Non-medication treatment for ADHD in preschoolers

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- **Consultant:** Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD); Parent Child Interaction Therapy (PICT) International Pfizer Inc.; Shire

- **Books, Intellectual Property:** Oxford Books
Learning Objective 1

Describe effective assessment strategies for ADHD in preschoolers
Differentiate non-medication treatment options for this age group
Preschool Relevant Diagnostic Systems and Practice Parameters

- **DSM-V**¹
  - does not provide specific guidance for preschoolers – still expected to meet same number of criteria, even though various items are not developmentally relevant (e.g., pay close attention to detail; organize tasks or activities)

- **Diagnostic Classification 0 to 3, revised (DC:0-3-R)**²
  - Axis 1: disorders in areas of traumatic stress, affect, adjustment, regulation, sleep, eating, relating, and communicating
  - Axis 2: classify relationships and attachments

- **Diagnostic and Statistical Manual for Primary Care (DSM-PC)**³
  - Describes normal developmental variations and “problems” as downward extension of disorders

- **American Academy of Child and Adolescent Psychiatry (AACAP)**
  - [Psychiatric Assessment of Infants and Toddlers](http://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters1.aspx)

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Recommended Assessment

- Multi-(caregiver, daycare or school staff, health professional), multi-modal (observations, standardized ratings, clinical interviews), multi-disciplinary (e.g., psychology, speech-language, PT/OT)

- Comprehensive
  - Full developmental assessment
  - Full medical history
  - Family medical and social history
  - Environmental risk factors

- Examples of validated assessment tools
  - DENVER-II-R; CBCL 1.5-5\textsuperscript{5}; SDQ; B/ITSEA (Brief/Infant Toddler Social Emotional Assessment)

CBCL = Child Behavior Checklist; SDQ = Strengths and Difficulties Questionnaire
ADHD Treatment Planning

- Build rapport and partner with families
- Provide targeted educational resources
- Offer empirically supported psychosocial therapies
- Use evidence-based medication strategies, if indicated
- Partnered visit planning

Pearls for Preschool ADHD Treatment Planning

- Which caregivers need to be involved in behavior management?
- What are their attitudes about behavior therapy and about medications?
- Are they on same page regarding parenting and discipline?
- What kind of anger management is being modeled?
- Who else in the family may have ADHD?

Behavior Therapy for ADHD

- Empirically supported and preferred by families over medications\(^1\)
- In MTA study, behavior therapy did not show independent strong effects in combined treatment arm, but children were older\(^2\)
- Typical components of behavioral parent training
  - Positive reinforcement (Positive attending; verbal praise)
  - Negative consequences (time-out; removal of privileges; punishment; verbal reprimands; ignore inappropriate behavior; response cost)
  - Proactive strategies (reminder systems; task modifications; modified instruction; planners)
  - Setting up home token/star/point systems (Contracting; goal setting)

Selected Evidence-based Programs for Preschoolers with ADHD

- **Triple P Positive Parenting Program**¹
  - Various levels of intervention, from universal prevention indicated intervention with 10-12 individual parent training sessions, some with child

- **Incredible Years Program (Webster Stratton)**²
  - Various levels of intervention, 8-16 parent group trainings, with video-modeling and role playing, can be combined with teacher and child interventions

- **Parent Child Interaction Therapy**³
  - Clinician-delivered didactic sessions with live coaching of parenting skills in play sessions to improve parent-child relationship and parental behavior management skills

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Sanders MR. *Australian e-Journal for the Advancement of Mental Health*. 2003;2(3).
Website http://www.triplepvi.ca/research.htm
The Incredible Years

Teacher Classroom Management Program
6 full-day monthly workshops; ages 3-8 years

Child Dinosaur Treatment Program
6 children/groups: 18-22, 2-hour weekly sessions; ages 4-8 years

Child Dinosaur Classroom Program
3 year curriculum, 2 lessons per week, 30-60 lessons/year; ages 3-8 years

Baby Parent Program
8-10 sessions; ages 0-8 mos.

Toddlers Parent Program
10-13 sessions; ages 1-3 years

School Readiness Parent Program
6-12 sessions; ages 2-4 years

Preschool BASIC Parent Program
18 sessions; ages 3-5 years

School Age BASIC Parent Program
12-16 sessions; ages 6-8 years and 9-12 years

ADVANCED Parent Program
9-12 sessions; ages 4-12 years

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The Incredible Years. Website://www.incredibleyears.com/
IY Implementation Pyramid: Assuring Fidelity of Program Delivery

The Incredible Years. Website:/www.incredibleyears.com/
Parent-Child Interaction Therapy (PCIT) Website: http://www.pcit.org/
Child-Directed Interaction (CDI) vs. Parent-Directed Interaction (PDI)

**CDI**
- Parent follows child
  - Play therapy skills
  - Differential social attention
  - Positive nonverbal communication
- Relationship enhancement phase

**PDI**
- Parent leads child
  - Clear direction
  - Consistent follow-through
  - Reasoning skills
- Discipline phase

Parent-Child Interaction Therapy (PCIT) Website: http://www.pcit.org/
Structure of CDI and PDI Phases

● Each phase begins with a “Teach Session”
  ➔ Explaining each skill
  ➔ Modeling the skills
  ➔ Role-playing the interaction

● Each phase continues with “Coach Sessions”
  ➔ Reviewing homework practice
  ➔ Coding a 5-min interaction
  ➔ Coaching parent with child ~ 30 min
  ➔ Reviewing graph of skills progress

Parent-Child Interaction Therapy (PCIT) Website: http://www.pcit.org/
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Therapist Coaching
Parent with Child

One-way mirror into timeout room

One-way mirror into playroom

Parent-Child Interaction Therapy (PCIT) Website: http://www.pcit.org/
Clinical Connections

- Bibliotherapy useful, but insufficient for ADHD
- Minor doses of office counseling usually will not make a difference
- Effective treatments include didactics and practice of new parent skills
- Identify empirically supported treatments
  - May still be difficult to find, but benefits are significant
  - Utilize websites to identify trained providers and build your referral network
  - Advocate for provider training in evidence-based treatments in your local communities