Get the 4-1-1: Everything Primary Care Providers should know about parent training in behavior therapy while working with families with young children with ADHD.

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Dave Anderson, PhD, Director, ADHD & Behaviors Center, Child Mind Institute

Georgina Peacock, MD, MPH, FAAP, Director, Division of Human Development and Disability, Centers for Disease Control & Prevention
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Shelina D. Foderingham MPH MSW
• Director of Practice Improvement
• National Council for Behavioral Health
• ShelinaF@thenationalcouncil.org
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Meet our presenters

**Dave Anderson, PhD**  
*Senior Director*  
*ADHD & Behavior Disorders Center*  
*Child Mind Institute*

**Georgina Peacock, MD, MPH, FAAP**  
*Director*  
*Division of Human Development and Disability, CDC*
Overview of ADHD
About ADHD in young children

- A biological disorder that can cause children to be overly active, have trouble paying attention, or difficulty controlling their behavior
- Children with ADHD often show behaviors that are disruptive to others and difficult to manage
- Often lasts into adulthood; higher rates of injury, academic and career failure, and earlier death
- About 2 million of the 6.4 million children with ADHD in the U.S. were diagnosed when they were only 2-5 years old
- Children diagnosed early often have the most severe symptoms
Behavior therapy is an important first step for young children with ADHD

- AAP recommends that doctors refer parents of children under 6 years of age for training in behavior therapy before prescribing ADHD medicine.
- According to a recent CDC Vital Signs report:
  - Only about half of young children with ADHD received any form of psychological services – which might have included behavior therapy.
  - About 75% of young children with ADHD received medicine.
Behavior therapy as a first step

- Behavior therapy is as effective as medicine in reducing ADHD symptoms, but without the risk of side effects.
- ADHD medicines are more likely to cause side effects in young children.
- Behavior therapy is effective for children with a variety of behavior problems.
- Parent training in behavior therapy is also known as behavioral parent training, behavior management training for parents, parent behavior therapy, or just parent training.
Orientation to Behavioral Parent Training
The Evolution of Behavioral Parent Training

• Baumrind’s parenting styles
• Connie Hanf’s work (late 60s/early 70s)
  ▪ Child’s game
  ▪ Mother’s game
• Parents as the agents of change
• Intervening at the *point of performance*
• Weak evidence for individual therapy for behavior problems

(Lundahl, Risser, & Lovejoy, 2006; Kaminski, Valle, Filene, & Boyle, 2008)
Research Support for Behavioral Parent Training

- Well-established treatment with decades of research to support effectiveness
- Not aimed at treating core neuropsychological symptoms of ADHD
- Addressing the management of behaviors and symptoms associated with ADHD
- Significant changes in the following outcomes:
  - Improved quality of parent-child interaction
  - Increased parent confidence in managing child behavior
  - Decreases in parent ratings of child misbehavior
- Robust retention of treatment gains at 1- to 3-year follow-up

(Abikoff et al., 2014; Evans, Owens, & Bunford, 2013; Webster-Stratton, Reid, & Beauchaine, 2013)
Evidence-Based Psychosocial Interventions for ADHD

Table 4 outlines the level of research-based support for a variety of psychosocial interventions.

AACAP recommendations emphasize behavioral intervention as a first-line treatment for preschool children.

If starting with behavioral intervention OR medication, sequencing literature indicates better treatment outcomes with behavioral interventions before medication.

(Table from: Evans, Owens, & Bunford, 2013; Pelham et al., 2016)
Essential Components of BPT
Fundamental Behavioral Principles

- Plan ahead, model, and teach good behavioral expectations
- Frequently attend to and reinforce positive behavior
- Actively withdraw attention from minor misbehavior
- Give clear directions & reinforce compliance
- Sparingly provide immediate consequences for misbehavior

(Barkley & Robin, 2014; Eyberg et al., 2008; Kazdin, 2005)
The Format of Behavioral Parent Training

• Two-Phase Approach
  ▪ Phase 1:
    • Improving quality of parent-child communication
    • Increasing attention to positive behavior
    • Reinforcement of good behavior
  ▪ Phase 2:
    • Giving clear directions
    • Applying age-appropriate consequences for misbehavior
    • Improving compliance
    • Decreasing negative behaviors

(Table used with permission from: Chronis et al., 2004; Abikoff et al., 2014; Graziano et al., 2015)
Course & Delivery of Behavioral Parent Training

Delivery of BPT

- Treatment can range from 8-20 sessions
- Standard delivery formats
  - Parent didactic meetings
  - Coaching parents with the child
  - Separate parent and child groups
- Alternative delivery methods
  - Home-based care
  - Phone follow-up
  - Intensive care (more than once weekly)

Major Session Activities

- Review of skills, homework, and stressors
- Didactic/discussion portion
- Practice, role-play, and coaching
- Review and plan for generalization

(Chronis et al., 2004; Graziano et al., 2015; Lundahl et al., 2006; Kaminski et al., 2008)
Examples of Models & Components

Models of BPT:

- Parent-Child Interaction Therapy (PCIT)
- Incredible Years
- Positive Parenting Program (Triple-P)
- Helping the Non-Compliant Child (HNC)
- Parent Management Training (PMT or PMT-O)
- Defiant Children

Components included in BPT programs with larger effects:

- Increasing positive parent-child interactions and emotional communication
- Teaching time-out and the importance of parental consistency
- Requiring in-session practice of parenting skills with child

(Kaminski et al., 2008)
How do you know BPT is working?

- Collaborative empiricism
- Informed by evidence-based principles of behavioral science
- Clear identification of treatment targets
- Tracking of well-validated symptom measures
- Data-driven adjustments
- Mastery/graduation criteria
- Research record of fidelity and effectiveness in time allotted (8-20 sessions, 3-4 months)
Working with Families to Identify the Best ADHD Treatment for their Child
When determining the most appropriate treatment for a child, there are a number of considerations

- Long lasting benefits of behavior therapy
- Impact of cost and other resources on the family
- Availability and accessibility of behavior therapists
- Risk of side effects versus urgency of need
Discussing behavior therapy with parents

- Reassure parents that they did not cause their child’s ADHD.
- Educate them about the key role parents can play in their child’s ADHD treatment.
- Acknowledge that behavior therapy requires more time, effort and resources than medication.
- Emphasize that the lasting benefits of behavior therapy make it worth the investment.
- Describe evidence-based behavior therapy to parents so they know what to look for.
- Help parents find a provider in their area.
Finding a therapist who trains parents in behavior therapy:

- Licensed mental health providers who may provide parent training in behavior therapy include
  - Psychologists
  - Social workers
  - Counselors
  - Other licensed therapists
Finding a therapist who trains parents in behavior therapy:

- May be found through **online provider directories:**
  - American Psychological Association Psychologist Locator
  - American Association of Marriage and Family Therapy Locator
  - National Association of Social Workers
  - Other professional association directories
  - Health insurance provider directories.

- Health providers and parents can review the therapist’s online profile or call and ask the therapist to describe their approach to ADHD treatment.

- CDC’s “Finding a Therapist” resource for health providers and parents: http://www.cdc.gov/ncbddd/adhd/behavior-therapy.html
What to look for in a provider of parent training in behavior therapy:

- Focus primarily on working with parents?
- Explain the process to parents in detail?
- Teach parents positive reinforcement, structure, and consistent discipline?
- Teach parents positive ways to interact and communicate with their child?
- Assign practice activities or homework?
- Meet regularly with the family?
- Adjust strategies as needed?
Other Questions to Ask Potential Therapy Providers about Their Program or Approach

- What is the therapy called?
- What are the treatment goals?
- What is the evidence that this treatment is effective?
- How will we measure progress and the effectiveness of this treatment?
- How long should we expect treatment to last?
- How much experience or training do you have using this treatment with children with similar symptoms?
Healthcare providers should check back in with the family after a few sessions to determine if the therapist is a good fit.
Medication may be appropriate in some situations.

- If behavior therapy does not provide significant improvement, further discussions are needed.
- When evidence-based behavior therapy is not available, the clinician and parents need to weigh the risks of starting medication at an early age against the harm of delaying treatment.
Healthcare providers can:

- **Assess** a young child with ADHD symptoms using the AAP clinical practice guidelines.
- **Discuss** ADHD treatment with parents and explain the benefits of behavior therapy.
- **Refer** parents to a therapist before prescribing medicine.
- **Follow up** with the family during and after treatment to confirm progress and symptom improvement.

To learn more, go to [http://www.cdc.gov/ncbddd/adhd/behavior-therapy.html](http://www.cdc.gov/ncbddd/adhd/behavior-therapy.html)

Additional resources available from the National Resource Center on ADHD: [http://www.help4adhd.org/NRC.aspx](http://www.help4adhd.org/NRC.aspx)
Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
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Questions? Please contact Krystle Canare at KrystleC@thenationalcouncil.org.
Additional Resources

Websites related to child mental health

• The Child Mind Institute: www.childmind.org
• CHADD: The National Resource on ADHD: http://www.chadd.org/
• Association for Behavioral & Cognitive Therapies: www.abct.org

Behavioral Intervention at Home


Behavioral Intervention at School

• Pfiffner, L.J. (2011). *All about ADHD.* New York: Scholastic, Inc.