

Psychoeducation for adults with ADHD and their significant others: A pilot study

Waler, E., Jokinen, J., Bölte, S., Hirvikoski, T.

The themes of the eight sessions in the psychoeducational program

1. ADHD in adults
2. Treatment options
3. Lifestyle factors
4. Organizing everyday life
5. Living with ADHD
6. ADHD in relationships
7. ADHD at work
8. Societal support

Conclusions

- Knowledge on ADHD increased and relationship quality improved in both individuals with ADHD and their significant others
- Level of burden decreased in the significant others
- Treatment compliance and satisfaction was good
- Stable or improved effects at six months follow-up

Psychoeducation for adults with ADHD and their significant others can be a feasible and effective first intervention after diagnosis.

Introduction

ADHD negatively impacts both the affected individuals and the significant others around them. Psychoeducation is one of several interventions in multimodal treatment of ADHD in adults, and suits well for involvement of the significant others.

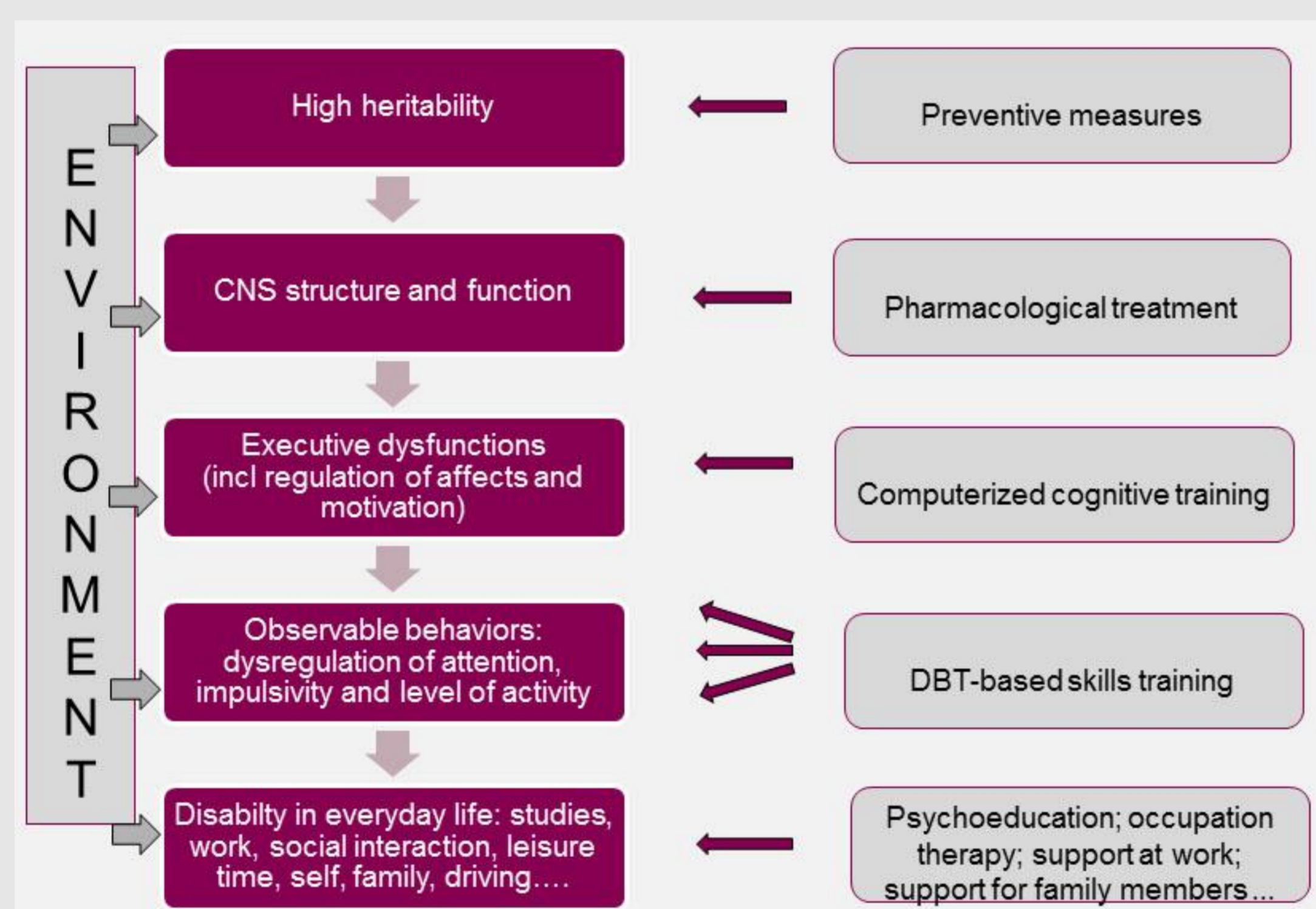


Fig 1. Multimodal treatment is recommended for adults with ADHD

Methods

17 adults with ADHD and their 20 significant others were allocated to eight psychoeducative sessions in an outpatient clinical setting. An open trial within-subject design was used.

The psychoeducational program was highly manualized regarding

- › Group format
- › General principles
- › General goals
- › Pre-prepared lecture material
- › Instructions for the lecturers
- › Coordination of the intervention

Results

The psychoeducational program was judged an adequate treatment option for 94.5% of adults diagnosed with ADHD. 87% of participants and 72% of significant others completed the entire program. Session attendance among completers was 76% and 61%, respectively. Treatment satisfaction was good in both groups.

Fig 2. Knowledge on ADHD increased from pre-intervention to 6 months follow-up ($p = 0.005$, $\eta^2 = .14$).

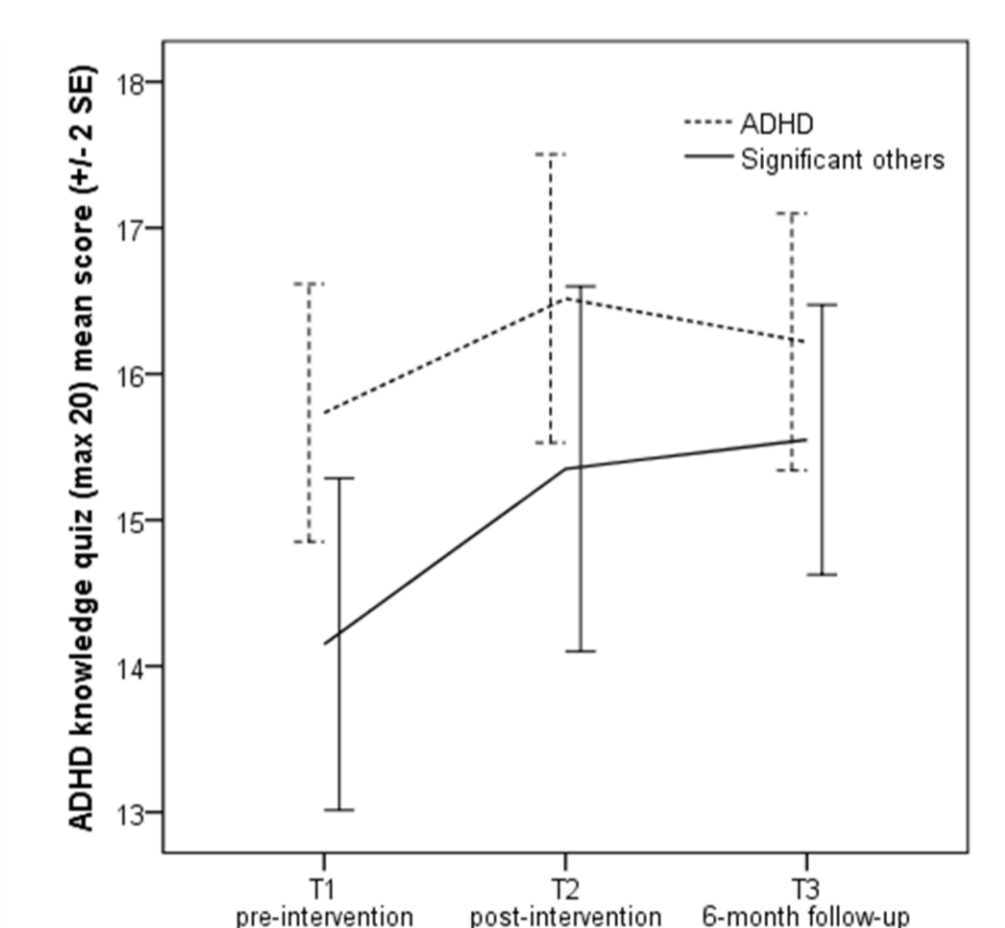


Fig 3. The participant's critical attitudes towards his/her co-participating person was reduced from pre-intervention to 6 months follow-up ($p = 0.02$, $\eta^2 = .13$).

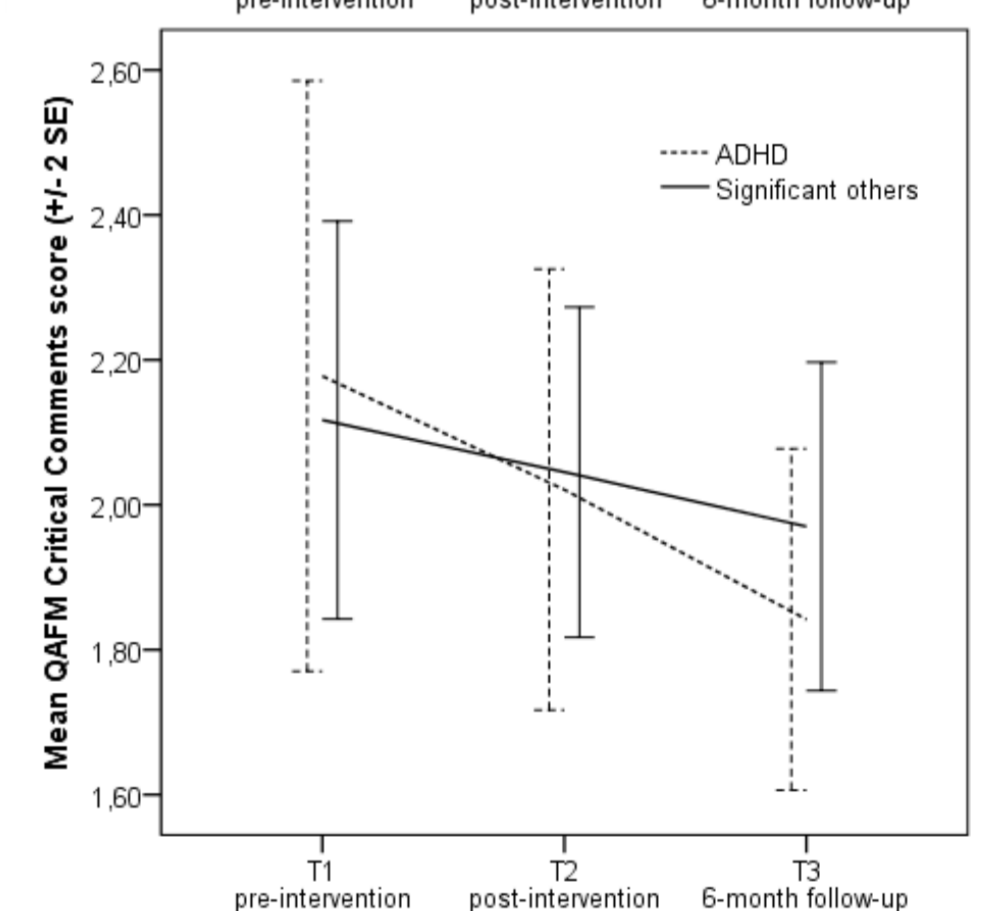
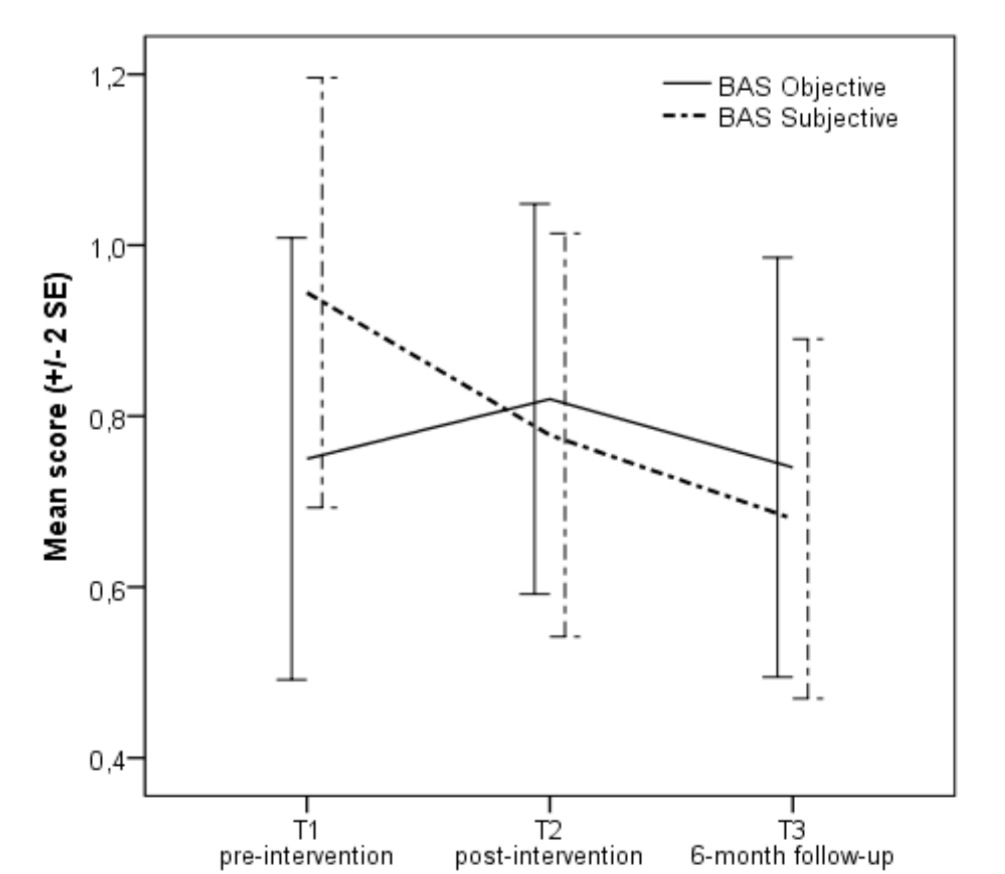


Fig 4. Subjective burden was reduced from pre-intervention to 6 months follow-up ($p = 0.04$, $\eta^2 = .19$), while the objective burden remained unchanged during the study period.



Continued work

In an on-going RCT multi-center study of this psychoeducational program, 148 individuals have been included and randomized. A total of 200 participants will be included during 2012.

Karolinska Institutet

Else Waaler, clinical psychologist,
Neuropsykiatriska enheten Karolinska
Psykiatri Nordväst, Stockholm
KIND, Karolinska Inst Center of
Neurodevelopmental disorders &
Department of Clinical Neuroscience

E-mail: else.waaler@ki.se
Tel: + 46 (0) 707 362 742

Project leader/corresponding author

Tatja Hirvikoski, PhD/neuropsychologist
KIND, Karolinska Institutet Center of
Neurodevelopmental disorders &
Department of Clinical Neuroscience

E-mail: tatja.hirvikoski@ki.se
Tel: + 46 (0) 708 327 637



**Karolinska
Institutet**