



BMH Medical Journal 2014;1(2):27-29 **Review Article**

Attention-Deficit Hyperactivity Disorder in Children - Role of Behaviour Therapy and Parent Training Program

Beena Johnson

Baby Memorial Hospital, Kozhikode, Kerala, India - 673004

Address for Correspondence: Dr. Beena Johnson, Senior Consultant in Child Guidance, Baby Memorial Hospital, Kozhikode, Kerala, India - 673004. Email: jiacam@gmail.com

Key Words: Attention deficit hyperactivity disorder, children, behaviour therapy, parent training.

Introduction

Attention deficit hyperactivity disorder (ADHD) is a common behavioural disorder of childhood. It is a major public health problem. Children with ADHD have significant impairment in sustaining attention and this in turn will have negative impact on the academic performance and social-emotional development of the child [1]. Most of the children present to child guidance clinic between the ages of 5-10 years. But ADHD can be problematic in pre-school age group and can continue into the adolescence. ADHD in childhood is a developmental precursor of later antisocial disorder [2]. Hence early behavioural interventions are necessary in the management of children with attention deficit hyperactivity disorder. Parent training programmes are interventions aimed at training parents in techniques which enable them to manage children's challenging behaviour [3].

Clinical Features

Attention deficit hyperactivity disorder can be of 3 types: Predominantly hyperactive type, predominantly inattentive type or combined type. To diagnose ADHD, the symptoms of inattention and hyperactivity should persist for at least 6 months and it should be maladaptive and inconsistent with developmental level.

The attentional difficulties in children include elements of distraction, forgetfulness, disorganization, proneness to lose things, avoidance of tasks requiring concentration such as school work.

The symptoms of hyperactivity / impulsiveness include fidgetiness, restlessness, excessive talk, running about excessively, difficulty in playing quietly and difficulty in awaiting turn. They may also have associated cognitive, emotional and social problems like impaired sense of time, problems with planning and memory, temper outbursts as well as problems with peer group, teachers and family members.

More than 50% of children with attention deficit hyperactivity disorder have comorbid behavioural or emotional disorders. About 35% of ADHD patients have oppositional defiant disorder. About 40% of adolescents with ADHD have comorbid conduct disorder. Anxiety disorders co-occur with attention deficit hyperactivity disorder in about 25% of children. About 60% of ADHD children have comorbid learning problems.

Non medication treatment of ADHD

Many controlled trials have shown that behaviour therapy is effective in the management of children with ADHD. Cognitive behaviour therapy attempts to modify the dysfunctional assumptions and maladaptive behaviour. Parent training is found to be effective in improving the home functioning and modifying the target behaviours. Family conflict is usually seen in families of children with ADHD, for which family therapy is needed. Poor parenting skills and the stress of parenting a difficult child can be managed through family treatment interventions. Poor academic achievement is common among children with attention deficit hyperactivity disorder, for which remedial education programs are necessary. Social skills training is also found to be effective in the management of children with ADHD.

Behaviour therapy and Parent Training in ADHD

Children with ADHD have significant problems with behavioural disinhibition that affect their peer relationships. Behaviour therapies for ADHD aim to help parents and teachers better manage the behavioural problems of these children [4]. Evidence-based treatments for attention-deficit hyperactivity disorder in children include parent training and behavioural interventions. Behaviour therapy alone may be useful for treating less pronounced ADHD symptoms [5].

Frolich et al [6] pointed out that cognitive behaviour therapy (CBT) is an important component in the treatment of ADHD. Parent management training is a useful adjunct to CBT and it is effective in situations where children have problems of self guidance. CBT with special focus on self-instructional and self-management skills help in reducing academic problems and aggressive behaviour in children with ADHD. After cognitive behaviour therapy, the core symptoms of ADHD at home and in school as well as the conduct problems get reduced [6]. Furlong M et al [7] in the systematic review including 10 randomized controlled trials and three quasi-randomised trials, concluded that behavioural therapy and group-based parenting interventions are effective for improving child conduct problems and parenting skills. Behavioural therapies evoke particular interest in the management of ADHD, as they are often viewed more favourably by parents [8]. Randomized controlled trial by Herbert SD et al provided support for the effectiveness of the parenting program for reducing ADHD symptoms and associated problems in preschool-aged children [9]. Study by Curtis DF et al [10] examined classroom behavioural outcomes for children with ADHD following their participation in behavioural parent training and child-focused behavioural activation therapy. Participants included students aged 7-10 years diagnosed with ADHD-Combined Type. Results indicated statistically significant improvements for externalizing behaviours and inattention.

Conclusion

Attention deficit Hyperactivity disorder (ADHD) is characterised by high levels of inattention, hyperactivity and impulsivity that are present before the age of seven years and seen in a range of situations which are inconsistent with the child's developmental level. Children with ADHD have significant impairments in behaviour and can experience long-term adverse effects on academic performance, vocational success, and social development. This in turn will have a profound negative impact on the individuals, families and society [1]. Evidence-based treatments for attention-deficit

hyperactivity disorder in children include psychosocial interventions like parent training and behavioural therapies. Behaviour therapy alone may be useful for treating mild ADHD symptoms [5].

References

1. Diagnosis and treatment of attention deficit hyperactivity disorder (ADHD). NIH Consensus Statement. 1998 Nov 16-18; 16(2):1-37.
2. Mannuzza S, Klein RG, Abikoff H, Moulton JL 3rd. Significance of childhood conduct problems to later development of conduct disorder among children with ADHD: a prospective follow-up study. *J Abnorm Child Psychol*. 2004 Oct; 32(5):565-73.
3. Zwi M, Jones H, Thorgaard C, York A, Dennis JA. Parent training interventions for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 5 to 18 years. *Cochrane Database Syst Rev* 2011 Dec 7; (12):CD003018.
4. Curtis DF. Structured Dyadic Behavior Therapy Processes for ADHD Intervention. *Psychotherapy (Chic)*. 2013 Dec 30. [Epub ahead of print]
5. Jans T, Kreiker S, Warnke A. Multimodal treatment of attention-deficit hyperactivity disorder in children. *Nervenarzt* 2008 Jul; 79(7):791-800.
6. Frolich J, Dopfner M, Berner W, Lehmkuhl G. Treatment effects of combined cognitive behavioral therapy with parent training in hyperkinetic syndrome. *Prax Kinderpsychol Kinderpsychiatr*. 2002 Jul-Aug; 51(6):476-93.
7. Furlong M, McGilloway S, Bywater T, Hutchings J, Smith SM, Donnelly M. Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Cochrane Database Syst Rev* 2012 Feb 15; 2: CD008225.
8. Rutledge KJ, van den Bos W, McClure SM, Schweitzer JB Training cognition in ADHD: current findings, borrowed concepts, and future directions. *Neurotherapeutics*. 2012 Jul; 9(3):542-58.
9. Herbert SD, Harvey EA, Roberts JL, Wichowski K, Lugo-Candelas CI. A randomized controlled trial of a parent training and emotion socialization program for families of hyperactive preschool-aged children. *Behav Ther*. 2013 Jun; 44(2):302-16.
10. Curtis DF, Chapman S, Dempsey J, Mire S. Classroom changes in ADHD symptoms following clinic-based behavior therapy. *J Clin Psychol Med Settings*. 2013 Mar; 20(1):114-22.