

ADHD TREATMENT FOR CHILDREN UNDER 6 YEARS OLD

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What is the first line of treatment in children with ADHD under 6 years?

Once a diagnosis of ADHD has been made in a child under 6, the first treatment intervention should be referral to a behavioral health provider for parent training. This is a strong recommendation based on evidence from clinical trials. Behavioral health services will begin with an initial intake assessment in which the Behavioral Health Provider (BHP) will obtain information about strengths & interests of the patient; assess family dynamics; confirm diagnosis; gain understanding of specific behavioral issues of concern; and map out course of treatment. Initial treatment of ADHD in young children should focus on parent training in a high quality behavior management model so that parents have the skills and strategies to guide and change behavior on a day to day basis. Actually, parent training is also an effective intervention for non-ADHD children 2-8 years of age with behavior problems. A very good model would be the Conscious Discipline Model created by Becky Bailey, and outlined in parenting book Easy to Love, Difficult to Discipline. For kids that demonstrate more extreme emotional upsets, behavioral health providers might direct parents to the work of Ross Greene such as Collaborative Problem Solving, and found in his book The Explosive Child: 2nd Edition. Some other models for discipline to consider might be: Triple P; Love and Logic; or 123 Magic.

What is evidence-based behavior therapy for young children with ADHD?

Parents should be advised that behavioral health therapy to address ADHD for this age group should consist of BHP meeting with them to work on strategies for guiding and managing behavior, and not individual therapy between the BHP and child only. Parents should be wary of providers who claim to treat behavior problems by only meeting with the child. For this age range, kids lack the insight and maturity to effectively use strategies only learned in an individual behavioral health session in day to day life without parent guidance and prompting. Therapy modalities that are more individual in nature such as play therapy or bio-feedback

are not indicated as stand-alone treatment for ADHD in kids 4 to 6 years old. Play therapy may be useful to teach parents about “connecting” with their child, and this connection can serve as the foundation for more effective gains in discipline. Play therapy on its own will not bring about behavior gains that will come from an effective parent training model. Any parent training model that is used should have components of building on the child’s strengths; teaching more than punishing; and lots of positive reinforcement of desired behavior.

How does one find a good BHP to provide behavior therapy?

To find a more effective BHP, ask questions like: “Would you be meeting with my child or me?”, “What discipline model do you generally advise for this age group?” or “What principles of discipline are most important for getting behavior improvement in kids this age who have ADHD?” The BHP’s answer should fall into line with information presented above. If the BHP gives an answer that you don’t understand or a model that is not listed, write it down, look it up, and see if it meets the parameters listed. If it doesn’t, move on to another provider. A primary care practice might want to keep a list of effective providers or create a working relationship with a specific BHP through referral, co-location, or an integrated care arrangement.

How does one assess whether the behavior therapy is effective?

It would be reasonable to expect some significant behavior improvements after about three or four months (at least 6-10 sessions) of the family meeting with the BHP and consistently implementing strategies that they have been taught. Behavior rating scales such as the Strengths and Difficulties Questionnaire (for 3 and 4 year olds) or the Vanderbilt scales for early school age children may be helpful. After initiating behavioral health treatment, the family can work with their health care provider to decide if and when an initial trial of medication to address residual ADHD symptoms should be implemented.

Links to Resources:

<http://www.cdc.gov/ncbddd/adhd/guidelines.html>

<http://pediatrics.aappublications.org/content/108/4/1033.full.pdf+html>