

# Preface



Most children who are diagnosed with attention-deficit hyperactivity disorder (ADHD)—roughly 70–80%—exhibit persistent academic difficulties in middle and high schools. Oppositional and antisocial behaviors also emerge at a disproportionately high rate for adolescents with ADHD over the same timeframe. Such problems strain families,

schools, and even the juvenile justice system; but it is unclear how counselors, therapists, social workers, psychologists, psychiatrists, school support personnel, and other helping professionals can effectively intervene. Several books have been devoted to late-stage, tertiary interventions for serious conduct problems, particularly when intensive family or multisystemic interventions are warranted, but relatively fewer volumes have focused exclusively on adolescents with ADHD who are at risk for serious problems, but who do not yet require the most intense treatments. We find that there is an important distinction between adolescents who are at risk for conduct problems and those who exhibit serious delinquent behaviors, such as chronic violence, sexual aggression, or substance abuse disorders. The treatments described in this book are intended for the former and not necessarily the latter.

Our aim is twofold: (1) to describe the Challenging Horizons Program (CHP)—a school-based, psychosocial treatment program that has been the subject of extensive research over the past 15 years; and (2) to discuss how to implement the CHP effectively in school-based settings (with implications for clinic-based settings). To achieve these goals, we present materials from the treatment manuals we have used to train parents, students, teachers, and paraprofessionals in the techniques implemented in the CHP, as well as share case examples and verbatim transcripts taken directly from those interactions. Such information is rarely provided in the same source. On the one hand, the counseling literature is generally *process*-focused,

meaning that materials written by and for counselors do not necessarily discuss specific disorders, but rather the therapeutic interactions between client and counselor, often exemplified by case vignettes and client-therapist dialogues. In our view, the vignettes in this literature are often implausibly expedient, with client responses so favorable that we often wonder where to find such motivated and insightful clients! On the other hand, the psychiatry and research-outcome literatures are generally *treatment-focused*, rarely delving into counseling process and instead focusing on group-level outcomes and successful treatment protocols. Unfortunately, these discussions are often too abstract to be of immediate use to most practitioners. The treatment outcomes literature points to the promise of various techniques, but the restrictive format of research articles (and even some treatment manuals) leave out important details needed for implementation. In this book, we hope to avoid these limitations by presenting both the lessons of group-level research outcomes and process-level strategies for successful psychosocial intervention.

We begin Chap. 1 by discussing the persistent research-practice gap in our field and then in Chap. 2 we summarize the research to date on ADHD that is most useful to practitioners. Beginning Chap. 3, we start to present the CHP as we have implemented it through several clinical trials. We support this information with actual client-counselor session transcripts—complete with stammers, false starts, and mistakes—so that our readers get an accurate feel for the “three-steps-forward-and-two-steps-back” process of real-life counseling work with adolescents. At the same time, we provide *modules* taken from our treatment manuals to give readers a useful reference guide for the interventions that have shown promise in our research. Our hope is that the chapters covering the CHP—Chaps. 3–7—will be both an interesting read and a user-friendly, quick reference guide for the busy practitioner.

Our discussion is informed by our experience designing and testing various iterations of the CHP at James Madison University and Ohio University, as well as the research of our colleagues who have tested variations of the CHP at Lehigh University, University of Cincinnati, the University of South Carolina, and the University of Pittsburgh Medical Center. Collectively, we have trained and supervised hundreds of graduate students, undergraduate students, and paraprofessionals to provide direct psychosocial interventions for middle and high school students diagnosed with ADHD and related disorders. In addition, we have trained and consulted with hundreds of middle and high school teachers and school counselors to implement school-based interventions to address academic and social impairments associated with the target disorders. Although, we are committed to school-based mental health and believe it to be the most promising route for intervention—a topic we will return to at several points—we discuss both school- and community-based professionals in the hope of informing practice across both settings.

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