

Behavioral Training and Family Support

by Sam Goldstein, PhD

PSYCHOSOCIAL TREATMENTS SUCH AS BEHAVIORAL PARENT TRAINING FIGURE prominently in the guidelines for the treatment of attention-deficit/hyperactivity disorder from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry. Additionally, parents generally find non-medication therapies more acceptable than medication treatment for AD/HD. But does that actually reflect an appreciation of research science or a bias against medication? How much do we really know about the effectiveness of psychosocial or behavioral treatments?

In the last twenty years, more than a hundred studies have been published demonstrating that parent and teacher behavioral training programs improve child compliance, reduce disruptive behaviors, and improve parent/teacher-child interactions. A number of studies have scientifically demonstrated the effectiveness of psychosocial interventions for AD/HD. Further, parent-mediated, social problem-solving strategies have been found effective in improving the impulsive behavior of preschoolers and the hyperactive/distractible behaviors of kindergartners, though further research specifically with children

with AD/HD is needed. However, the nature of AD/HD is such that interventions designed to provide consistent behavioral opportunities to use practice to build behavioral proficiency, improve planning skills, and use verbal mediation to self-regulate behavior, are consistent with the current theoretical deficits in AD/HD.

In this Research Brief, I have chosen a sampling of articles published over the last seven years that examine a number of behavioral training and family support models, related AD/HD symptomatology, behavioral problems, and family functioning.

The universal enhancing effects of stimulant medications in improving behavior and reducing impairment are critical, particularly for moderately and severely impaired children with AD/HD. Though medication treatment is cost effective and may be all that is needed in the short term to reduce symptoms and impairment for many children with AD/HD, the last ten years has generated sound scientific evidence that psychosocial interventions, particularly those focused on improving family relationships and parenting behaviors, are effective when applied consistently. These interventions, because they are directed not just at symptom relief or changing behavior but at changing thinking as well, may offer broader as yet unappreciated benefits for individuals with AD/HD and their families. It is a clinical reality today that, for most children with AD/HD, a combination of family and school directed psychosocial/behavioral and medical interventions will best serve their present and future needs.

► **Barkley, R.A., Edwards, G., Laner, M., Fletcher, K., & Matevia, L. (2001). The efficacy of problem-solving training alone, behavior management training alone and their combination for parent-adolescent conflict in teenagers with AD/HD and ODD. *Journal of Consulting and Clinical Psychology*, 69, 926-941.**



These authors compared two behavioral family therapies for their impact on parent-adolescent conflict in teenagers with AD/HD. Families were randomly assigned to problem-solving communication skill training or behavior management training followed by problem-solving communication training. Both treatments demonstrated significant improvements in mother, father and teen ratings of parent-teen conflicts at the midpoint. By post-treatment, both treatments produced significant improvement on self-reported ratings and in the mother's use of positive and negative behavior in direct observations. The treatments, however, did not differ from each other. Group-level change and normalization rates supported treatment efficacy while indices of reliable change appeared less robust. The authors suggest that these results provide a "mixed picture" of the efficacy of behavioral family therapies for management of parent-teen conflict.

► **Cunningham, C.E., & Boyle, M.H. (2002).**
Preschoolers at risk for AD/HD and oppositional defiant disorder: Family, parenting and behavioral correlates.
Journal of Abnormal Child Psychology, 30, 555-569.

Using parent and teacher ratings, these authors classified 129 four-year-olds as being at risk for having AD/HD, Oppositional Defiant Disorder, both disorders, or no problems. Groups were compared on multiple measures. The mothers of children at risk for ODD demonstrated a higher level of family dysfunction, reported feeling less competent in their parental role, were able to suggest fewer solutions to their children's behavioral problems, and were less assertive in their child management than were mothers of children without elevated oppositional ratings. These mothers also reported more problems of depression and anxiety than other mothers. In contrast, mothers of children at risk for AD/HD demonstrated greater depression scores, while teachers rated these children as having more classroom management and social behavioral problems. The authors conclude that family dysfunction and poor parent-child relationships are more likely linked to ODD than AD/HD risk status.

► **Gerdes, A.C., Hoza, B., & Pelham, W. (2003).**
AD/HD boys' relationships with their mothers and fathers: Child, mother and father perceptions. *Development and Psychopathology, 15, 363-382.*

The accuracy of children's self-perception in family relationships was evaluated in this study of 142 males with AD/HD and their parents compared to 55 normal controls

What We Have Learned

- › AD/HD impacts families across cultural and socioeconomic levels in a generally similar manner. Access to services differs.
- › Families of children with AD/HD report more lax disciplinary practices, less efficient parent coping and less positive parent-child relationships.
- › A number of family-related variables, including conflict among family members and decreased family cohesion, are associated with a worse course over time for children with AD/HD.
- › Parent behavior contributes significantly to a child's risk of receiving a diagnosis of AD/HD and related disruptive problems. Issues related to family dysfunction and poor parent-child relationships, however, appear more linked to Oppositional Defiant Disorder than AD/HD risk status.
- › Mothers with AD/HD find it more difficult than other mothers to benefit from parent training programs for their children with AD/HD.
- › Parents of children with AD/HD perceive their parent-child relationships more negatively than parents of non-affected children. However, children with AD/HD do not appear to report differences from non-affected children in relationships, likely a problem that may result from their poor insight and self-awareness.
- › Teaching parents specific behavior management and interactive skills with their children is far more effective than simple parent counseling for AD/HD.
- › Problem-solving methods that rely on changing thinking and behavior management methods that rely on managing consequences appear to be equally effective in modifying and changing the behavior of children with AD/HD in the home.
- › Though problem-solving training and behavior management programs lead to short-term change, indications of reliable change over time have been harder to demonstrate.
- › Not all parent treatment programs for AD/HD have been found to yield positive behavioral change.

Editor's Note: It is always difficult to discuss the lived parent experience in relation to professional research on the parent experience. In this column, a leading researcher in AD/HD reviews the published literature on the subject.

and their parents. The authors hypothesized that the children with AD/HD would rate their relationships with their parents more positively in comparison to the ratings provided by parents. Mothers and fathers of boys with AD/HD perceived their parent-child relationships more negatively than did parents of normal control boys. Ratings provided by the children, however, did not differ from one another. Boys with AD/HD rated their relationships with their parents more highly than did their parents. Ratings given by mothers and fathers were not different from each other. The authors concluded that if children with AD/HD are unaware of disruptions in their relationships with parents, then treatment should target skill deficits as well as accuracy of self-perception.

► **Keown, L., & Woodward, L.L. (2002). Early parent-child relations in family functioning of preschool boys with pervasive hyperactivity. *Journal of Abnormal Child Psychology*, 30, 541-553.**

After controlling for severity of conduct problems in a group of preschool children demonstrating high levels of hyperactive behavior, results indicated that families of the hyperactive children reported more

lax disciplinary practices, less efficient parental coping, less synchronous mother-child interaction patterns, lower levels of father-child communication and poorer maternal coping. Though a cause and effect relationship cannot be ascertained, it is typically assumed that parent behavior exerts a stronger influence on child behavior than vice versa. However, shared genetic vulnerability might also explain some of these findings.

► **Sonuga-Barke, E.J., Daley, D., Thompson, M., et al. (2001). Parent-based therapies for preschool AD/HD: A randomized control trial with a community sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 402-408.**

These authors set out to evaluate parent training versus parent counseling and support as therapies to reduce symptoms and problems in preschool children displaying symptoms of AD/HD. Families were randomly assigned to parent training, parent counseling, or a waiting list control group. The parent training group received coaching and child management techniques. The parent counseling group received non-directive support and counseling. Measures of child symptoms and mothers' well-

being were taken before and after intervention and at fifteen-weeks follow-up. Fifty-three percent of children in the parent training group displayed clinically significant improvement. In contrast, parent counseling had little effect on children's behavior. Structured parent training delivered by health care professionals on a one-to-one basis can provide an effective vehicle for treating symptoms of AD/HD in preschoolers. The authors further concluded that training would be more effective in the longer term if booster sessions were added after the eight-week program. Finally, they also concluded that "in this age group psychostimulant medication is not a necessary part of an effective therapy for many children displaying clinical significant levels of AD/HD" (pg. 408).

► **Sonuga-Barke, E.J., Dailey, D., & Thompson, M. (2002).**
Does maternal AD/HD reduce the effectiveness of parent training for preschool children's AD/HD? *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 696-702.

These authors set out to assess the impact of maternal AD/HD symptoms on the effectiveness of a parent training program for preschool

children with AD/HD. Mothers were divided into three groups based on their scores on an adult AD/HD self-reported rating scale. Children of mothers in the high AD/HD group displayed no improvement after parent training, whereas the levels of AD/HD symptoms of the children of mothers in either the medium or low AD/HD groups reduced substantially. This association persisted after other child and maternal factors were controlled for in statistical analyses. The authors concluded that high levels of maternal AD/HD symptoms limit the improvement shown by children with AD/HD after a behaviorally based parent training program. The effect appears unrelated to other aspects of maternal mental health and child functioning. The treatment of parental AD/HD thus may be a prerequisite for the success of psychosocial interventions for young children with AD/HD. 🗨

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