

A Clinician's Tale: How do I Provide the Best Treatment for Young Children with disruptive behaviors, including ADHD?

Wednesday, June 29, 2016

- **Patricia L. Kohl, PhD**, Associate Dean for Social Work, Associate Professor, Faculty Director for Child Well-Being, Center for Social Development
- **Shannon Self-Brown, PhD**, Professor, Public Health Doctoral Program Director, Georgia State University

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<http://www.thenationalcouncil.org/topics/behavioral-parent-training>

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Welcome!



Shelina D. Foderingham MPH MSW

- Director of Practice Improvement
- National Council for Behavioral Health
- ShelinaF@thenationalcouncil.org

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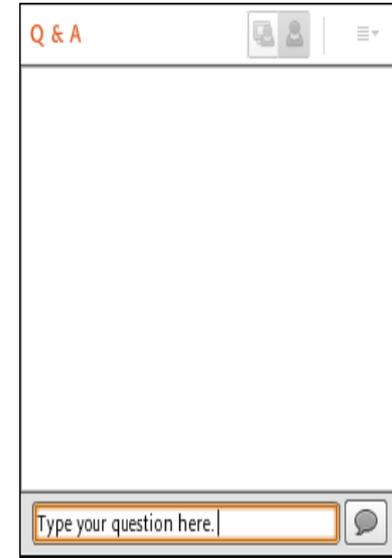
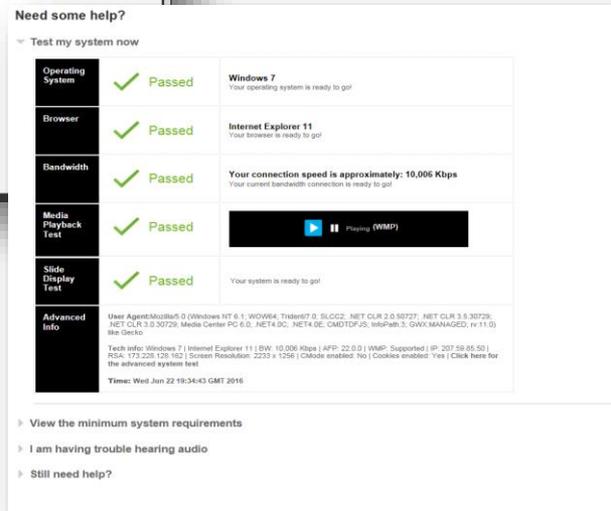
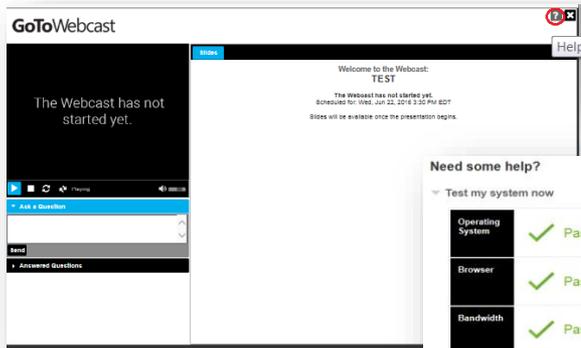
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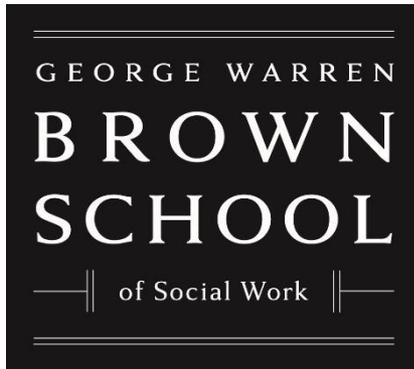
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Presenter #1: Patricia Kohl



Patricia L. Kohl, PhD, Associate Dean for Social Work, Associate Professor, Faculty Director for Child Well-Being, Center for Social Development



Behavior Therapy

Effective Treatment for ADHD and Other Behavior Disorders

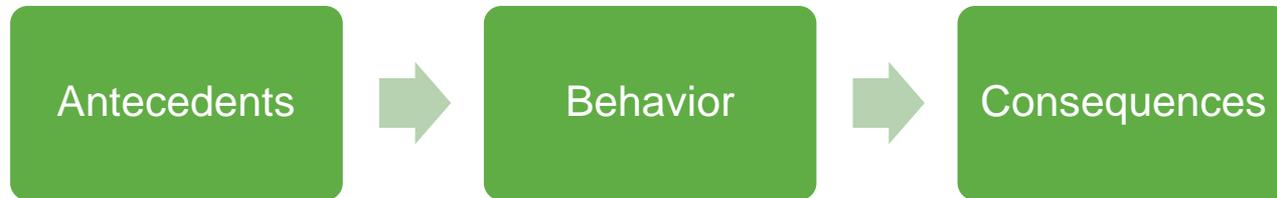
Behavior Therapy

Targeted Child Outcomes

- Non-compliance and oppositional behavior
- Difficulty controlling behavior
- Acting out
- Aggressive behavior
- Impulsivity
- ADHD

ABCs of Behavior Therapy

Contingencies of Reinforcement



Behavior Therapy for Child Behavior Problems

Two Primary Approaches

- Hanf-Based
 - Differential Attention
 - Compliance Training
- Parent Management Training
 - Skill encouragement
 - Limit Setting
 - Monitoring
 - Problem Solving
 - Monitoring
 - Positive Involvement

McMahon, R. J. (February, 2016). Family-based interventions for young children with conduct problems: Lessons learned and future directions. Paper presented at Helping Families Change Conference.

Behavior Parent Training

Models with Demonstrated Effectiveness

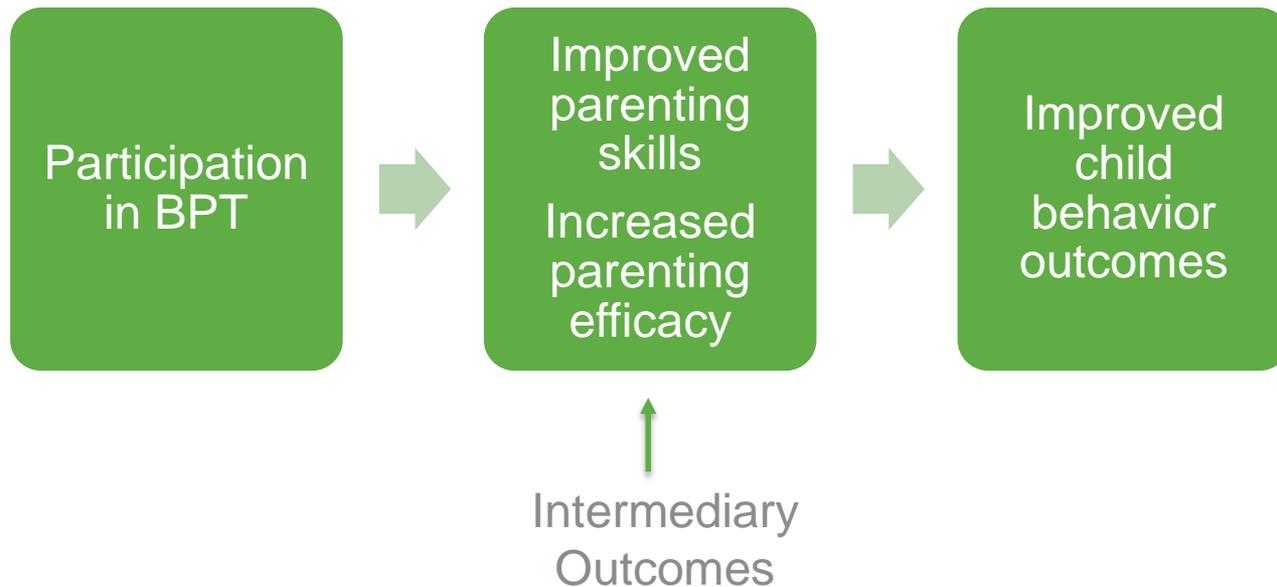
- Parent Child Interaction Therapy
- Triple P (Positive Parenting Program)
- Incredible Years
- Parent Management Training – Oregon Model
- Helping the Non-Compliant Child
- New Forest Parenting Programme

Delivery Format

- Group or individually (depending on specific model)
- BPT training programs include active instruction
 - Modeling
 - Role play
 - Practice
 - Feedback
 - Discussion
 - Homework

Parent as Change Agent

Train parents to change response to their children's behavior



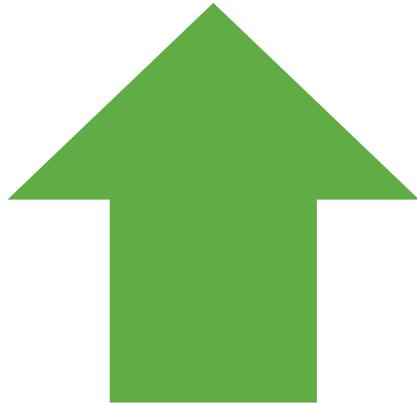
Common Elements

Differential Attention

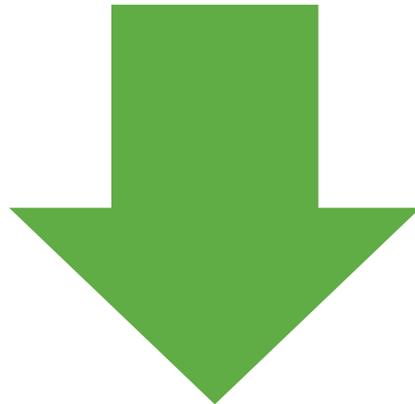
- Praise
- Positive/strategic attention
- Planned ignoring
- Tangible and activity rewards

Enhance Parent-Child Relationship

Positive Reinforcement



As increase
positive
attention...



... there is a
decreased need
for negative
attention

Common Elements

Compliance Training or Limit Setting

- Clear developmentally appropriate instructions
- Responding consistently
- Monitoring and supervision
- Managing schedules and routines
- Natural and logical consequences
- Time out

Effectiveness

- Across numerous studies and meta-analysis, participation in a BPT results in better parenting outcomes, as well as child behavior outcomes
- Growing number of studies demonstrated maintained effects over longer follow-up period
- Findings consistent across different ethnic and cultural groups, parental functioning, and socioeconomic backgrounds

Presenter #2: Shannon Self-Brown



Shannon Self-Brown, PhD,
Professor, Public Health Doctoral
Program Director, Georgia State
University

Young Children and ADHD

- ADHD is a biological disorder that can cause children to be overly active, have trouble paying attention, or difficulty controlling their behavior. It can be diagnosed as early as age 4.
- About 6.4 million children in the US have been diagnosed with ADHD.
 - About 2 million of the 6.4 million children were diagnosed between 2-5 years of age
- Children diagnosed at young ages often have the most severe symptoms.
- Preschoolers with ADHD are more likely to have difficulties in daycare or school, including problems with peer relationships, learning, and a higher risk of injuries.
- Early diagnosis is important

How are Young Children with ADHD Different?

- Young kids with ADHD demonstrate significant differences when compared to peers in the degree and frequency of hyperactivity and impulsivity
- It is incredibly important to consider how developmental stage influences behavior
 - For example, most young children are very active, but can calm down for naps and sit for meals.

AAP Recommendations

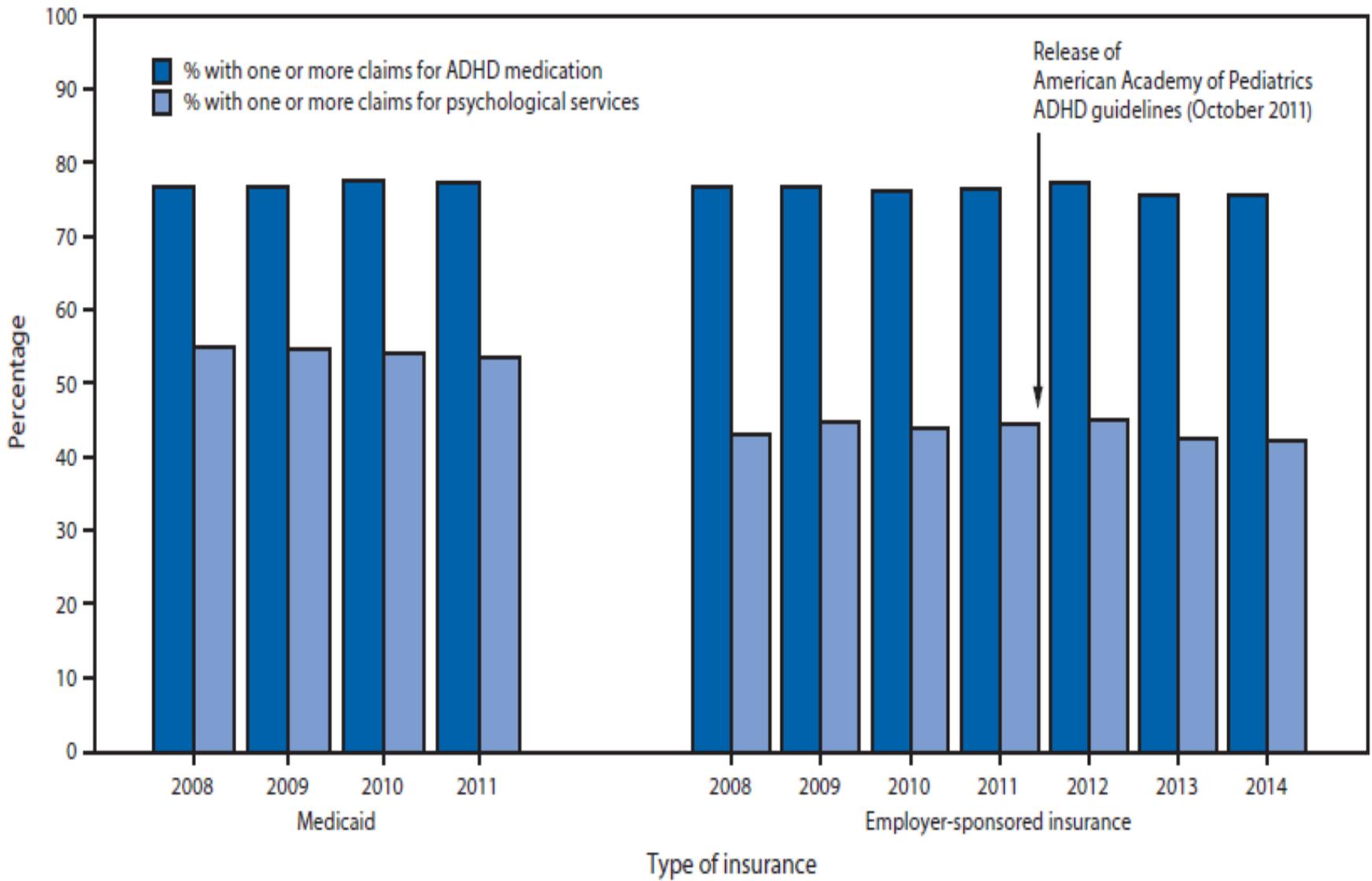
- Since 2011, the American Academy of Pediatrics recommends that doctors refer parents of children under 6 who are diagnosed with ADHD for parent training in behavior therapy before prescribing medication as a treatment option.
- The hope is to decrease the rates of children under 6 taking medication for ADHD as a first line of treatment.

Behavior Therapy vs Medication for ADHD?

	Parent-Focused Behavior Therapy	Medication
Benefits	<ul style="list-style-type: none"> • As effective as medicine in reducing disruptive ADHD symptoms • Training assists parents in learning skills and strategies to support their child in school, home, and relationships. • Children learn effective strategies for managing their symptoms and behavior • Leads to lasting gains and improved child functioning, even when therapy has ended 	<ul style="list-style-type: none"> • Shown to be effective in reducing ADHD symptoms • Works quickly, but the effects end when the medication wears off • Widely available
Challenges	<ul style="list-style-type: none"> • Limited knowledge and awareness about behavior therapy among healthcare providers and parents • Limited access • Time and Investment to achieve behavior change 	<ul style="list-style-type: none"> • Side effects <ul style="list-style-type: none"> • poor appetite, stomach aches, irritability, sleep problems, and slowed growth. • No research about the long-term effects on young children. • Not all medications approved by FDA for children under 6.
Strengths of Evidence	Rated as High on Strength of Evidence	Rated as Low on Strength of Evidence

What is the current state of the field?

- The Centers for Disease Control and Prevention (CDC) reports that 1 in 2 preschoolers diagnosed with ADHD received psychological services, which may have included the recommended behavior therapy.
- In contrast, approximately **75%** of young children with ADHD received medicine as treatment.
- Rates of preschool-aged children taking medication for ADHD has doubled in the last four years



Why aren't more young children receiving behavior therapy?

- **Knowledge and Awareness**

- Healthcare providers and parents may not be aware of the recommendations for and benefits of behavior therapy.

- **Access**

- Healthcare providers and parents may have trouble finding behavior therapy in their area.

- **Need for immediate child behavior change**

- Behavior therapy may require more time, energy, and resources than medicine which may be difficult if child behavior is extreme

Increasing Access: Finding Trained Therapists in Your Area

- Online provider directories:
 - American Psychological Association Psychologist Locator
 - <http://locator.apa.org>
 - American Association of Marriage and Family Therapy Locator
 - <http://www.therapistlocator.net/iMIS15/therapistlocator/>
 - Find a Cognitive Behavioral therapist
 - <http://www.findcbt.org/xFAT/>
 - Mental Health.gov
 - <https://www.mentalhealth.gov/get-help/immediate-help/index.html>
 - American Board of Professional Psychology Locator
 - http://www.abpp.org/i4a/member_directory/feSearchForm.cfm?directory_id=3&pageid=3292&showTitle=1
 - National Association of Social Workers
 - <http://www.helpstartshere.org/find-a-social-worker>
 - National Resource Center on ADHD: Hospital and University Related ADHD Centers
 - <http://www.chadd.org/Understanding-ADHD/About-ADHD/Professionals-Who-Diagnose-and-Treat-ADHD/Hospital-and-University-ADHD-Centers.aspx>

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Ann M Pearman



Personal Statement

Hello! I am happy you are viewing my profile. I am a clinical psychologist based in Atlanta, Georgia. As a therapist, my goals are to help people reach their full potential and live happy and healthy lives. I work with clients who are depressed, anxious, a little lost, confused, grieving, etc. Although I consider myself a generalist (that is, a clinical psychologist well-suited to work with clients of any age), I have received specialty training for and truly enjoy working with older adults. In addition to therapy, I also conduct assessments, including academic, ... [More](#)

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Ann Pearman, Ph.D.

3121 Maple Drive Suite 112

Atlanta, GA 30305

Phone Number: (404) 556-6506

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Increasing Access: Getting Trained in Behavior Therapy

- Things to consider include:
 - Which approach fits with my own style and practice? Am I comfortable training groups or working with individual families?
 - Do I see enough families who could benefit from these services?
 - What facilities, equipment, or materials do I need to implement the program?
 - What reimbursement mechanisms exist?
 - What type of consultation, community of practice, or supervision does the program provide to help support me while learning and implementing the program?
 - How does the program fit with my agency's goals and priorities? What supports does my agency provide me?

Increasing Access: Getting Trained in Behavior Therapy

- The exact nature and cost of trainings vary by program.
- Training often includes:
 - In-person trainings
 - Practice implementing the program with families with consultation
 - An accreditation or certification process that requires showing competency in implementing the program

Increasing Access: Getting Trained in Behavior Therapy

- Triple P (Positive Parenting Program)
 - <http://www.triplep.net/glo-en/getting-started-with-triple-p/train-your-staff-tailored-approach/triple-p-training/>
- Incredible Years Parenting Program
 - <http://incredibleyears.com>
- Parent-Child Interaction Therapy
 - <http://www.pcit.org>
- [Parent Management Training-Oregon Model](http://www.isii.net/)
 - <http://www.isii.net/>
- New Forest Parenting Programme
 - http://europa.eu/epic/practices-that-work/evidence-based-practices/practices/new-forest-parenting-programme_en.htm

Small Changes, Big Differences

- [Home](#)
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[Home](#) > [Getting started](#) > [Train your staff - tailored approach](#) > [Triple P training](#)

TRIPLE P TRAINING

Triple P Provider Training Courses vary in length depending on the level. Typically, training courses are conducted over one to four days. The courses cover the theoretical foundations of behavioural family interventions both generally and specifically to Triple P. A comprehensive overview of the development and prevalence of behavioural and emotional problems in children and/or adolescents is also presented.

All Triple P Provider Training Courses are conducted by Triple P Trainers in compliance with the Quality Assurance Requirements specified by the University of Queensland. Training courses contain a maximum of 20 participants per course. And Triple P Trainers come to you – running training sessions at a location of your choice. Otherwise, you may send individual practitioners to open-enrolment training sessions, which are organised by Triple P.

A skills-based training approach is used to introduce participants to the range of consultation skills necessary for the effective delivery of the program. Various methods are used including instructive presentation, video demonstration, clinical problem solving, rehearsal of consultation skills, feedback and peer tutoring.

Practitioners are required to attend a minimum of 80% of each course to be eligible for accreditation. At the training sessions, each practitioner is provided with a comprehensive set of the relevant training resources such as Participant Notes, which outline the days' sessions and also help prepare practitioners for accreditation, and Practitioner or Facilitator Kits, which include the manuals needed to deliver Triple P to parents.

- [Train your staff - population approach](#)
- ▼ [Train your staff - tailored approach](#)
- [Where do I start?](#)
- [The Triple P system table](#)
- [Management briefings](#)
- [Triple P training](#)**
- [Course details](#)
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- [Implementing Triple P](#)





Initial Therapist Training

Level of Training

Therapist

Intended Audience

Practitioners who are new to PCIT. Such individuals may have previous "exposure" to the intervention but have not received formal training with case experience while under consultation from a [Certified Trainer](#).

Components of the Training

- Minimum of 40 hours of face-to-face training with a [Certified Master Trainer](#) or [Level II Trainer](#) in a hands-on workshop format -or- mentored co-therapy format with a [Certified Level 1 Trainer](#)
- Some trainings include additional face-to-face hours in workshop format or online training modules
- Many trainings offer APA-approved CEUs for time spent
- Continuation training: at least twice monthly consultation (usually in a group format of 6-8 practitioners) via phone or web-conferencing with a [Certified Master Trainer](#) or [Level 2 Trainer](#) -or- in-person supervision with a [Certified Level 1 Trainer](#) in individual or group format
- Video review of four (4) key PCIT sessions with written feedback from a [Certified Master Trainer](#) or [Level 2 Trainer](#) -or- live case observation and feedback from a [Certified Level 1 Trainer](#)
- Case experience while under consultation from a [Certified Trainer](#)

Payment for Behavioral Therapy

- The Federal government is offering coverage and Federal Medicaid reimbursement for recommended ADHD services that states seek to add to their Medicaid state plan.
- Billing codes for family, group therapy, and parent training on behalf of their children exist, but insurance policies vary by state.
- Clinicians should contact their state Medicaid offices, commercial plans, and other payers to find out more specific billing information
- SAMHSA HRSA Center for Integrated Health Solutions state billing and financial worksheets
 - <http://www.integration.samhsa.gov/financing/billing-tools>

Access today's webinar recording at:



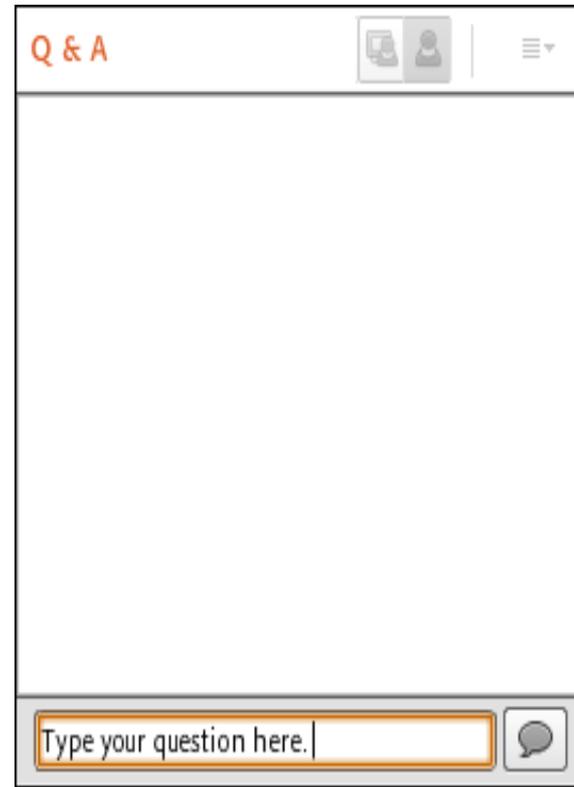
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Questions?

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Past webinars:

- 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.
- A Clinician's Tale: How do I Provide the Best Treatment for Young Children with disruptive behaviors, including ADHD?

For more information: <http://www.thenationalcouncil.org/topics/behavioral-parent-training/>

Thank you for joining us!

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Questions? Please contact Krystle Canare at KrystleC@thenationalcouncil.org.