

74.2 TREATMENT GUIDELINES EVIDENCE FOR DISRUPTIVE BEHAVIORS IN KIDS WITH ADHD



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Objectives: There is a high comorbidity of ADHD and disruptive behavior problems in young children. The AAP recommends behavioral parent training and/or behavioral therapy as a first-line treatment of preschool-aged children with ADHD. Based on a literature review, behavioral therapy in young children is the most efficacious in the treatment of ADHD symptomatology, particularly when it is comorbid with disruptive behaviors; however, if it fails or is inadequate in managing symptomatology, stimulant medications can be considered. Dextroamphetamine is FDA approved for the treatment of ADHD in children aged 3 years and older, vs methylphenidate, which has a warning to not be used in children younger than 6 years old. Data on medication use in this patient population are limited and risk assessment is complex due to a lack of full appreciation of the potential long-term side effects and consequences on the developing brain. It is also unclear which children would respond better to therapy and which to medication management. There are also no guidelines for combined medication and psychotherapy for children with severe symptomatology.

Methods: This presentation will focus on a literature review of studies discussing various treatment modalities for disruptive behaviors in young children with ADHD. It will discuss the challenges of combined treatment and will focus on the available literature on the use of psychotropic medications in children aged 2-7 years. It will review available treatment guidelines and offer provisional guidelines, based on the available literature on when to use behavior treatment alone vs in combination with medication.

Results: Participants will learn treatment recommendations for young children with ADHD and disruptive behaviors. They will gain an understanding of the pros and cons of using medications in this patient population. They will have an opportunity to present their challenging cases and ask questions.

Conclusions: Although first-line treatment for disruptive behaviors in young children with ADHD is behavioral therapy, participants will appreciate the research data on medication use in this population.

DBD, EC, TREAT

<https://doi.org/10.1016/j.jaac.2020.07.456>

74.3 LONG-TERM OUTCOMES OF PARENT CHILD INTERACTION THERAPY ON ADHD SYMPTOMS: NEW RESEARCH FINDINGS



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Objectives: This study examines the long-term effects of parent-child interaction therapy (PCIT) on female and male caregiver ratings of ADHD symptoms, as well as on observational interaction measures in preschoolers randomized to individual or group PCIT.

Methods: Data from 128 children (mean age at study entry = 4.8 years) participating in treatment were examined. Children with ADHD, half of which also met criteria for disruptive behavior disorder (DBD), were randomized to group or individual PCIT, and outcomes were assessed post-treatment as well as 1 and 2 years after treatment completion. Pre- and posttreatment measures included: 1) parent rating scales, like the Child Behavior Checklist (CBCL) Externalizing Problems Subscale; the SNAP-IV; the Eyberg Child Behavior Inventory (ECBI) Intensity Score; and the Columbia Impairment Scale (CIS); and 2) observations of the parent-child interaction using the Dyadic Parent-Child Interaction Coding System (DPICS).

Results: PCIT results in clinically and statistically significant improvements in ADHD symptoms and reductions in impairment as rated by female and male caregivers. There are no differences in outcomes at posttreatment between children with and without DBD, or between those in individual or group PCIT. For both PCIT treatment formats, improvements are maintained at 1- and 2-year follow-up on all caregiver

measures, including ADHD-specific ratings, externalizing behavior ratings, CIS scores, and observational measures of parent-child interactions.

Conclusions: ADHD symptom reduction is not an original goal of PCIT intervention, yet significant improvements occur in ADHD symptoms based on both caregivers' reports and observational data. These findings suggest that PCIT may be an effective treatment for the behavioral and attentional symptoms of ADHD in preschoolers with or without DBD and that PCIT merits further study as a promising intervention for preschoolers with ADHD.

ADHD, PSC, PAT

Supported by NIMH Grant RO1-MH072780

<https://doi.org/10.1016/j.jaac.2020.07.457>

74.4 HOW MINDFUL PARENTING CAN SUPPORT CAREGIVERS IN MANAGING THEIR YOUNG CHILDREN WITH ADHD



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Objectives: Young children with ADHD present unique challenges to caregivers, which can often lead to increased stress. Interventions to support caregiver well-being are gaining more attention as an important component in the treatment process. Mindful parenting involves intentionally having nonjudgmental awareness of the parents' experience as well as greater awareness and acceptance of the child's unique nature, feelings, and needs. This intervention aims to reduce parents' reactivity and increase their ability to respond with more presence and wisdom. In turn, this can decrease caregiver burnout and help parents be more effective in managing their child's ADHD symptoms. This presentation is designed to provide clinicians with current knowledge of mindful parenting in the context of caregiver stress and young children with ADHD.

Methods: Presenters will review current empirical evidence on mindful parenting interventions and their impact on caregiver stress. Evidence will be reviewed in the context of stress as a factor impacting treatment of young children with ADHD. Case examples will be used to enhance learning.

Results: Participants will learn the definition of mindful parenting and gain an understanding of how mindful parenting can potentially decrease caregiver stress, which can be a factor in overall treatment outcomes for young children with ADHD.

Conclusions: Given the nature of ADHD symptoms (eg, hyperactivity, impulsivity, challenges with emotion regulation), caregivers' stress can be increased. There is emerging empirical evidence supporting mindful parenting as an important intervention to improve caregiver well-being in the treatment of young children with ADHD. Enhancing clinicians' understanding of the impact of mindful parenting practices when treating young children with ADHD can have important implications for treatment outcomes.

PAT, EC, WL

<https://doi.org/10.1016/j.jaac.2020.07.458>

CLINICAL PERSPECTIVES 75

ANTIDEPRESSANTS AND THE BLACK BOX WARNING. WHERE ARE WE NOW?



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Objectives: Anxiety disorder, OCD, and MDD constitute a substantial portion of the mental health burden facing children and adolescents. Despite the efficacy of antidepressant medications, the decision to use pharmacological