BEHAVIORAL PARENT TRAINING FOR ADHD: TIPS FROM THE TRENCHES

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Learning Objectives

- To expose participants to the research base supporting behavioral parent training.
- To discuss the key components of behavioral parent training.
- To offer advice and tips on the effective implementation of behavioral parent training.
My Background

- Duke ADHD Research Program
  - Follow-up phase of the MTA Study
  - Brain imaging study of parent-child dyads with ADHD
- Graduate work at Virginia Tech
  - Developed research program on ADHD and anxiety co-occurrence and these disorders individually
- 2010-2017
  - Associate Professor, Department of Psychology
  - Associate Director of Clinical Training
  - Director, Child and Adolescent Anxiety Clinic
  - Supervision of advanced child Ph.D. students
What is Behavioral Parent Training?

- An approach that teaches parents how to better manage disruptive, oppositional, and noncompliant behaviors
- Also referred to as Parent Management Training
- Several approaches and manuals available
  - Incredible Years
  - The Kazdin Method
  - Parent Management Training – Oregon Model
  - Barkley’s Defiant Children
- Commonly used for problems such as ADHD, oppositional defiant disorder, and conduct disorder
Research Evidence (Evans, Owens, & Bunford, 2013)

- A review of evidence-based treatments for ADHD
- Level 1: Well-Established
  - Behavioral Parent Training
  - Behavioral Peer Intervention
  - Combined Behavior Management Interventions
  - Organization Training
- Level 2: Probably Efficacious
  - Combined Training Interventions
- Level 3: Possibly Efficacious
  - Neurofeedback
- Level 4: Experimental
  - Cognitive Training
- Level 5: Not Effective
  - Social Skills Training
Research Evidence (American Academy of Pediatrics, 2011)

- Quality of evidence for clinical assessment and treatment of ADHD

![Table: Quality of evidence for ADHD treatment](image)
For preschool-aged children (4-5 years of age), behavior therapy as the first line treatment (quality of evidence A/strong recommendation)

- May prescribe stimulants if not significant improvement and moderate-to-severe disturbance
- Clinician must weight the risks of medication when behavioral treatment is not available (quality of evidence B/recommendation).
For elementary school-aged children (6-11 years of age), FDA-approved medications should be prescribed (quality of evidence A/strong recommendation) and/or evidence-based parent- and/or teacher-administered behavior therapy, preferably both (quality of evidence B/strong recommendation).

- Particularly strong evidence for stimulants (quality of evidence A/strong recommendation).
- The school environment, program, or placement is a part of any treatment plan.
For adolescents (12-18 years of age), FDA-approved medications should be prescribed (quality of evidence A/strong recommendation) and may prescribe behavior therapy (quality of evidence C/recommendation), preferably both.
Research Conclusions

- Both psychologists and physicians strongly agree that the evidence base for behavior therapy (including parent training) is strong.
- Children under 6 should first receive behavior therapy prior to stimulant medication.
- Behavior therapy is an important complement to stimulant medication for children ages 6 or older.
- How often do children with ADHD get behavior therapy as part of their treatment?
Centers for Disease Control National Data

- Less than 1 in 3 children ages 4-17 received both medication treatment and behavior therapy
- Only half of preschoolers (4-5 years of age) with ADHD received behavior therapy, the recommended first-line treatment for ADHD
- Half of preschoolers with ADHD were taking medication for ADHD, and about 1 in 4 were treated only with medication
Centers for Disease Control National Map
Centers for Disease Control – Alabama Data

Other Considerations

- How should we sequence these treatments if combined?

- Pelham et al. (2016)

- Conducted a “SMART” design (i.e., Sequential, Multiple Assignment, Randomized Trial)

- https://methodology.psu.edu/ra/smart/projects/pelham

- Better outcomes if behavior therapy first followed by medication than vice versa

  Thoughts?
Research Conclusions

- The evidence for behavior therapy in the management of ADHD is strong
- Only 1 in 3 children received both medication and behavior therapy
- Too many preschool children are receiving stimulant medication as a frontline treatment
  - Often not in combination with behavior therapy
- Alabama is lower than national averages
  - 49th out of 51 states (including DC) for behavior therapy
  - 47th out of 51 states (including DC) for combined treatment
- Treatment outcomes may be enhanced by offering behavior therapy prior to medication
- Questions?
Parent Training: Nuts and Bolts

- Barkley’s *Defiant Child* manual
  - Step 1: Why Children Misbehave
  - Step 2: Paying Attention
  - Step 3: Increasing Compliance and Independent Play
  - Step 4: When Praise is Not Enough: Poker Chips and Points
  - Step 5: Time Out! and Other Disciplinary Methods/Step 6: Extending Time Out to Other Misbehavior
  - Step 7: Anticipating Problems: Managing Children in Public Places
  - Step 9: Handling Future Behavior Problems/Step 10: Booster Session and Follow-Up Meetings
Step 1: Why Children Misbehave

- Why do children with ADHD misbehave?
  - Common parent thoughts?
- Discussion of child characteristics, parent characteristics, and situational consequences
  - Working to improve the fit
- The importance of negative reinforcement
- Tips from the trenches
  - Get parents to think more situationally
  - Important to get parents to understand that their characteristics matter (e.g., parent who is easily frustrated; parent who might need individual therapy)
Step 2: Pay Attention!

- Attending to the child’s good play behavior
  - The use of special time
  - Changing the often punitive approach and/or negative interactions
- Modeling the behavior for parents
- Observing parent-child interactions in therapy
- Providing feedback to parents

**Tips from the trenches**
- Show me you can do it
- Some parents will need more practice than others
- These skills should be in place before moving on (e.g., the foundation of the house)
Step 3: Increasing Compliance

- Giving effective commands
- Compliance periods
- Encouraging independent play
  - Modeling by therapist
  - Praising independent play
- Parental monitoring
  - “Catch them being good”
- Tips from the trenches
  - Make sure the parent can give the effective command (e.g., via observation in session)
Step 4: Poker Chips and Points

- Developing a reward system
- Children with ADHD affected more by immediate rewards than long-term rewards
- Poker chips as a tangible reward as opposed to points
  - Points may be more appropriate for children 7 and older
- Common parent reactions?
- Tips from the trenches
  - May sure parents understand the rationale and are on board
  - The reward offers a choice which helps with a power struggle
Step 5 and 6: Time Out and Other Disciplinary Methods

- **Response cost**
  - Losing tokens for noncompliance

- **Reviewing the steps of Time Out**
  - Voice firm but pleasant
  - Time out location
    - Not somewhere reinforcing (e.g., “go to your room!”)
    - Time out chair
  - Avoid discussions when in time out
  - Wait until child is quiet
  - Rule of thumb: A minute for each year of age
  - Important that the child complete the initial request
Step 5 and 6: Time Out and Other Disciplinary Methods

- **Tips from the trenches**
  - Keep your cool
  - Important that there is a lot of praise happening in the environment before instituting time out
    - It should be time away from good things
  - Time outs are not always needed
    - “I want to make sure you get your reward for following directions today.”
  - Be careful about overuse of time out
    - Stay away from bad habits
  - Praise the ability to calm down and turn things around
Step 7: Anticipating Problems:
Managing Children in Public Places

- Important to anticipate where you will have problems
  - Grocery store, toy store, etc.
- Reminding the child about the rules beforehand
  - What’s the incentive? What is the disciplinary response?
- Parental Embarrassment
- Transitions

**Tips from the trenches**
- Even harder to keep your cool in public
  - Think about how you will handle it if your child misbehaves in public
- Warnings and reminders
Step 8: The Daily Report Card

- Discuss school behavior problems
- Teach the parent how to use a daily report card
- [https://ccf.fiu.edu/for-families/resources-for-parents/printable-information/how_to_establish_a_school_drc.pdf](https://ccf.fiu.edu/for-families/resources-for-parents/printable-information/how_to_establish_a_school_drc.pdf)
- Reward received or not received based on behavior

**Tips from the trenches**
- Keep it simple
  - Teachers are busy people
  - Stay in touch regarding how the daily report card is working or not working for them
Step 9 and 10: Handling Future Problems and Booster Session

- Planning for behavior problems in the future
- Discussing hypothetical scenarios

**Tips from the trenches**

- Many parents will be unsure if they can handle things on their own
- Encouragement is key
- Reminding parents about the progress that they have made and that they have all the skills needed at this stage

**Questions?**

**Incredible Years Video**
Models for Rural Locations

- **Primary Care-Based Interventions to Promote Positive Parenting Behaviors: A Meta-Analysis** (Shah et al., 2016)
- 13 studies reviewed that involved preventative primary-care interventions for children <36 months
- Some sessions coincided with well-child visits while others were separate (e.g., 4-7 sessions)
- Providers included pediatricians, pediatric nurse practitioners, and nonphysician/paraprofessionals (e.g., developmental specialist)
- Modest but significant impact on parent-child interactions and participation in cognitively stimulating activities
Parent and Clinician Books

- Barkley’s *Taking Charge of ADHD*
  - Book for parents
- Barkley’s *Defiant Children, Third Edition: A Clinician’s Manual for Assessment and Parent Training*
  - Manual for clinicians
- Barkley’s *Your Defiant Teen*
  - Book for parents of teens with ADHD
- Barkley’s *Your Defiant Child, Second Edition*
  - Book for parents
Organizational Skills Interventions

- Considered a “well-established” intervention for children with ADHD
- Should consider this with kids with ADHD who actually have organizational skills deficits (not all kids with ADHD do)
- Two evidence-based treatment protocols that are now commercially available
  - **Organizational Skills Training for Children with ADHD**
    - Designed for grades 3 to 5
  - **Homework, Organization, and Planning Skills (HOPS) Interventions**
    - Designed for grades 6 to 8
    - Also has a parent manual