Parent Training for Preschool ADHD in Routine, Specialist Care: A Randomized Controlled Trial

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Journal of the American Academy of Child & Adolescent Psychiatry, 2018
DOI: https://doi.org/10.1016/j.jaac.2018.04.014

Abstract

Objective
Parent training (PT) is recommended for attention-deficit/hyperactivity disorder (ADHD) in preschool children. Evidence-based interventions are important, but only if they produce better outcomes than usual care.

Method
We conducted a multi-center, two-arm parallel group randomized controlled trial in routine, specialist ADHD clinics in Danish Child and Adolescent Mental Health Services (CAMHS). Children (N=164, age 3-7) with ADHD received either a well-established PT programme (New Forest Parenting Programme (NFPP)) (n=88) or treatment as usual (TAU) (n=76). The primary outcome was parent ratings of child ADHD symptoms. Secondary outcomes included teacher ratings and direct observations of ADHD symptoms. Outcomes were measured at baseline (T1) and post-treatment (T2) and at follow-up (T3: 36 weeks after T2). Representativeness of participants was evaluated against the total national cohort of children (n=1378, age 3-7) diagnosed with ADHD during the same time period, using the Danish Civil Registration System. Statistical analysis employed a repeated measure model.

Results
By T2, NFPP was superior to TAU on parent-rated ADHD symptoms (p=0.009; ES d.=0.30), and on parenting self-efficacy and family strain. Effects persisted to T3. There were no effects on teacher ratings or direct observations of ADHD or on ratings of conduct problems or parenting. Our clinical sample was similar to the national cohort of young children with ADHD.

Conclusions
Evidence-based PT has value as an intervention for preschool ADHD in routine clinical settings. As in previous trials effects were restricted to parent-reported outcomes. Surprisingly, there were no effects on child conduct problems.