

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

Evidence Quality	Preponderance of Benefit or Harm	Balance of Benefit and Harm
A. Well-designed RCTs or diagnostic studies on relevant population	Strong recommendation	Option
B. RCTs or diagnostic studies with minor limitations; overwhelmingly consistent evidence from observational studies	Recommendation	
C. Observational studies (case-control and cohort design)		Option
D. Expert opinion, case reports, reasoning from first principles	Option	No Rec
X. Exceptional situations in which validating studies cannot be performed and there is a clear preponderance of benefit or harm	Strong recommendation	

FIGURE 1

Integrating evidence-quality appraisal with an assessment of the anticipated balance between benefits and harms if a policy is conducted leads to designation of a policy as a strong recommendation, recommendation, option, or no recommendation. The evidence is discussed in more detail in a technical report that will follow in a later publication. RCT indicates randomized controlled trial; Rec, recommendation.

Research Evidence (American Academy of Pediatrics, 2011)

- 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**).

Research Evidence (American Academy of Pediatrics, 2011)

- 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.

Research Evidence (American Academy of Pediatrics, 2011)

- 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.

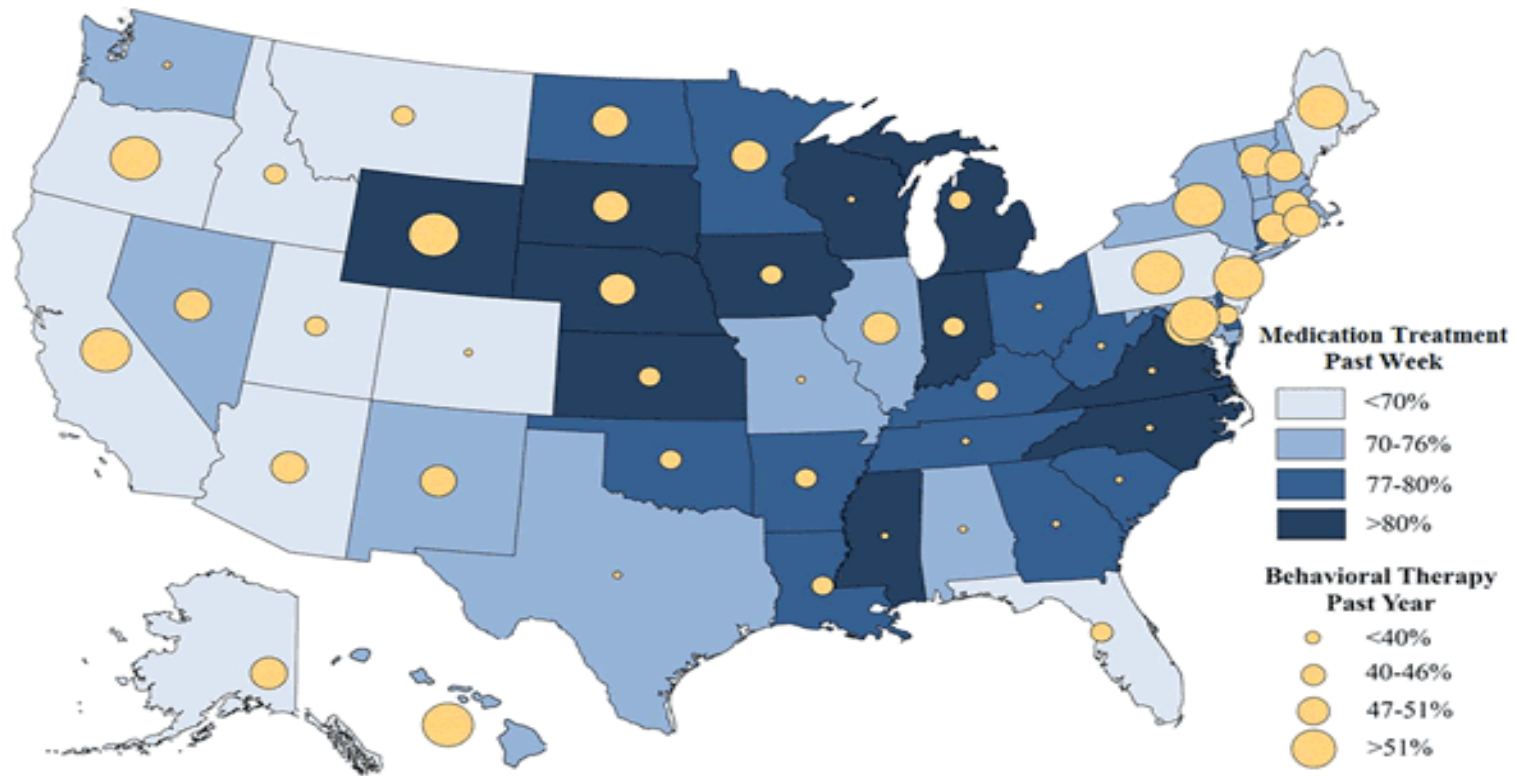
Research Conclusions

- 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

- <https://www.cdc.gov/ncbddd/adhd/stateprofiles-behavioral/stateprofile-behavioral-alabama.pdf>
- <https://www.cdc.gov/ncbddd/adhd/stateprofiles-psychological/stateprofile-psychological-alabama.pdf>

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 8: Improving School Behavior from Home: The Daily School Behavior Report Card
 - ▣ 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>
- ▣ 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