging Attention**

In order to improve your attention span, you first have to determine how long you are currently able to hold your attention. Below are the steps you can take to gauge your current attention span:

1. First, pick a task or activity you have either been avoiding or that requires some amount of effort and concentration.

2. Then, start a timer or wrist watch, and begin working on the task.

3. Keep going for as long as you can before feeling the urge to stop, take a break, or allow a strong distraction to interrupt you.

4. As soon as you notice this distraction, stop the timer and make note of how much time as passed.

5. Record the time – how long were you able to stay concentrated?

6. Repeat this exercise several times throughout the week.
Using the Distractibility Delay

Once you have an understanding of your attention span, it’s important that you attempt to increase the length of time you can maintain concentration and delay engaging in any unimportant distractions during that time.

1. Keep a notebook or piece of paper beside you.

2. Set your timer for the length of time that you can usually maintain your attention. If you are trying to increase this, try timing yourself for slightly longer.

3. Start working on a task or activity.

4. When a distraction enters your mind, write it down on the piece of paper; but do not do anything about it!
   - “List it – Don’t Fix It!”

5. Next, use self-talk or coping statements to help you resist the distraction.
   - E.g. “I’ll worry about it later”, “This is not a major priority”, or “I’ll come back to this”

6. Return to your task or activity until the timer goes off or the chunk of time you’ve selected is over.

7. At this point, feel free to take a break and look at your distraction list. Decide if anything on the list should be taken care of now or if they can wait until later.

8. At the end of the day, review the list again. Ask yourself the following questions:
   - Were the distractions actually important?
   - Did they only seem important because they suddenly became more attractive than the task you were working on at the time?

9. If any of the items are important, either attend to them or add them to your to-do list or planner.
Tips for Managing Distractibility

Here are some tips to help boost attention span and improve your concentration:

- **Get plenty of sleep** – lack of sleep causes fatigue and impairs concentration
- **Exercise!**
- **Use mindfulness activities** to keep “brain chatter” to a minimum, allowing you to focus and concentrate on the “now”
- **Eat breakfast** – skipping breakfast leads to low-blood sugar throughout the day which can cause poor focus

**Notes:**
People with ADHD often struggle with tasks or projects that are:
- Repetitive
- Boring
- Tedious
- Effortful
- Large
- Complex

**Making an Action Plan**
This can help when you don’t know how to best deal with a problem, or when there are too many possible ways of dealing with it. People with ADHD may “stall out” or procrastinate if they can’t figure out the first step in dealing with a problem, or if they become overwhelmed by too many possible ways of dealing with it.

There are 5 steps to making an **Action Plan**:

1. **Spell out the problem** – describe it briefly but be specific. (e.g., I don’t know if I should break up with my girlfriend; I don’t know what to do about a guy on the range who is causing me trouble)

2. **List all possible solutions** – brainstorm! Be creative. List *everything* you can think of – even silly solutions – without worrying about consequences. Listing everything will help you to come up with more possibilities.

3. **List the Pros and Cons** (positives and negatives) of each solution – now is the time to think (realistically) about the consequences. Be honest – list what really could happen if you picked that solution.

4. **Rate each solution** – on a scale from 1 to 10, where 1 is Terrible and 10 is Fantastic. Keep in mind the consequences, but also how difficult or realistic the solution is *for you* (i.e., will doing this make you anxious? Will it have the desired outcome?)

5. **Pick the best solution** and apply it.
**Rewarding Yourself**

Pick a reward – something that you will enjoy – and tell yourself you can have the reward when you complete the task (or a chunk of it).

Rewards can be many things. For example:

- **A treat** – e.g., chocolate bar, brownie, chips
- **A pleasant activity** – e.g., phoning your family, playing cards on the range
- **Relaxation** – e.g., TV time, a shower, a nap, yard or gym time, reading an interesting magazine

The reward has to be something that will motivate you to complete the task/chunk.

- Remember, also, that **you don’t get the reward if you don’t complete the task!!!**

**Breaking Down a Task**

If the plan/task is overwhelming, and the feeling of being overwhelmed is getting you “stuck”, then you need to break the plan/task down into manageable “chunks” or steps.

Each step needs to be manageable – if one step seems too hard, break it down more. Don’t be afraid to have lots of steps if that’s what gets the job done!

- **Remember: If you can’t seem to get started, then the first step is TOO BIG!**

Once you have the chunks, or steps, listed, you can make them into a To-Do list and/or schedule them on your calendar. You can also try to anticipate what things might distract you from completing them. You can even turn the possible distractions into rewards. You can use the information about the length of your attention span to guide how big the steps should be or how long they should take.

**Some other tips about breaking down tasks into chunks or steps:**

- Plan a list of rewards first, that you can pair up with the steps

- Alternate activities you dislike with ones you like (e.g., writing a letter, include a drawing)

- Work with someone else – either tell them what you are doing and have them verify what you’ve done after a certain amount of time, or work on a similar task at the same time (e.g., homework)
If you have a big task – or project – that has multiple parts or is very complex, you can use a flowchart to keep track of it.

Notes:
Session 11 – Getting and Staying Organized

Why is being organized a helpful skill to have?
1. It helps us find things more easily.
2. It helps us be more efficient - we will spend less time looking for things.
3. It helps reduce stress.
4. It makes our environment look neat and presentable.

The Basics of Organization
In order to have a good organization plan it is important to make sure that the places you decide your things belong are:
- Easily identifiable
- Easily accessible
- Neat in appearance

For people with ADHD, it’s important for the things that require your attention to be placed in your immediate view. Try to minimize visual distracters by putting the things you need most often within hands reach.

The Key to Success
There are two things to remember that are essential to good organization:
3. There is a place for everything.

4. Everything should be in its place.

Getting Organized

STEP 1: ANALYSIS
- Make a list of the different types of items you keep in your living space. For example: important papers, homework, books, personal belongings, etc.

STEP 2: CREATE ZONES
- Next, create “zones” in your living space for all of the above items to belong. Imagine what your ideal living space would look like when it is clean and neat. It might help to draw a diagram and label each zone.

- REMEMBER: It is important to create zones that “fit” with each item. Store items as close as possible to the place that you will use them. Items that are placed in inconvenient zones can quickly lead to clutter!
STEP 3: SORT IT OUT

- Now it is time to sort all of the clutter! Begin by making piles that make sense for what you are organizing; for example, if you are sorting paperwork, make 2 piles: one for KEEP and another for TRASH.

- REMEMBER: when going through interesting items you might be tempted to stop and read several pieces of paper or maybe you’ve discovered something you had forgotten about – *resist the urge!* Otherwise you might get distracted and never finish organizing.

- Instead, place those items aside and look at them when you take a break.

STEP 4: GIVE EVERY OBJECT A HOME

- Take a look at each of the piles you have sorted. Ask yourself why these items ended up as clutter. Is it because they didn’t have a home? Was their home too inconvenient?

- Give each item in the KEEP pile a home. Make sure it is in the zone that is most convenient to the purpose of the item.

Using a Filing System

Papers are one of the most frequent things that get lost, misplaced, or disorganized. One way to make sure that you can always find what you are looking for is to set up a filing system for papers.

Follow the tips below to help you use a filing system:

- Make sure your files are clearly labeled.

- Put them in alphabetical order (A – B – C)

- Use colour coding to find things quickly
Using Previous Skills

- Divide the task into smaller parts. You can divide the task into sections or divide your time based on your attention span.
- Decide how many “sessions” it will take for you to get organized. Schedule these sessions into your planner.
- Reward yourself for the parts you complete.
- Use visualization to help you stay motivated when you get distracted (visualize how the space will look and how you will feel).
- Use a system to help you sort things out (“keep” or “trash”).
- Ask someone to help you with the process.

Staying Organized

The most important thing to remember about staying organized is to not let things pile up. It can be easy to just place things in convenient locations and forget about them, but eventually, this might form into a habit and you no longer have an organization system that works.

Seeing a pile of items that need to be sorted can leave you feeling overwhelmed and most likely, you will never want to even start organizing it.

Remember: The longer something is left piled up, the more effort it will require to put it away!

Advantages of putting things away when you are done with them:

1. You will have an easier time finding things when you need them.
2. Your living space will look neat and tidy. Did you know that having an organized living environment can reduce stress?
3. Each time you spend a few minutes putting things away, you will have the almost immediate reward of seeing a positive result! For example, your desk will be clean or your floor will be clear.
4. For every few minutes you spend now staying organized, it will save you many minutes in the future from having to deal with things that pile up.
Session 12 – Review

Use this handout to make notes about each of the sessions as we review the key points and skills taught during the course of the group.

SESSION 1: Introduction to ADHD

SESSION 2: Identifying Negative Thoughts

SESSION 3: Challenging Negative Thoughts
SESSION 4: Mood Management

SESSION 5: Managing Impulsivity

SESSION 6: Anger and Impulsivity

SESSION 7: Time Awareness
SESSION 8: Time Management

SESSION 9: Managing Distractibility

SESSION 10: Task Management

SESSION 11: Getting and Staying Organized
PART IV

APPENDICES
Appendix A

ADHD Self-Report Symptom Form
**ADHD Self-Report Symptom Form**

**Name:** ____________________________  **Date:** ________________________________

**Instructions:** Please rate the statements below by checking off the box that best describes your behaviour *during the past week*.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Never or Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fidget or squirm with hands or feet when I have to sit down for a long time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Trouble with following directions and getting things done</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Difficulty keeping track of tasks or appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Feel &quot;on the go&quot; or &quot;driven by a motor&quot;</td>
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<td>5</td>
<td>Avoid or delay tasks that require a lot of thought</td>
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<td>6</td>
<td>Trouble with remembering daily things</td>
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<td>7</td>
<td>Trouble with giving close attention to details or making careless mistakes</td>
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<td>8</td>
<td>Difficulty listening to what people say to me, even when they speak to me directly</td>
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<tr>
<td>9</td>
<td>Feel restless</td>
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<tr>
<td>10</td>
<td>Talk too much in social situations</td>
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<td>11</td>
<td>Misplace or have difficulty finding things</td>
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<tr>
<td>12</td>
<td>Blurtiong out answers before the questions have been completed</td>
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<tr>
<td>13</td>
<td>Easily distracted by activity and noise around me</td>
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<tr>
<td>14</td>
<td>Difficulty waiting my turn</td>
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<td>15</td>
<td>Interrupt or intrude on others when they are busy</td>
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<tr>
<td>16</td>
<td>Trouble keeping my attention in boring or difficult situations</td>
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<td>17</td>
<td>Leave my seat in situations where I am expected to remain seated</td>
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<tr>
<td>18</td>
<td>Difficulty unwinding or relaxing</td>
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</table>

APPENDIX B

WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-SR)
### WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-S)

**Name:**

**Date:**

**Date of birth:**

**Sex:**

**Work:**

<table>
<thead>
<tr>
<th></th>
<th>Never or not at all</th>
<th>Sometimes or somewhat</th>
<th>Often or much</th>
<th>Very often or very much</th>
<th>n/a</th>
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<tbody>
<tr>
<td>A  FAMILY</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1 Having problems with family</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>2 Having problems with spouse/partner</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>3 Relying on others to do things for you</td>
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<td>1</td>
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<td>3</td>
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</tr>
<tr>
<td>4 Causing friction in the family</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>5 Making it hard for the family to have fun together</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>6 Problems taking care of your family</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>7 Problems balancing your needs against those of your family</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>8 Problems losing control with family</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<td>B  WORK</td>
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<tr>
<td>1 Problems performing required duties</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>2 Problems with getting your work done efficiently</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<td>3 Problems with your supervisor</td>
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<td>1</td>
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<td>3</td>
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<tr>
<td>4 Problems keeping a job</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>5 Getting fired from work</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>6 Problems working in a team</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>7 Problems with your attendance</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8 Problems with being late</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9 Problems taking on new tasks</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>10 Problems working to your potential</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>11 Poor performance evaluations</td>
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<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Problem</td>
<td>Never or not at all</td>
<td>Sometimes or somewhat</td>
<td>Often or much</td>
<td>Very often or very much</td>
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<td>Problems taking notes</td>
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<td>Problems with attendance</td>
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<td>3</td>
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<tr>
<td>8</td>
<td>Problems with being late</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<td>9</td>
<td>Problems with working to your potential</td>
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<td>Problems with inconsistent grades</td>
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<td>Feeling frustrated with yourself</td>
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<td>Trouble cooperating</td>
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<td>Trouble getting along with people</td>
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<td>Problems keeping friends</td>
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<td></td>
<td>Never or not at all</td>
<td>Sometimes or somewhat</td>
<td>Often or very much</td>
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<td>Aggressive driving</td>
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<td>Doing other things while driving</td>
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<td>Road rage</td>
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<td>Breaking or damaging things</td>
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<td>Doing things that are illegal</td>
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<td>Being involved with the police</td>
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<td>7</td>
<td>Smoking cigarettes</td>
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<td>Smoking marijuana</td>
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<td></td>
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<td>Drinking alcohol</td>
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<td>Taking &quot;street&quot; drugs</td>
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<td>Sex without protection (birth control, condom)</td>
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<td>Sexually inappropriate behaviour</td>
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<td>Being physically aggressive</td>
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<tr>
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<td>Being verbally aggressive</td>
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</table>

**SCORING:**
1. Number of items scored 2 or 3
or
2. Total score
or
3. Mean score

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APPENDIX C

DEPRESSION, ANXIETY, AND STRESS SCALE (DASS)
DASS

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:
0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

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<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>I found myself getting upset by quite trivial things</td>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>I was aware of dryness of my mouth</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>I couldn't seem to experience any positive feeling at all</td>
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</tr>
<tr>
<td>4</td>
<td>I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)</td>
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</tr>
<tr>
<td>5</td>
<td>I just couldn't seem to get going</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>I tended to over-react to situations</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>I had a feeling of shakiness (eg, legs going to give way)</td>
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<td>1</td>
</tr>
<tr>
<td>8</td>
<td>I found it difficult to relax</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>I found myself in situations that made me so anxious I was most relieved when they ended</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>I felt that I had nothing to look forward to</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>I found myself getting upset rather easily</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>I felt that I was using a lot of nervous energy</td>
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</tr>
<tr>
<td>13</td>
<td>I felt sad and depressed</td>
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</tr>
<tr>
<td>14</td>
<td>I found myself getting impatient when I was delayed in any way, (eg, lifts, traffic lights, being kept waiting)</td>
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</tr>
<tr>
<td>15</td>
<td>I had a feeling of faintness</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>I felt that I had lost interest in just about everything</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>I felt I wasn't worth much as a person</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>I felt that I was rather touchy</td>
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<tr>
<td>19</td>
<td>I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion</td>
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</tr>
<tr>
<td>20</td>
<td>I felt scared without any good reason</td>
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</tr>
<tr>
<td>21</td>
<td>I felt that life wasn't worthwhile</td>
<td>0</td>
<td>1</td>
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</table>
Reminder of rating scale:
0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of the time
3 Applied to me very much, or most of the time

<p>| | | | | |</p>
<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>I found it hard to wind down</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td>I had difficulty in swallowing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>I couldn’t seem to get any enjoyment out of the things I did</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td>I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>I felt down-hearted and blue</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27</td>
<td>I found that I was very irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28</td>
<td>I felt I was close to panic</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>29</td>
<td>I found it hard to calm down after something upset me</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>I feared that I would be “thrown” by some trivial but unfamiliar task</td>
<td>0</td>
<td>1</td>
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</tr>
<tr>
<td>31</td>
<td>I was unable to become enthusiastic about anything</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32</td>
<td>I found it difficult to tolerate interruptions to what I was doing</td>
<td>0</td>
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<tr>
<td>33</td>
<td>I was in a state of nervous tension</td>
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<td>2</td>
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<tr>
<td>34</td>
<td>I felt I was pretty worthless</td>
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</tr>
<tr>
<td>35</td>
<td>I was intolerant of anything that kept me from getting on with what I was doing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36</td>
<td>I felt terrified</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>37</td>
<td>I could see nothing in the future to be hopeful about</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>38</td>
<td>I felt that life was meaningless</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>39</td>
<td>I found myself getting agitated</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>40</td>
<td>I was worried about situations in which I might panic and make a fool of myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>41</td>
<td>I experienced trembling (eg, in the hands)</td>
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<tr>
<td>42</td>
<td>I found it difficult to work up the initiative to do things</td>
<td>0</td>
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<td>2</td>
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### DASS Scoring Template

<table>
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<th>Scale</th>
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<tr>
<td>A</td>
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<tr>
<td>D</td>
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<td>D</td>
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<td>D</td>
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<tr>
<td>S</td>
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<tr>
<td>S</td>
<td></td>
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<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>D</td>
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</tbody>
</table>

*Apply template to both sides of sheet and sum scores for each scale. For short (21-item) version, multiply sum by 2.*
APPENDIX D

SESSION SUMMARY & HOMEWORK SHEET
Session Summary & Homework Sheet

<table>
<thead>
<tr>
<th>Session Date:</th>
<th>Session Number:</th>
</tr>
</thead>
</table>

**Session Summary**

**Homework - To Do**

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Practice (Yes/No)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
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</tbody>
</table>

**Questions to ask next time:**

References


## Appendix F: Adult ADHD Self-Report Symptom Form

### ADHD Self-Report Symptom Form

<table>
<thead>
<tr>
<th></th>
<th>Never or Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fidget or squirm with hands or feet when I have to sit down for a long time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Trouble with following directions and getting things done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Difficulty keeping track of tasks or appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Feel &quot;on the go&quot; or &quot;driven by a motor&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Avoid or delay tasks that require a lot of thought</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Trouble with remembering daily things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Trouble with giving close attention to details or making careless mistakes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Difficulty listening to what people say to me, even when they speak to me directly</td>
<td></td>
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<tr>
<td>9</td>
<td>Feel restless</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Talk too much in social situations</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Misplace or have difficulty finding things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Blurt out answers before the questions have been completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Easily distracted by activity and noise around me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Difficulty waiting my turn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Interrupt or intrude on others when they are busy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Trouble keeping my attention in boring or difficult situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Leave my seat in situations where I am expected to remain seated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Difficulty unwinding or relaxing</td>
<td></td>
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</tbody>
</table>


### WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-SR)

| A FAMILY |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Having problems with family | Never or not at all | Sometimes or somewhat | Often or much | Very often or very much | n/a |
| Having problems with spouse/partner | 0 | 1 | 2 | 3 | n/a |
| Relying on others to do things for you | 0 | 1 | 2 | 3 | n/a |
| Causing fighting in the family | 0 | 1 | 2 | 3 | n/a |
| Makes it hard for the family to have fun together | 0 | 1 | 2 | 3 | n/a |
| Problems taking care of your family | 0 | 1 | 2 | 3 | n/a |
| Problems balancing your needs against those of your family | 0 | 1 | 2 | 3 | n/a |
| Problems losing control with family | 0 | 1 | 2 | 3 | n/a |

### B WORK

<p>| Problems performing required duties | Never or not at all | Sometimes or somewhat | Often or much | Very often or very much | n/a |
| Problems with getting your work done efficiently | 0 | 1 | 2 | 3 | n/a |
| Problems with your supervisor | 0 | 1 | 2 | 3 | n/a |
| Problems keeping a job | 0 | 1 | 2 | 3 | n/a |
| Getting fired from work | 0 | 1 | 2 | 3 | n/a |
| Problems working in a team | 0 | 1 | 2 | 3 | n/a |
| Problems with your attendance | 0 | 1 | 2 | 3 | n/a |
| Problems with being late | 0 | 1 | 2 | 3 | n/a |
| Problems taking on new tasks | 0 | 1 | 2 | 3 | n/a |
| Problems working to your potential | 0 | 1 | 2 | 3 | n/a |
| Poor performance evaluations | 0 | 1 | 2 | 3 | n/a |</p>
<table>
<thead>
<tr>
<th></th>
<th>Never or not at all</th>
<th>Sometimes or somewhat</th>
<th>Often or much</th>
<th>Very often or very much</th>
<th>n/a</th>
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<td><strong>SCHOOL</strong></td>
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<td>1 Problems taking notes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>2 Problems completing assignments</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>3 Problems getting your work done efficiently</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>4 Problems with teachers</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>5 Problems with school administrators</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>6 Problems meeting minimum requirements to stay in school</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>7 Problems with attendance</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8 Problems with being late</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>9 Problems with working to your potential</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>n/a</td>
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<td>10 Problems with inconsistent grades</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<td><strong>LIFE SKILLS</strong></td>
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<tr>
<td>1 Excessive or inappropriate use of internet, video games or TV</td>
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<td>3</td>
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<tr>
<td>2 Problems keeping an acceptable appearance</td>
<td>0</td>
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<tr>
<td>3 Problems getting ready to leave the house</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4 Problems getting to bed</td>
<td>0</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>5 Problems with nutrition</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>6 Problems with sex</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7 Problems with sleeping</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>8 Getting hurt or injured</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>9 Avoiding exercise</td>
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<td>10 Problems keeping regular appointments with doctor/nurse</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>11 Problems keeping up with household chores</td>
<td>0</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>12 Problems managing money</td>
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<td><strong>SELF-CONCEPT</strong></td>
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<td>1 Feeling bad about yourself</td>
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<td>3</td>
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</tr>
<tr>
<td>2 Feeling frustrated with yourself</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>3 Feeling discouraged</td>
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<td>3</td>
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<tr>
<td>4 Not feeling happy with your life</td>
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<td>2</td>
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<td>n/a</td>
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<tr>
<td>5 Feeling incompetent</td>
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<td>2</td>
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<td>3</td>
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<td>2 Trouble cooperating</td>
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<td>2</td>
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<tr>
<td>3 Trouble getting along with people</td>
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<td>3</td>
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<td>3</td>
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<tr>
<td>5 Problems participating in hobbies</td>
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<td>2</td>
<td>3</td>
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<td>6 Problems making friends</td>
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<td>2</td>
<td>3</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<td>8 Saying inappropriate things</td>
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<td>n/a</td>
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<td>9 Complaints from neighbours</td>
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<td>2</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td></td>
<td>Never or not at all</td>
<td>Sometimes or somewhat</td>
<td>Often or very much</td>
<td>Very often or very much</td>
<td>n/a</td>
</tr>
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<td>--------------------</td>
<td>-----------------------</td>
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<td>------------------------</td>
<td>-----</td>
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<td>6</td>
<td>RISK</td>
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<tr>
<td>1</td>
<td>Aggressive driving</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>2</td>
<td>Doing other things while driving</td>
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<td>3</td>
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<tr>
<td>3</td>
<td>Road rage</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Breaking or damaging things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Doing things that are illegal</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6</td>
<td>Being involved with the police</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Smoking cigarettes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Smoking marijuana</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Drinking alcohol</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Taking &quot;street&quot; drugs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Sex without protection (birth control, condom)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Sexually inappropriate behaviour</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>Being physically aggressive</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>Being verbally aggressive</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**SCORING:**
1. Number of items scored 2 or 3
2. Total score
3. Mean score

**DO NOT WRITE IN THIS AREA**

A. Family
B. Work
C. School
D. Life skills
E. Self-concept
F. Social
G. Risk

Total

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Appendix H: Depression, Anxiety, and Stress Scale (DASS)

<p>| | | | | | |</p>
<table>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I found myself getting upset by quite trivial things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>I was aware of dryness of my mouth</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>I couldn’t seem to experience any positive feeling at all</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>I experienced breathing difficulty (e.g., excessively rapid breathing,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>breathlessness in the absence of physical exertion)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I just couldn’t seem to get going</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>I tended to over-react to situations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>I had a feeling of shakiness (e.g., legs going to give way)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>I found it difficult to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>I found myself in situations that made me so anxious I was most</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>relieved when they ended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I felt that I had nothing to look forward to</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>I found myself getting upset rather easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>I felt that I was using a lot of nervous energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>I felt sad and depressed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>I found myself getting impatient when I was delayed in any way, (e.g., lifts, traffic</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>lights, being kept waiting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>I had a feeling of faintness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I felt that I had lost interest in just about everything</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I felt I wasn’t worth much as a person</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I felt that I was rather touchy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>physical exertion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>I felt scared without any good reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>I felt that life wasn’t worthwhile</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Item</td>
<td>Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found it hard to wind down</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had difficulty in swallowing</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I couldn't seem to get any enjoyment out of the things I did</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was aware of the action of my heart in the absence of physical</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>exertion (eg, sense of heart rate increase, heart missing a beat)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt down-hearted and blue</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found that I was very irritable</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt I was close to panic</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found it hard to calm down after something upset me</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feared that I would be &quot;thrown&quot; by some trivial but</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unfamiliar task</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was unable to become enthusiastic about anything</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found it difficult to tolerate interruptions to what I was doing</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was in a state of nervous tension</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt I was pretty worthless</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was intolerant of anything that kept me from getting on with</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>what I was doing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt terrified</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I could see nothing in the future to be hopeful about</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that life was meaningless</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found myself getting agitated</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was worried about situations in which I might panic and make a</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fool of myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I experienced trembling (eg, in the hands)</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found it difficult to work up the initiative to do things</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### DASS Scoring Template

<table>
<thead>
<tr>
<th>S</th>
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<tbody>
<tr>
<td>D</td>
<td>S</td>
</tr>
<tr>
<td>A</td>
<td>S</td>
</tr>
<tr>
<td>D</td>
<td>S</td>
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<tr>
<td>S</td>
<td>D</td>
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<tr>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>A</td>
<td>D</td>
</tr>
</tbody>
</table>

Apply template to both sides of sheet and sum scores for each scale.
For short (21-item) version, multiply sum by 2.
## Appendix I: Behavioural Incident Frequency Recording Sheet

### Behavioural Incident Frequency Recording Sheet

**Participant:**

<table>
<thead>
<tr>
<th>Coded Item</th>
<th>6 Months Prior</th>
<th>5 Months Prior</th>
<th>4 Months Prior</th>
<th>3 Months Prior</th>
<th>2 Months Prior</th>
<th>1 Months Prior</th>
<th>Month 1 of CBT Group</th>
<th>Month 2 of CBT Group</th>
<th>1 Month Post-CBT Group</th>
<th>Overall Item Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix J: Delivery Format of Sessions for Participants

<table>
<thead>
<tr>
<th>Session</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4&lt;sup&gt;33&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Introduction to ADHD</td>
<td>Group</td>
<td>Group</td>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Session 2: Identifying Negative Thoughts</td>
<td>Individual</td>
<td>Group</td>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Session 3: Challenging Negative Thoughts</td>
<td>Individual</td>
<td>Group</td>
<td>Group</td>
<td>Group</td>
</tr>
<tr>
<td>Session 4: Mood Management</td>
<td>Group</td>
<td>Group</td>
<td>Group</td>
<td>Individual</td>
</tr>
<tr>
<td>Session 5: Managing Impulsivity</td>
<td>Individual</td>
<td>Group</td>
<td>Group</td>
<td>Group</td>
</tr>
<tr>
<td>Session 6: Anger and Impulsivity</td>
<td>Group</td>
<td>Group</td>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Session 7: Time Awareness</td>
<td>Group</td>
<td>Group</td>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Session 8: Time Management</td>
<td>Group</td>
<td>Group</td>
<td>n/a</td>
<td>Group</td>
</tr>
<tr>
<td>Session 9: Managing Distractibility</td>
<td>Group</td>
<td>Group</td>
<td>Group</td>
<td>Individual</td>
</tr>
<tr>
<td>Session 10: Task Management</td>
<td>Group</td>
<td>Group</td>
<td>Group</td>
<td>n/a</td>
</tr>
<tr>
<td>Session 11: Getting and Staying Organized &amp; Session 12: Review</td>
<td>Group</td>
<td>Group</td>
<td>Group</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Note:** ‘n/a’ is used to denote a session that the participant did not receive in group or individually.

---

<sup>33</sup> Participant 4 did not successfully complete the group.
Appendix K: Behavioural Contract

I, _______________________, agree to follow the expectations listed below in order to participate in the Impulsivity and Self-Management group.

1. I will bring all of my materials to every session.
2. I will attempt to complete all of my homework.
3. I will respect the group leaders and other group members.
4. I will not judge or insult others.
5. I will raise my hand to speak.
6. I will not engage in behaviours that keep others from learning.
7. I will only provide positive feedback to other group members.
8. I will respect the privacy of the other group members by keeping what is discussed during the sessions confidential.

I understand that if I do not follow the group expectations, I will be asked to leave the session and will no longer be allowed to participate in the Impulsivity and Self-Management group.

__________________________      __________________________     __________________
Name (Participant)                                    Signature                                      Date

__________________________      __________________________     __________________
Name (Group Leader)                                  Signature                                      Date
Appendix L: Raw Data for Pre, Post, and Follow-Up Ratings on the ADHD Self-Report Symptom Form for Participant 1

<table>
<thead>
<tr>
<th>Inattention Subtype</th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Trouble with following directions and getting things done</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. Difficulty keeping track of tasks or appointments</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Avoid or delay tasks that require a lot of thought</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6. Trouble with remembering daily things</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. Trouble with giving close attention to details or making careless mistakes</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8. Difficulty listening to what people say to me, even when they speak to me directly</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11. Misplace or have difficulty finding things</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>13. Easily distracted by activity and noise around me</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>16. Trouble keeping my attention in boring or difficult situations</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Rating</strong></td>
<td>9</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>

*Number of Often (2) and Very Often (3) ratings*

<table>
<thead>
<tr>
<th>Hyperactivity/Impulsivity Subtype</th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fidget or squirm with hands or feet when I have to sit down for a long time</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4. Feel &quot;on the go&quot; or &quot;driven by a motor&quot;</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9. Feel restless</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. Talk too much in social situations</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12. Blurtling out answers before the questions have been completed</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. Difficulty waiting my turn</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>15. Interrupt or intrude on others when they are busy</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17. Leave my seat in situations where I am expected to remain seated</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18. Difficulty unwinding or relaxing</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Rating</strong></td>
<td>11</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

*Number of Often (2) and Very Often (3) ratings*

| OVERALL RATING                                                                       | 20        | 20         | 15        |
Appendix M: Graph of Participant 1’s Weekly ADHD Self-Report Symptom Form Scores with Trendline
Appendix N: Raw Data for Pre, Post, and Follow-Up Ratings on the ADHD Self-Report Symptom Form for Participant 2

<table>
<thead>
<tr>
<th>Inattention Subtype</th>
<th>Pre-Group</th>
<th>Post-Group</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Trouble with following directions and getting things done</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. Difficulty keeping track of tasks or appointments</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5. Avoid or delay tasks that require a lot of thought</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Trouble with remembering daily things</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7. Trouble with giving close attention to details or making careless mistakes</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Difficulty listening to what people say to me, even when they speak to me directly</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11. Misplace or have difficulty finding things</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>13. Easily distracted by activity and noise around me</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16. Trouble keeping my attention in boring or difficult situations</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Rating</strong></td>
<td>23</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td><strong>Number of Often (2) and Very Often (3) ratings</strong></td>
<td>7</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hyperactivity/Impulsivity Subtype</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fidget or squirm with hands or feet when I have to sit down for a long time</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4. Feel &quot;on the go&quot; or &quot;driven by a motor&quot;</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>9. Feel restless</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Talk too much in social situations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Blurt out answers before the questions have been completed</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Difficulty waiting my turn</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Interrupt or intrude on others when they are busy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17. Leave my seat in situations where I am expected to remain seated</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18. Difficulty unwinding or relaxing</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Rating</strong></td>
<td>11</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Number of Often (2) and Very Often (3) ratings</strong></td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>OVERALL RATING</strong></td>
<td>34</td>
<td>24</td>
<td>27</td>
</tr>
</tbody>
</table>
Appendix O: Graph of Participant 2’s Weekly ADHD Self-Report Symptom Form Scores with Trendline
## Appendix P: Raw Data for Pre and Post Ratings on the ADHD Self-Report Symptom Form for Participant 3

### Inattention Subtype

<table>
<thead>
<tr>
<th>Pre-Group</th>
<th>Post-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Rating** 22 6

**Number of Often (2) and Very Often (3) ratings** 8 2

### Hyperactivity/Impulsivity Subtype

<table>
<thead>
<tr>
<th>Pre-Group</th>
<th>Post-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Rating** 22 5

**Number of Often (2) and Very Often (3) ratings** 8 2

**OVERALL RATING** 44 11
Appendix Q: Graph of Participant 3’s Weekly ADHD Self-Report Symptom Form Scores with Trendline
Appendix R: Raw Data for Pre-Group Ratings on the ADHD Self-Report Symptom Form for Participant 4

<table>
<thead>
<tr>
<th>Inattention Subtype</th>
<th>Pre-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Trouble with following directions and getting things done</td>
<td>2</td>
</tr>
<tr>
<td>3. Difficulty keeping track of tasks or appointments</td>
<td>1</td>
</tr>
<tr>
<td>5. Avoid or delay tasks that require a lot of thought</td>
<td>3</td>
</tr>
<tr>
<td>6. Trouble with remembering daily things</td>
<td>1</td>
</tr>
<tr>
<td>7. Trouble with giving close attention to details or making careless mistakes</td>
<td>1</td>
</tr>
<tr>
<td>8. Difficulty listening to what people say to me, even when they speak to me directly</td>
<td>3</td>
</tr>
<tr>
<td>11. Misplace or have difficulty finding things</td>
<td>0</td>
</tr>
<tr>
<td>13. Easily distracted by activity and noise around me</td>
<td>3</td>
</tr>
<tr>
<td>16. Trouble keeping my attention in boring or difficult situations</td>
<td>3</td>
</tr>
</tbody>
</table>

*Total Rating* 17

*Number of Often (2) and Very Often (3) ratings* 5

<table>
<thead>
<tr>
<th>Hyperactivity/Impulsivity Subtype</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fidget or squirm with hands or feet when I have to sit down for a long time</td>
<td>3</td>
</tr>
<tr>
<td>4. Feel &quot;on the go&quot; or &quot;driven by a motor&quot;</td>
<td>3</td>
</tr>
<tr>
<td>9. Feel restless</td>
<td>3</td>
</tr>
<tr>
<td>10. Talk too much in social situations</td>
<td>1</td>
</tr>
<tr>
<td>12. Blurting out answers before the questions have been completed</td>
<td>1</td>
</tr>
<tr>
<td>14. Difficulty waiting my turn</td>
<td>3</td>
</tr>
<tr>
<td>15. Interrupt or intrude on others when they are busy</td>
<td>1</td>
</tr>
<tr>
<td>17. Leave my seat in situations where I am expected to remain seated</td>
<td>3</td>
</tr>
<tr>
<td>18. Difficulty unwinding or relaxing</td>
<td>2</td>
</tr>
</tbody>
</table>

*Total Rating* 20

*Number of Often (2) and Very Often (3) ratings* 6

**OVERALL RATING** 37
Appendix S: Graph of Participant 4’s Weekly ADHD Self-Report Symptom Form Scores with Trendline
## Appendix T: Raw Data for the Participant Feedback Form

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Poor)</th>
<th>2</th>
<th>3 (OK)</th>
<th>4</th>
<th>5 (Excellent)</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I found the homework activities</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td>4.0</td>
<td>2.3</td>
<td>1.2</td>
<td>3</td>
</tr>
<tr>
<td>Overall, I would rate the facilitators</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>4.0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Overall, I would rate this group</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
<td>3.7</td>
<td>3.3</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to ADHD</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td>3.7</td>
<td>3.7</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Identifying Negative Thoughts</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
<td>4.3</td>
<td>4.3</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Challenging Negative Thoughts</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>4.3</td>
<td>4.3</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Mood Management</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4.0</td>
<td>4.0</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Managing Impulsivity</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>4.3</td>
<td>4.3</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Anger and Impulsivity</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
<td>4.3</td>
<td>4.3</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Time Awareness</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>4.0</td>
<td>4.0</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Time Management</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>0.7</td>
<td>2</td>
</tr>
<tr>
<td>Managing Distractibility</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3.7</td>
<td>3.7</td>
<td>1.5</td>
<td>3</td>
</tr>
<tr>
<td>Problem-Solving and Task Management</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4.0</td>
<td>4.0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Getting and Staying Organized</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3.3</td>
<td>3.3</td>
<td>2.1</td>
<td>3</td>
</tr>
<tr>
<td>Review</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4.0</td>
<td>4.0</td>
<td>1.4</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix U: Written Comments on the Participant Feedback Form

The most important thing I learned or skill I developed in the group was:
- “Other ways to have people help monitor my behaviour” – Participant 1
- “How to be more patient and more organized” - Participant 2
- “To react in a appropriate manner” - Participant 3

What I liked most about the group:
- “Other opinions about ADHD” – Participant 1
- “Having the group outline to be able to follow along with” – Participant 2
- “Facilitators” – Participant 3

What I did not like about the group:
- “Seemed to repeat itself a lot” – Participant 1
- “The constant conversations not related to what was being talked about” – Participant 2
- “My learning disability” – Participant 3

Topics that I wish we covered in group but did not:
“How our ADHD affects others” – Participant 1