Treating ADHD: Medications and Parent Training & Behavior Management (PTBM)

Logan Hegg, PsyD
John Koutras, MD
Disclosures:

• Dr. Koutras:
  • I have no relevant financial relationships to disclose or conflicts of interest to resolve
  • I will discuss no unapproved or off-label pharmaceuticals

• Dr. Hegg:
  • I have no relevant financial relationships to disclose or conflicts of interest to resolve
  • I will discuss no unapproved or off-label pharmaceuticals
Parent Training & Behavior Management (PTBM)

Logan Hegg, PsyD
**TABLE 6** KAS 5a: For preschool-aged children (age 4 years to the sixth birthday) with ADHD, the PCC should prescribe evidence-based behavioral PTBM and/or behavioral classroom interventions as the first line of treatment, if available (grade A: strong recommendation). Methylphenidate may be considered if these behavioral interventions do **not** provide significant improvement and there is moderate-to-severe continued disturbance in the 4- through 5-year-old child's functioning. In areas in which evidence-based behavioral treatments are not available, the clinician needs to weigh the risks of starting medication before the age of 6 years against the harm of delaying treatment (grade B: strong recommendation).

<table>
<thead>
<tr>
<th>Aggregate evidence quality</th>
<th>Grade A for PTBM; Grade B for methylphenidate</th>
</tr>
</thead>
</table>

**TABLE 7** KAS 5b: For elementary and middle school-aged children (age 6 years to the 12th birthday) with ADHD, the PCC should prescribe US Food and Drug Administration (FDA)–approved medications for ADHD, along with PTBM and/or behavioral classroom intervention (preferably both PTBM and behavioral classroom interventions). Educational interventions and individualized instructional supports, including school environment, class placement, instructional placement, and behavioral supports, are a necessary part of any treatment plan and often include an Individualized Education Program (IEP) or a rehabilitation plan (504 plan). (Grade A: strong recommendation for medications; grade A: strong recommendation for PTBM training and behavioral treatments for ADHD implemented with the family and school.)

<table>
<thead>
<tr>
<th>Aggregate evidence quality</th>
<th>Grade A for Treatment with FDA-Approved Medications; Grade A for Training and Behavioral Treatments for ADHD With the Family and School.</th>
</tr>
</thead>
</table>

**TABLE 8** KAS 5c: For adolescents (age 12 years to the 18th birthday) with ADHD, the PCC should prescribe FDA-approved medications for ADHD with the adolescent's assent (grade A: strong recommendation). The PCC is encouraged to prescribe evidence-based training interventions and/or behavioral interventions as treatment of ADHD, if available. Educational interventions and individualized instructional supports, including school environment, class placement, instructional placement, and behavioral supports, are a necessary part of any treatment plan and often include an IEP or a rehabilitation plan (504 plan). (Grade A: strong recommendation.)

<table>
<thead>
<tr>
<th>Aggregate evidence quality</th>
<th>Grade A for Medications; Grade A for Training and Behavioral Therapy</th>
</tr>
</thead>
</table>

## Key Action Statements (KAS)

<table>
<thead>
<tr>
<th>KAS</th>
<th>Age Band</th>
<th>First Line</th>
<th>Second Line</th>
<th>Extra Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAS 5a</td>
<td>4:0 – 5:12</td>
<td>PTBM and/or Behav Class Int</td>
<td>Methylphenidate</td>
<td></td>
</tr>
<tr>
<td>KAS 5b</td>
<td>6:0 – 11:12</td>
<td>FDA-approved med + PTBM and/or Behav Class Int</td>
<td>IEP, 504 Plan</td>
<td></td>
</tr>
<tr>
<td>KAS 5c</td>
<td>12:0 – 18:0</td>
<td>FDA-approved med</td>
<td>PTBM &amp; BCI “if available”; IEP, 504 Plan</td>
<td></td>
</tr>
</tbody>
</table>

## Parent Training & Behavior Management (PTBM)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2: Probably Efficacious</td>
<td>Combined Training Interventions (CTI-1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3: Possibly Efficacious</td>
<td>Behavioral Parent Training (A)</td>
<td>Neurofeedback Training (E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4: Experimental</td>
<td>Cognitive Training (E)</td>
<td>Combined Training Interventions (CTI-2)</td>
<td>Behavioral Parent Training (M)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 5: Questionable Efficacy</td>
<td>Social Skills Training (E)</td>
<td>Physical Activity (E)</td>
<td>Omega 3/6 supplements (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: P = preschool; E = elementary; A = adolescents; CTI-1 = combined training interventions that have extensive repetition of skills directly related to daily functioning; M = modified versions of behavioral parent training for specific populations of parents with elementary-school-age children; CTI-1 = combined training treatments with relevant skills and extensive practice and feedback; CTI-2 = combined training treatments that include skills relevant to daily functioning but with limited practice and feedback and includes cognitive behavioral techniques and brief behavioral parent training.*

“You Know What I Mean? Giving Directions”

“How To Give Good Directions”

In-office Resources

- CDC Parenting Videos
  - Demo them in visit
  - Assign them as “homework” for parents/caregivers

- Importance of structure, labelled praise, sleep
  - It’s hard to person (for any of us!) if we’re not sleeping, don’t expect a modicum of positive reinforcement, and have no clue about expectations

- STRONGLY recommend that a Daily Report Card (DRC) be implemented by the school
  - The school psychologist or guidance counselor should have these available, and can tailor them to the specific child
  - Also available through professional outlets (eg: NICHQ/AAP ADHD Resource Toolkits)

- Further Homework: Play with your kiddo, 10min/day, devoting your attention to them fully & narrating their play like a sportscaster
  - Resets your/their expectation about how you communicate with each other
  - Decreases sense of shame/stigma
  - Focuses instead on strengths
You have 7 minutes in a visit – what can you do?

• Use MI approaches to elicit behavior change in parents about how they interact with kids
• First pass intervention is to get parents/caregivers to set aside dedicated, unfettered, 1:1 time with their kiddo
  • Non-evaluative labelled praise
  • No “Righting Reflex”
  • Goal is to change
    • kid’s sensitivity to redirection & expectation for parent-child interaction (from expecting conflict to expecting warmth/praise, which increases likelihood of compliance)
    • Kid’s sense of self-esteem
    • Kid’s motivation
    • Parent’s sense/understanding of their kid
    • (re-)build play in the parent-child dynamic

• CDC Parenting Videos
  • Demo them in visit
  • Assign them as “homework” for parents/caregivers

• STRONGLY recommend that a Daily Report Card (DRC) be implemented by the school
  • The school psychologist or guidance counselor should have these available, and can tailor them to the specific child
  • Also available through professional outlets (eg: NICHQ/AAP ADHD Resource Toolkits)
Did you say play?

GoNoodle Get Moving: https://www.youtube.com/watch?v=TiYr2bUPc
# How to Establish a School-Home Daily Report Card

## Daily School Report Card
Circle Y (Yes) or N (No)

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Medication</th>
<th>Today's Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Subjects/Times</th>
<th>Y</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>2.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>5.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>6.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7.--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**Teacher's Initials**

<table>
<thead>
<tr>
<th>Total number of Yeses</th>
<th>Total number of Noses</th>
</tr>
</thead>
</table>

**Comments:**

---

## Sample Report Card Targets

**Academic Productivity**
- Completes X assignments within the specified time
- Completes X assignments with X% accuracy
- Starts work with X or fewer reminders
- Leaves appropriate spaces between words X% of the time or assignment
- Writes legibly/uses 1-line cross outs instead of scribbles/writes on the lines of the paper
- Corrects assignments appropriately*
- Turns in assignments appropriately*

**Behavior Outside the Classroom**
- Follows rules at lunch/recess/free time/gym/specials/assembly/bathroom/library
- Stays in line appropriately*/Follows transition rules with X or fewer violations
- Appropriate* asks an adult for help when needed
- Maintains appropriate* eye contact when talking to an adult
- Respects adults (talks back fewer than X times per period)
- Completes X% of teacher comments/requests/Fewer than X noncompliances per period

## Sample Home Rewards

### Daily Rewards
- Snacks
- Dessert after dinner
- Staying up X minutes beyond bedtime
- Having a bedtime story/reading with a parent for X minutes
- Choosing radio station in car
- Extra bathtime for X minutes
- Educational game on computer for X minutes
- Choosing family TV show
- Talking on phone to friend (local call)
- Video game time for X minutes

## Sample School Rewards*

- Talks to best friend
- Listen to tape player (with headphones)
- Read a book
- Help clean up classroom
- Clean the counters
- Wash the chalkboard
- Be teacher’s helper
- Eat lunch outside on a nice day
- Extro time at recess
- Write on chalkboard
- Use magic markers

---

Myths

• “Parent training doesn’t help classroom behavior”
• “I’ve already tried everything”
• “CBD cured my ADHD, so it will obviously cure my child’s ADHD”
• “All that time playing Fortnite is causing this”
• “But they’re already seeing a therapist...”
• “Those programs aren’t for people like me or my kid”
Working With Mental Health Providers

• Don’t ask, EXPECT to see a treatment plan
  • Interventions planned
  • Goals
  • Data!!

• “How frequently can I expect to hear from you?”

• Routine depression/anxiety care can involve surveillance of ADHD sx$s
  • And it should: mood/anx sx$s not uncommon with ADHD – related? Perhaps!
Medications for ADHD Symptoms

John Koutras, MD
Psychostimulants

- **Methylphenidate (MPH)**
  - Ritalin, Ritalin-SR, Ritalin-LA
  - Metadate, Metadate-ER, Metadate-CD
  - Concerta
  - Methyl, Methyl-ER
  - Daytrana Trandermal Patch
  - Dexmethylphenidate (Focalin, Focalin-XR)
  - Quivillant

- **Mixed Amphetamine Salts (AMP)**
  - Adderall, Adderall-XR

- **Dextroamphetamine (Dex)**
  - Dexedrine, Dextrostat
  - Lisdexamfetamine (Vyvanse)
Psychostimulants

• Beyond use for ADHD, they have acute antidepressant effects (in late-life depression), BUT they can also have some anxiogenic effect
  • Antidepressant effects generally NOT clear for children, and not initiated for this effect in children and adolescents in absence of ADHD
  • Anxiogenic effects can increase irritability and decrease concentration – with comorbid anxiety disorders (such as generalized anxiety disorder), or Post-traumatic Stress Disorder (PTSD)
    • Alpha-2 agonists (clonidine dosed TID, Kapvay BID, guanfacine BID, Intuniv qD)
    • Atmoxetine (Straterra)

• Established for ADHD and narcolepsy; randomized controlled trials in other neurobehavioral disorders are relatively rare.
Psychostimulants

• Psychostimulants treatment gold-standard for uncomplicated ADHD

• With respect to individual stimulants, all appear to be equally effective in treatment of ADHD, but they have different time courses
  • Although there is equal efficacy, there is considerable variability in individual response to each stimulant
  • Methylphenidate may have better efficacy/tolerability profile in children, and amphetamine better efficacy/tolerability profile in adults (Cortese S, et al., Lancet Psychiatry 2018)
Medication discontinuation

• No clear guidelines of when to do a trial off of medications
• Ask about hyperactivity/impulsivity levels when a dose is missed – safety concerns
• Ask driving history -- ‘near misses or accidents’ and details
• Ask school/work history if misses doses – careless mistakes and ability to complete tasks (efficiency is relative)
• Consider trial off on vacations or school breaks – probably should be attempted every 2-3 years unless safety concerns without medication
• **Weight gain** with discontinuation can be significant – review need for diet (i.e. drinks) and exercise adjustments
Resources

• CDC Positive Parenting Skills
  • https://www.cdc.gov/parents/essentials/videos/index.html
  • Short example and how-to videos for basic parent training in behavior management (PTBM), available in English & Spanish.

• Effective Child Therapy: Evidence-based mental health treatment for children and adolescents
  • https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/inattention-and-hyperactivity-adhd/#effective-treatments
  • Overview of evidence-based psychosocial treatments for ADHD

• American Academy of Child and Adolescent Psychiatry (AACAP) Facts for Families: ADHD
  • Quick overview of ADHD: core symptoms and treatment options
Resources (Cont’d)

- Helping the Noncompliant Child
- Taking Charge of ADHD
- Managing ADHD In School