

Attention Deficit Hyperactivity Disorder (ADHD)

**Health Visitor-delivered training programmes
for parents of pre-school children diagnosed with ADHD**

SUMMARY

Children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have three main kinds of problems: overactive behaviour, impulsive behaviour, and difficulty in paying attention. By the time they reach school age, children with ADHD are likely to be experiencing significant behavioural and academic problems which are difficult to resolve.

Professor Edmund Sonuga-Barke, Dr Margaret Thompson and colleagues in Southampton have developed ways of helping parents and children at an earlier stage. They trained Health Visitors to identify hyperactivity in pre-school children and to teach parents ways of managing difficult behaviour. A grant from the Mental Health Foundation enabled them to evaluate this approach when delivered as part of routine care.

The key findings were:

- The results from the first study, using specialist therapists, showed that parent training was associated with a significant reduction in ADHD symptoms in the children;
- The results of the parent training when delivered by health visitors as part of routine practice were mixed. Mothers who received the training reported reductions in their children's ADHD symptoms and conduct problems, compared with parents in the control group. However there were no overall differences between the two groups on observational measures of child play and mother-child interaction, or on mothers' mental health;
- The Health Visitors who delivered the training were unanimously in favour of the training package and felt skilled as a result of their involvement in the research;
- The study demonstrates the potential benefits of parent training, but also identifies important issues concerning the best form of delivery. It also raises questions about the relative validity of different methods of assessing outcome.

BACKGROUND

ADHD is used to describe children who are overactive, impulsive and have difficulty in paying attention. In the UK, about 0.5 to 1% of children are thought to have attention or hyperactivity problems. Children with ADHD are easily distracted, find it hard to carry out tasks which involve waiting to respond, and have a short attention span. They frequently underachieve at school, and may also have problems getting on with other children. It is therefore important to identify ADHD symptoms before children go to school, so that they can receive help.

Many school-age children with ADHD benefit in the short-term from stimulant medication, although the benefits are not always maintained. Medication appears to be less effective with pre-school children, and there are particular concerns about the side-effects of prescribing drugs to young children. Parent training programmes offer an alternative approach, which may be more acceptable to parents than drugs.

In their initial study (The New Forest Parent Training Study), Professor Sonuga-Barke and colleagues evaluated two kinds of intervention: parent training (PT) and parent counselling/support (PCS). Children in the PT group showed a significantly greater reduction in ADHD symptoms than children in the PCS or control groups.

The next step was to evaluate whether this kind of intervention can be delivered as part of routine practice, so that more children and parents can receive help. The aim of the current study was therefore to evaluate the effectiveness of the intervention when delivered by trained (but non-specialist) health visitors as part of their everyday caseload.

THE RESEARCH

- All children in one health district were screened during their routine three-year developmental check. Parents completed the Werry-Weiss-Peters Activity Scale (Routh 1978) which identifies activity problems in the general population. Parents whose children scored over 20 points on this measure were invited to join the study. Parents who agreed to participate were then screened again using the Parental Account of Childhood Symptoms Interview (Taylor et al 1993). 79 children met the diagnostic criteria for ADHD on both measures. 59 were allocated to the parent training group and 20 to the control group.
- 15 Health Visitors were randomly selected to deliver the parent training. Parents in the intervention group received eight one-hour visits, which included advice on communication, distraction techniques, ways of dealing with tantrums, and other behaviour management techniques.
- The children were assessed before and after the intervention and at 15 week follow-up, using the Parental Account of Childhood Symptoms Interview (PACS), ten minute observations of the child playing with a toy, and ten minute observations of the mother playing with the child. The mothers completed the General Health Questionnaire (GHQ) (Goldberg 1978) and the Parental Sense of Competence Scale (Mash & Johnston 1989).

THE FINDINGS

- The results from the clinical interview (PACS) showed significant differences between the groups. Parents who had received training reported reductions in the severity of their children's ADHD symptoms, while those in the waiting list control group reported increases in severity. Similarly, parents in the training group reported a small decrease in conduct problems, compared with an increase reported by waiting list parents.
- There were no differences between the two groups on the child play observations or on the observations of mother-child interactions.
- There was no difference between the two groups on mothers' well-being (GHQ scores). In both groups mothers tended to perceive themselves as less competent as a parent over time, although this was more marked in the waiting list group.
- 18 parents were selected at random and interviewed about their experience of the research project. 16 viewed it positively and commented that the health visitor's help had enabled them to implement new strategies for managing their children's behaviour. Two felt that the training was not necessary.
- The Health Visitors were unanimously in favour of the intervention and commented positively on the level of support they had received while training and while delivering the intervention.

THE IMPLICATIONS

- This study has demonstrated the potential for early interventions for ADHD to be delivered through routine care. Health Visitors responded positively to the opportunity to acquire new skills and work proactively with parents. Parents in turn reported improvements in children's behaviour which they attributed to the intervention.
- At the same time it raises a number of issues concerning the best way of delivering such interventions and the most appropriate methods for measuring outcomes. The lack of a significant impact on the observational measure of behaviour, contrasts with the findings of the previous study.
- Differences in outcome between the two studies may be partially explained by differences in the severity of ADHD symptoms and maternal mental health at baseline. Other factors include the effects of selecting the health visitors by randomisation to deliver the intervention rather than employing a self-selected specialist group.
- Alternatively, the observational measures used (ten minute samples of behaviour) may be less reliable indicators than expected. Parents may be identifying changes in children's behaviour or their own which are not detected by standard 'objective' outcome measures.

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Further reading & resources:

- 'All about ADHD.' Borrill, J. The Mental Health Foundation, 2000. *Information booklet for parents, families and professionals working with children with ADHD*.
- 'Information Manual for Professionals working with Families with Hyperactive Children aged 2-9 years.' Anne Weeks, Dr. Margaret Thompson, Cathy Laver-Bradbury. (1999) Ashurst Child & Family Guidance Centre, Hampshire.
- 'Always on the Go'. Dr. Margaret Thompson, Cathy Laver-Bradbury, Michael Vanstraelen & Anne Weeks. University of Southampton.
Video for professionals and parents which accompanies the above manual.
- Hyperactive Children: A Practical Guide for Parents. Dr Joanne Barton. The Child & Family Trust, Glasgow.

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