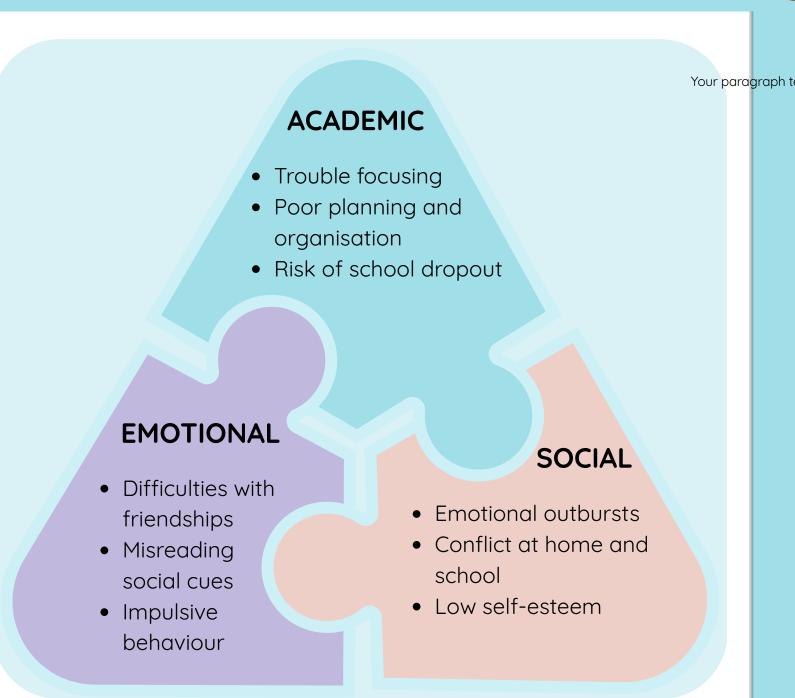
# EMPOWER, EDUCATE, EQUIP: ADHD WA SPARK PROGRAM A COLLABORATIVE AND PROACTIVE SOLUTIONS APPROACH TO TREATING ADHD IN CHILDREN AND ADOLESCENTS





Attention-Deficit/Hyperactivity Disorder (ADHD) is the most commonly diagnosed neurodevelopmental condition in Australian children and adolescents, affecting approximately 1 in 20 young people. Despite its high prevalence, access to timely and appropriate care remains inconsistent across Australia. Families often face long waitlists, a lack of ADHD-specific services, and limited access to affordable multidisciplinary care. These barriers contribute to delayed intervention, which is particularly concerning given the diverse and long-lasting range of impacts associated with ADHD, including wider academic, social, and emotional difficulties that are often underestimated. As a result, there is an increased need for comprehensive wrap-around support for children and young people (CYP) with ADHD, as well as their families.<sup>3,8</sup>



# INTERVENTION

# ► COLLABORATIVE AND PROACTIVE SOLUTIONS<sup>13</sup>

While medications (e.g., stimulant-based) are often effective in reducing core ADHD symptoms, they do not address the full range of challenges CYP face. The effects of medication are limited in duration and do not directly improve social functioning or emotional regulation. As a result, psychosocial interventions are increasingly recognised as an important component of ADHD treatment. These interventions can strengthen parenting skills, improve family functioning, and support CYP to regulate their emotions and solve problems. Overall, Cognitive-behavioural therapy (CBT) is among the most widely recommended psychosocial approaches for children with ADHD.

One CBT-aligned model that is increasingly used in ADHD treatment is Dr. Ross Greene's Collaborative and Proactive Solutions (CPS) approach. Originally designed for children with severe behavioural difficulties, CPS is now validated for use with CYP diagnosed with ADHD. The CPS model is based on the idea that children do well if they can. Rather than seeing challenging behaviour as intentional, CPS views it as the result of lagging skills. It encourages children and caregivers to identify problems, express their concerns, and work together to develop solutions. This approach strengthens relationships, reduces conflict, and helps CYP build long-term problem-solving abilities.



Building on the need for holistic, collaborative, and skill-building approaches, ADHD WA has developed three group therapy programs coined 'SPARK', to support both CYP and their families beyond core symptom management. Each 6-week program is run separately for primary and high school cohorts.

### SPARK THERAPY PROGRAMS

#### **OVERVIEW**

cognitive-behavioural, dialectical-Rooted behavioural, and CPS frameworks, SPARK is designed to empower, educate, and equip families with practical strategies that foster emotional resilience, executive functioning, and connected parent-child relationships. Across three distinct programs, SPARK Your Support, SPARK Your Potential, and SPARK Your Resilience, CYP and their caregivers engage highly interactive, developmentally tailored sessions that prioritise strengths, connection, and skill-building. While children are the primary focus of the Potential and Resilience programs, parents attend alongside them to ensure that strategies are understood, practiced, and scaffolded at home, increasing the likelihood of sustained change across contexts.

## SPARK YOUR POTENTIAL

This parent-child program focuses on developing executive functioning skills in both home and school settings. Based on CBT principles, it introduces tools like behavioural activation, timeblocking, routine mapping, and cognitive restructuring (challenging unhelpful thoughts). It also covers the "window of tolerance" (a tool to help identify optimal states for learning and engagement) and emotion regulation strategies. Families work together to problem-solve common challenges (e.g., homework, morning routines), promoting shared understanding and practical follow-through. Sessions are interactive, using visuals, creative activities, and group discussions to engage diverse learners.

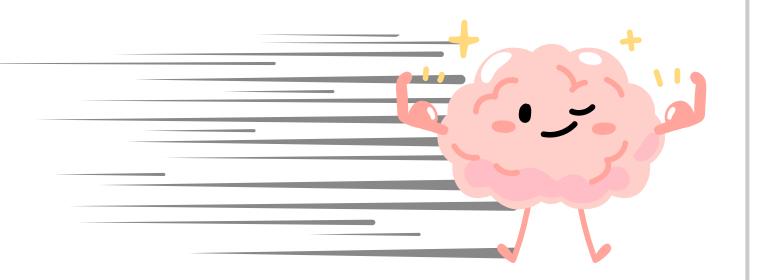
#### SPARK YOUR SUPPORT

This parent-only program uses a strengths-based, neurodiversity-affirming approach to build understanding of ADHD and the associated challenges such as emotional regulation, executive functioning, and social communication. It aims to boost parent confidence and self-efficacy, helping them meet their child where they are and support skill development over time. CPS strategies encourage a shift from reactive to proactive parenting, with a focus on fostering independence, structure, and trust.

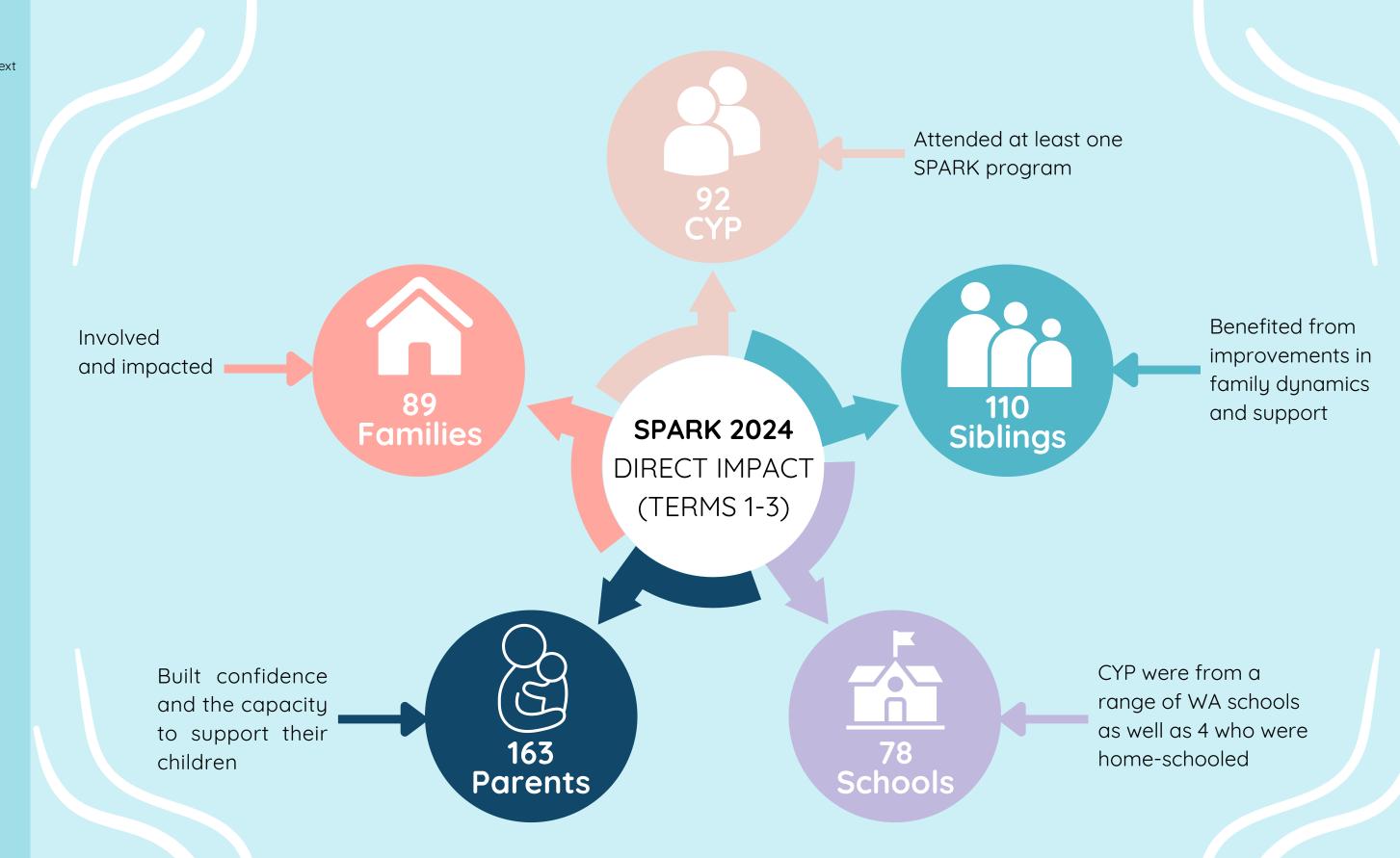


#### SPARK YOUR RESILIENCE

Centered on emotion regulation and social development, this Dialectical Behavioural Therapy (DBT) based parent-child program helps children understand and manage emotions, build distress tolerance, practice mindfulness, and develop social assertiveness and problem-solving skills. Activities are designed to be fun and engaging, using tools such as emotion cards, wellness Jenga, and mindfulness slime, while also equipping parents to coach and support their child's learning at home.



## PROGRAM IMPACTS AND OUTCOMES



We can estimate the SPARK programs have indirectly impacted: 1,104 students\* (assuming each participant is in a different class and each class has an average of 12 students per class).

\*Calculation based on grant application information.

#### **EXPANDED REACH - MEERLINGA SPARK**

ADHD WA partnered with Imagined Futures in Terms 2 and 3 to deliver the SPARK programs South of the River, expanding access to families in new demographic areas. Imagined Futures provided a venue at Meerilinga Training College, Coolbellup to facilitate the sessions, and promoted the programs through their marketing channels and extensive network to great success.

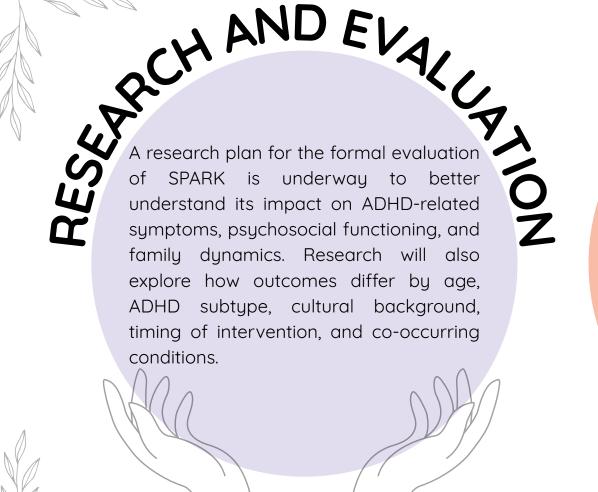
#### FEEDBACK FROM ATTENDEES

Parents report stronger family relationships, better communication, and improved understanding of their child's needs. Many note that strategies learned in SPARK extend to other children in the home, creating calmer, more connected environments. This family-wide impact reinforces SPARK's role in fostering resilience, empowerment, and long-term change across the home and broader community.

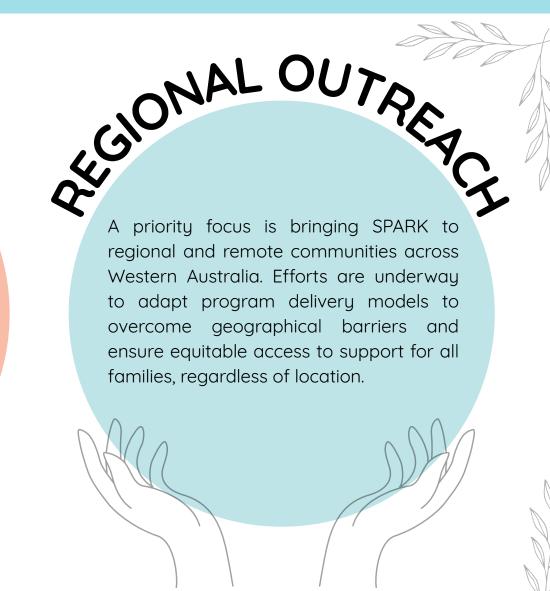
#### TELETHON SUBSIDY FOR LOW INCOME FAMILIES

A generous grant from Telethon has allowed ADHD WA to subsidise SPARK for families experiencing financial hardship. By removing cost barriers, this initiative supports equitable access to evidence-based ADHD treatment. As a result, more families are now able to benefit from the skills, strategies, and empowerment SPARK offers.

#### NEXT STEPS



SPARK is working with schools, community organisations, and healthcare services to increase program availability. These partnerships aim to embed SPARK within existing systems of care and reach more families across varied settings.



#### REFERENCES

1. Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW.

2. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. (2015). The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health.

Sciberras, E. (2023). Practitioner Review: It's time to bridge the gap – understanding the unmet needs of consumers with attention-deficit/hyperactivity disorder – a systematic review and recommendations. *Journal of Child Psychology and Psychiatry, 64*(6), 848–858. https://doi.org/10.1111/jcpp.13752

3. Bisset, M., Brown, L. E., Bhide, S., Patel, P., Zendarski, N., Coghill, D., Payne, L., Bellgrove, M. A., Middeldorp, C. M., &

4. Mulraney, M., Lee, C., Freed, G., Sawyer, M., Coghill, D., Sciberras, E., Efron, D., & Hiscock, H. (2021). How long and how much? Wait times and costs for initial private child mental health appointments. *Journal of Paediatrics and* 

5. Barry, T. D., Lyman, R. D., & Klinger, L. G. (2002). Academic Underachievement and Attention-Deficit/Hyperactivity Disorder: The Negative Impact of Symptom Severity on School Performance. *Journal of School Psychology, 40*(3), 259–283. https://doi.org/10.1016/S0022-

Child Health, 57(4), 526-532. https://doi.org/10.1111/jpc.15253

https://doi.org/10.1007/s11920-019-1003-6

4405(02)00100-0

6. Nijmeijer, J. S., Minderaa, R. B., Buitelaar, J. K., Mulligan, A., Hartman, C. A., & Hoekstra, P. J. (2008). Attention-deficit/hyperactivity disorder and social dysfunctioning. *Clinical Psychology Review, 28*(4), 692–708. https://doi.org/10.1016/j.cpr.2007.10.003

7. Christiansen, H., Hirsch, O., Albrecht, B., & Chavanon, M.-L. (2019). Attention-Deficit/Hyperactivity Disorder (ADHD) and Emotion Regulation Over the Life Span. *Current Psychiatry Reports, 21*(3), Article 17.

8. Bruns, E. J., Walker, J. S., Bernstein, A., Daleiden, E., Pullmann, M. D., & Chorpita, B. F. (2014). Family Voice With Informed Choice: Coordinating Wraparound With Research-Based Treatment for Children and Adolescents. *Journal of Clinical Child and Adolescent Psychology*, 43(2), 256–269. https://doi.org/10.1080/15374416.2013.859081

9. Australian ADHD Professionals Association (AADPA) (2022) Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder. Melbourne, VIC, Australia: AADPA.

10. Baweja, R., Belin, P. J., Humphrey, H. H., Babocsai, L., Pariseau, M. E., Waschbusch, D. A., Hoffman, M. T., Akinnusi, O. O., Haak, J. L., Pelham, W. E., & Waxmonsky, J. G. (2016). The Effectiveness and Tolerability of Central Nervous System Stimulants in School-Age Children with Attention-Deficit/Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder Across Home and School. *Journal of Child and Adolescent Psychopharmacology, 26*(2), 154–163. https://doi.org/10.1089/cap.2015.0053

11. Ogundele, M. O., & Ayyash, H. F. (2023). ADHD in children and adolescents: Review of current practice of non-pharmacological and behavioural management. *AIMS Public Health*, 10(1), 35–51.

12. Shrestha, M., Lautenschleger, J., & Soares, N. (2020). Non-pharmacologic management of attention-deficit/hyperactivity disorder in children and adolescents: a review. *Translational Pediatrics*, *9*(S1), S114–S124.

13. Greene, R. W. (2023). Collaborative and proactive solutions. In *Handbook of Child and Adolescent Psychology Treatment Modules* (pp. 291-303). Academic Press.

https://doi.org/10.3934/publichealth.2023004

https://doi.org/10.21037/tp.2019.10.01