

# 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.

**Thursday, June 23, 2016**

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# Welcome!



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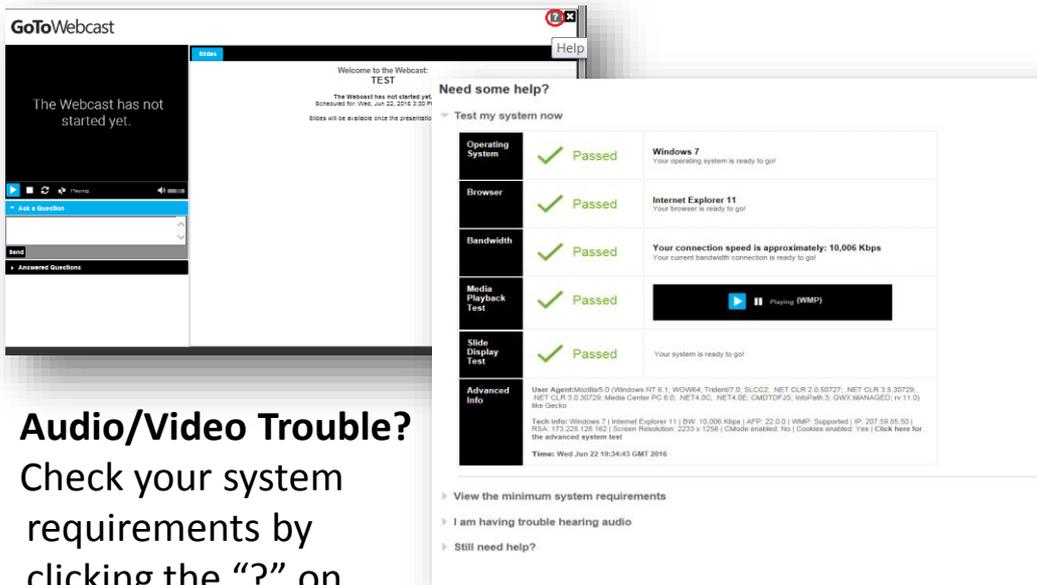
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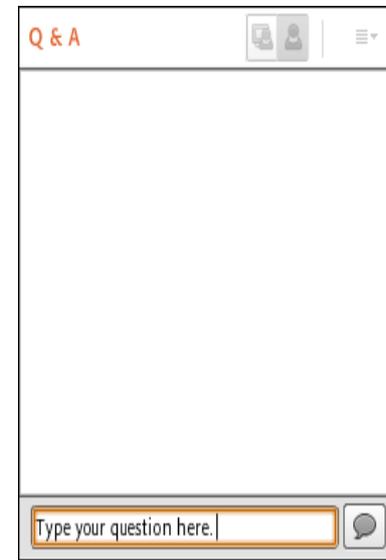


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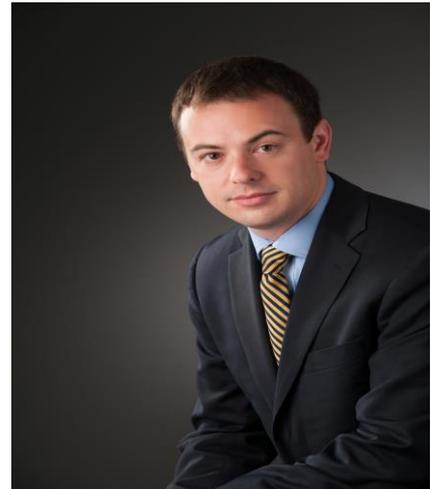


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# Meet our presenters

**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.

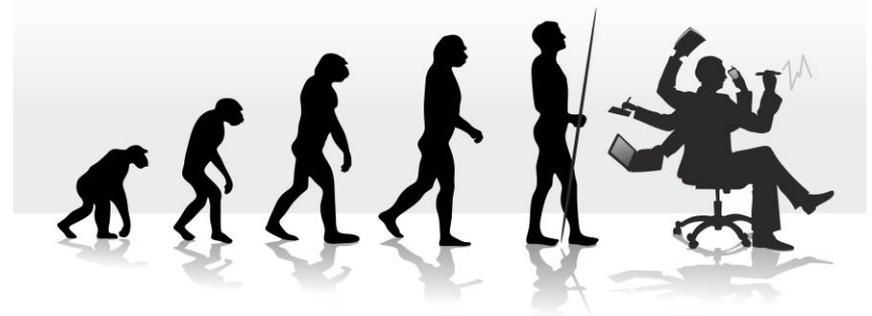
# Orientation to Behavioral Parent Training



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# 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



# 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

# Evidence-Based Psychosocial Interventions for ADHD

TABLE 4  
Summary Table of Levels of Evidence

<i>Level 1: Well-Established</i>	<i>Level 2: Probably Efficacious</i>	<i>Level 3: Possibly Efficacious</i>	<i>Level 4: Experimental</i>	<i>Level 5: Not Effective</i>
Behavioral Parent Training	Combined Training Interventions	Neurofeedback Training	Cognitive Training	Social Skills Training
Behavioral Classroom Management				
Behavioral Peer Intervention				
Combined Behavior Management Interventions				
Organization Training				

- 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

# Essential Components of BPT



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# 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**

# The Format of Behavioral Parent Training

**Table I.** Typical Sequence of Sessions for Parent Training in a Clinical Behavioral Intervention

Parent training<sup>a</sup>

1. Overview of the child's disorder, social learning theory, and behavior management principles
2. Establishing a home/school daily report card/establishing a home behavior checklist/rewarding home and school behavior
3. Attending to appropriate behavior (e.g., compliance) and ignoring minor, inappropriate behaviors (e.g., whining)
4. Giving effective commands and reprimands
5. Establishing and enforcing rules/When... then contingencies
6. Time-out procedures
7. Home point system-reward and response cost
8. Enforcing contingencies outside of the home; planning ahead for misbehavior outside the home
9. Problem-solving techniques
10. Maintenance of program after weekly therapist contact ends

<sup>a</sup>Every consultation contact includes a functional assessment of child's current progress toward treatment goals, and these goals/treatment strategies are continually added, deleted, and modified based on the effectiveness of current treatment and the child's current functional impairment.

- 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

# 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



# 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

# 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>
  
- **Additional resources available from the National Resource Center on ADHD:**  
<http://www.help4adhd.org/NRC.aspx>

# Thank you

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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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# Upcoming webinar:

6/29 1:30-3pET: [A Clinician's Tale: How do I Provide the Best Treatment for Young Children with disruptive behaviors, including ADHD?](#)

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**Questions?** Please contact Krystle Canare at [KrystleC@thenationalcouncil.org](mailto:KrystleC@thenationalcouncil.org).



# Additional Resources

## Websites related to child mental health

- The Child Mind Institute: [www.childmind.org](http://www.childmind.org)
- CHADD: The National Resource on ADHD: <http://www.chadd.org/>
- Association for Behavioral & Cognitive Therapies: [www.abct.org](http://www.abct.org)

## Behavioral Intervention at Home

- Barkley, R.A. (2013). *Taking charge of ADHD: The complete, authoritative guide for parents (3<sup>rd</sup> ed.)*. New York: The Guilford Press.
- DuPaul, G.J. & Kern, L. (2011). *Young children with ADHD: Early identification and intervention*. Washington, D.C.: American Psychological Association
- Kazdin, A.E. (2013). *The Everyday Parenting Toolkit*. New York: Houghton Mifflin Harcourt.

## Behavioral Intervention at School

- Akin-Little, A., Little, S.G., Bray, M.A., & Kehle, T. (2009). *Behavioral interventions in schools: Evidence-based positive strategies*. Washington, D.C.: American Psychological Association.
- Barkley, R.A. (2016). *Managing ADHD in school: The best evidence-based methods for teachers*. Eau Claire, WI: PESI Publishing and Media.
- Pfiffner, L.J. (2011). *All about ADHD*. New York: Scholastic, Inc.