



# CHALLENGES AND INTERVENTIONS FOR CHILDREN WITH ADHD IN THE EARLY YEARS

Dr Madeline Marczak  
Principal Clinical Psychologist  
CYP-IAPT PT/0-5s Lead  
Children and Parents Service  
[Madeline.Marczak@gmmh.nhs.uk](mailto:Madeline.Marczak@gmmh.nhs.uk)

# OVERVIEW

- Prevalence
- ADHD and under 5's – what does this look like?
- Differential diagnosis – when is ADHD not ADHD!
- Best practice guidance for ADHD in pre-school children
- Incredible Years as a recommended intervention
- The role of 'coaching' in supporting children's self-esteem, social-skills and emotional regulation.

# PREVALENCE

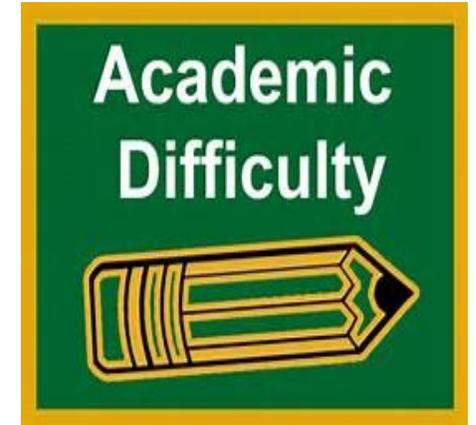
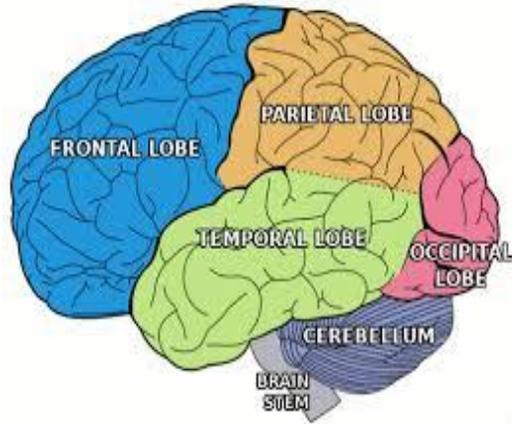
- In comparison to school-age children population prevalence of ADHD in pre-schoolers is less well studied however estimates are in the range of 1.8/1.9% (Schlack et al, 2007; Wichstrom et al, 2012).
- Significant World-wide variation.
- Danielson (2017) : US Prevalance
  - In 2011 to 2012, approximately 237,000 children aged 2 to 5 years in the United States had an ADHD diagnosis, **based on parent report**.
  - The number of young children with ADHD increased by more than 50% from the 2007-2008 survey.
  - Over 100,000 of them had received the ADHD diagnosis before the age of 4 years.
  - More than half of young children with current ADHD had at least one co-occurring condition. The most common co-occurring conditions were **developmental delays** and **behavioral disorders** like oppositional defiant disorder or conduct disorder.
- Russell et al (2013): Children in US more likely to receive a diagnosis of ADHD than in the UK (6.3% population vs 1.5%).

# ADHD IN PRE-SCHOOL CHILDREN

DSM-5™ diagnostic criteria for ADHD: symptoms of inattention, hyperactivity and impulsivity. Reproduced with kind permission<sup>1</sup>

Symptoms of inattention	Symptoms of hyperactivity and impulsivity
Often fails to give close attention to detail or makes mistakes	Often fidgets with or taps hands and feet, or squirms in seat
Often has difficulty sustaining attention in tasks or activities	Often leaves seat in situations when remaining seated is expected
Often does not seem to listen when spoken to directly	Often runs and climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless)
Often does not follow through on instructions and fails to finish schoolwork or workplace duties	Often unable to play or engage in leisure activities quietly
Often has difficulty organising tasks and activities	Is often 'on the go', acting as if 'driven by a motor'
Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	Often talks excessively
Often loses things necessary for tasks or activities	Often blurts out answers before a question has been completed
Is easily distracted by extraneous stimuli	Often has difficulty waiting their turn
Is often forgetful in daily activities	Often interrupts or intrudes on others

# ADHD in pre-school children what does this look like?



Executive Functioning Difficulties: Thorell, & Wahlstedt (2006)  
Inhibition Impairments (Schoemaker, 2011)

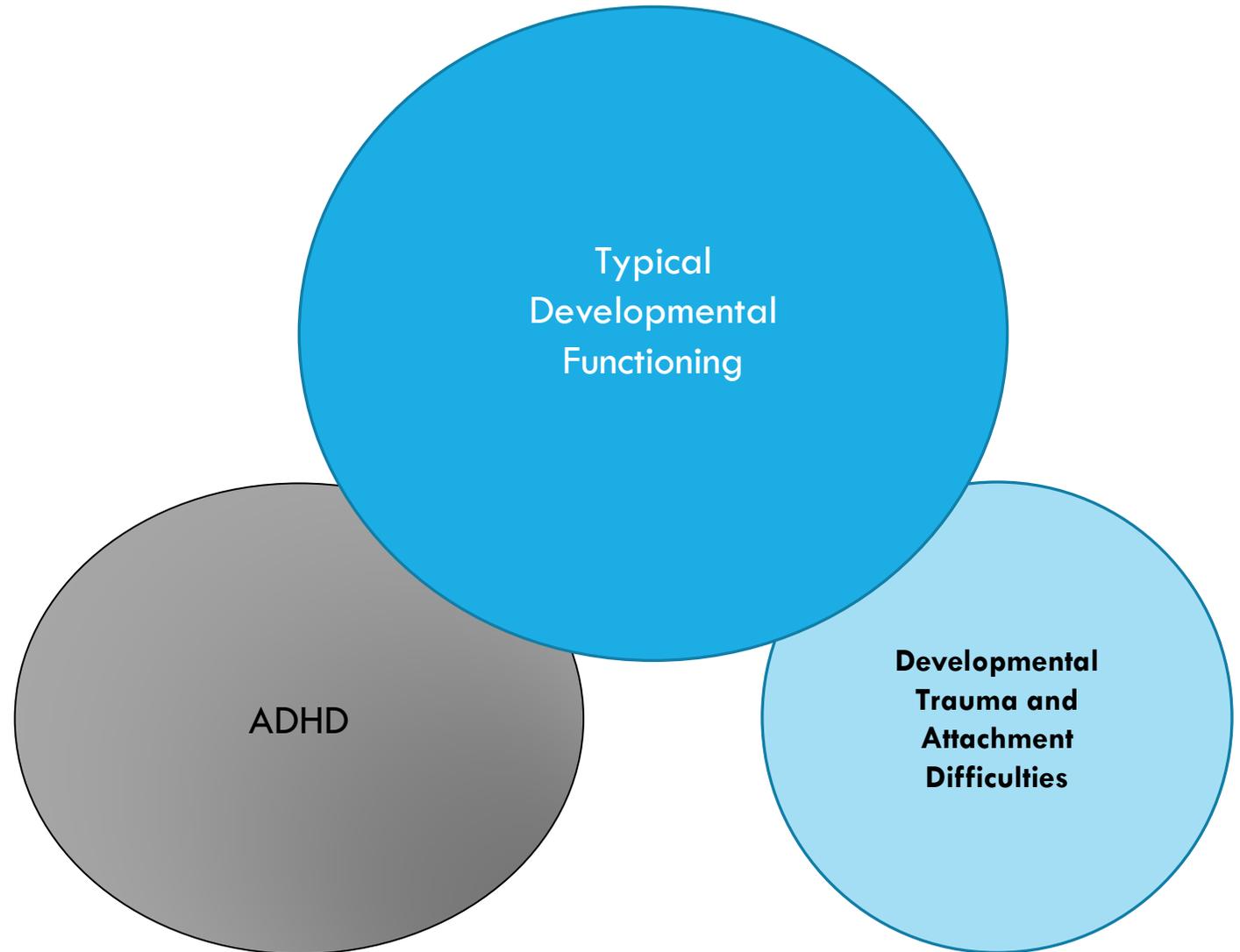
Low self-esteem

Peer relationship difficulties (Menting, Van Lier, & Koot, 2011)

Attainment difficulties

**DuPaul (2001): Pre-school children with ADHD are at significant risk for behavioural, social, familial and academic difficulties relative to their typical counterparts.**

# DIFFENTIAL DIAGNOSIS — WHEN IS ADHD NOT ADHD?



# NICE GUIDANCE FOR ADHD (2008)

Pre-school children.

- Drug treatment is not recommended.
- ‘Group-based parent-training/education programmes, developed for the treatment and management of children with conduct disorders, should be fully accessible to parents or carers of children with ADHD whether or not the child also has a formal diagnosis of conduct disorder.’
- Same programme requirements for conduct disorder



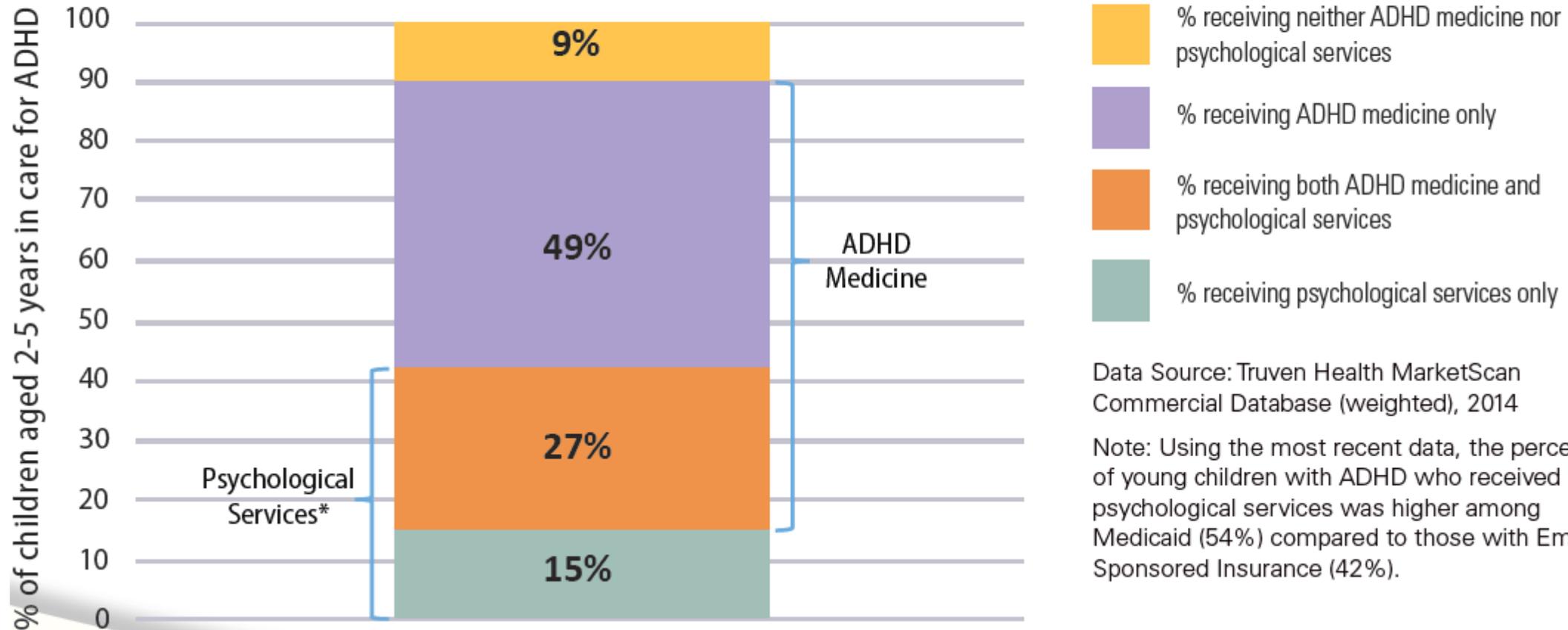
## Behavior therapy NOT drugs should be used to treat ADHD in young children, say experts

- Too many preschoolers with ADHD are being given drugs, CDC warns
- 3 in 4 young children are put on medication before behavior therapy is tried
- Trend continues despite evidence to suggest behavior therapy is as effective and doesn't give children stomach aches or sleep problems

By [ASSOCIATED PRESS](#)

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# Treatment types among young children with employer-sponsored insurance in clinical care for ADHD



Data Source: Truven Health MarketScan Commercial Database (weighted), 2014

Note: Using the most recent data, the percentage of young children with ADHD who received psychological services was higher among Medicaid (54%) compared to those with Employer-Sponsored Insurance (42%).

Danielson et al (2017)

# ADHD Treatments

## For Preschoolers (ages 4-5)

*Be sure they get what's best!*



### Where we have been: *(Treatment practices, 2009-2010)*

Almost **1 in 2** preschool children with ADHD got **no behavioral therapy**.  
About **1 in 4** were treated **only with medication**.

### Where we need to go: *(Treatment guidance, 2011)*

Provide **behavioral therapy first**, before medication.



# SPECIFIC COMPONENTS OF EFFECTIVE PROGRAMMES

## Structure

NICE clinical guideline 158 [recommendation 1.5.2](#) states that group parent training programmes should:

- Involve both parents if this is possible.
- Typically have between 10 and 12 parents in a group
- Be based on a social learning model, using modelling, rehearsal and feedback to improve parenting skills
- Typically consist of 10 to 16 meetings of 90 to 120 minutes' duration
- Adhere to the developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme. The manual should have been positively evaluated in a randomised controlled trial.

## Content

- New parenting skills must be modelled and rehearsed
- Home-based practice or 'homework'
- Parenting programmes should be collaborative & emphasise *principles* rather than prescribe techniques
- Non-violent sanctions for negative behaviour
- Relationship building, praise, fun & play, rewards, reinforcement
- Must address difficulties in adult relationships or other family problems

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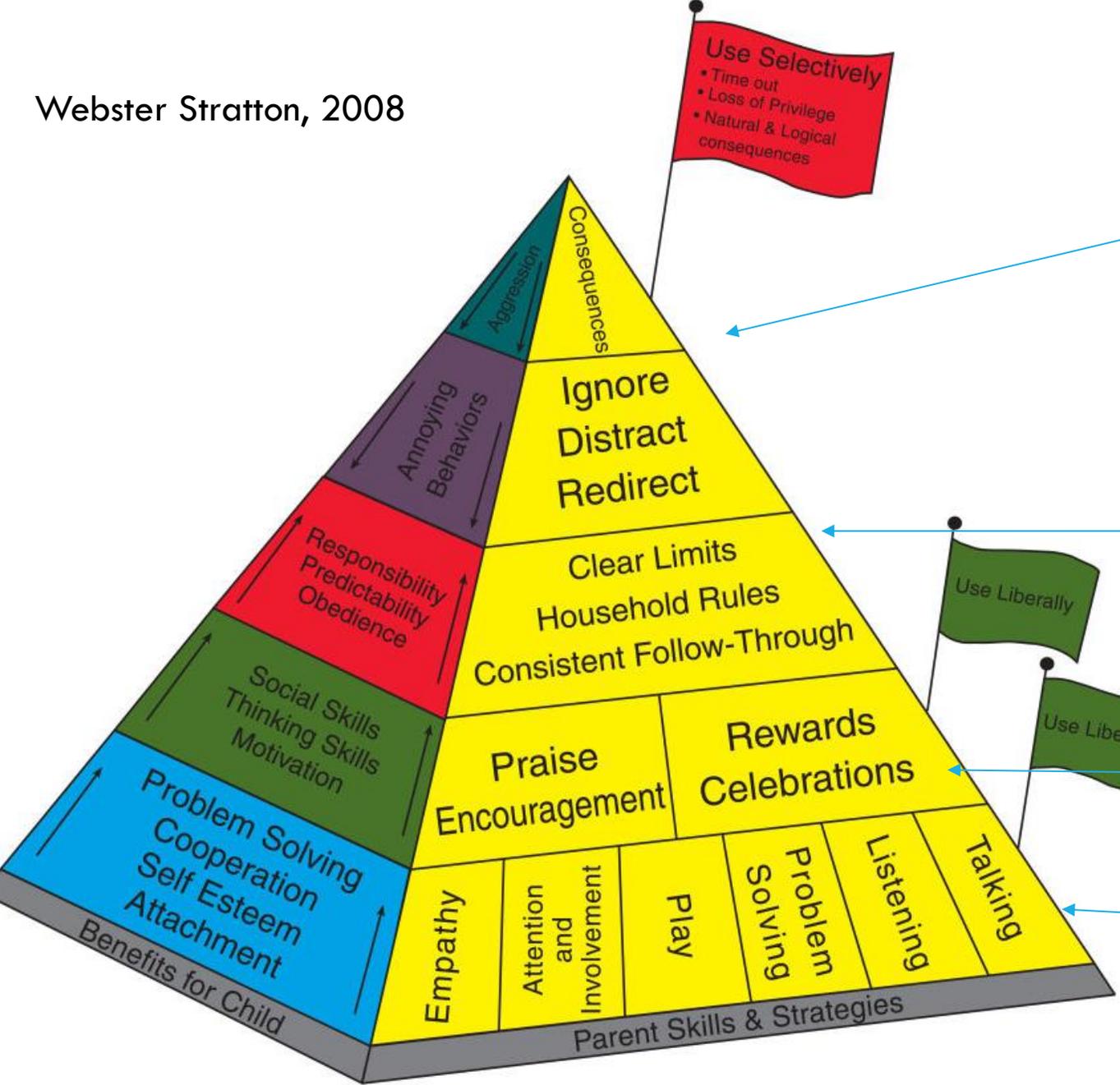
Parents, teachers, and children training series

**WHY INCREDIBLE YEARS?** |

# TAILORING IY FOR ADHD (WEBSTER-STRATTON & REID, 2014)

- Extra vignettes from the Child-Directed Play and Emotional Regulation programs. More content covering social and emotional coaching and activities regarding school readiness.
- Consider temperament and positive opposites to focus away from negative
- Increase frequency and intensity of praise and tangible rewards – getting the child’s attention first, use of non-verbal/social praise and rewards
- Clear visual routines and limit setting – consequences immediate and as closely related to behaviour as possible.
- ADHD session plans available at [incredibleyears.com/.../checklists-agenda-parent-program-adhd-protocol](https://www.incredibleyears.com/.../checklists-agenda-parent-program-adhd-protocol)

Webster Stratton, 2008



Non-violant discipline through consequences and time-out. Emotional regulation as a key outcome.

Importance of structure and routine. Clear Limits and Commands

Increase praise and tangible rewards. Importance of positive opposites

Importance of improved parent-infant relationship building. Significance of coaching to support social, emotional and academic functioning.

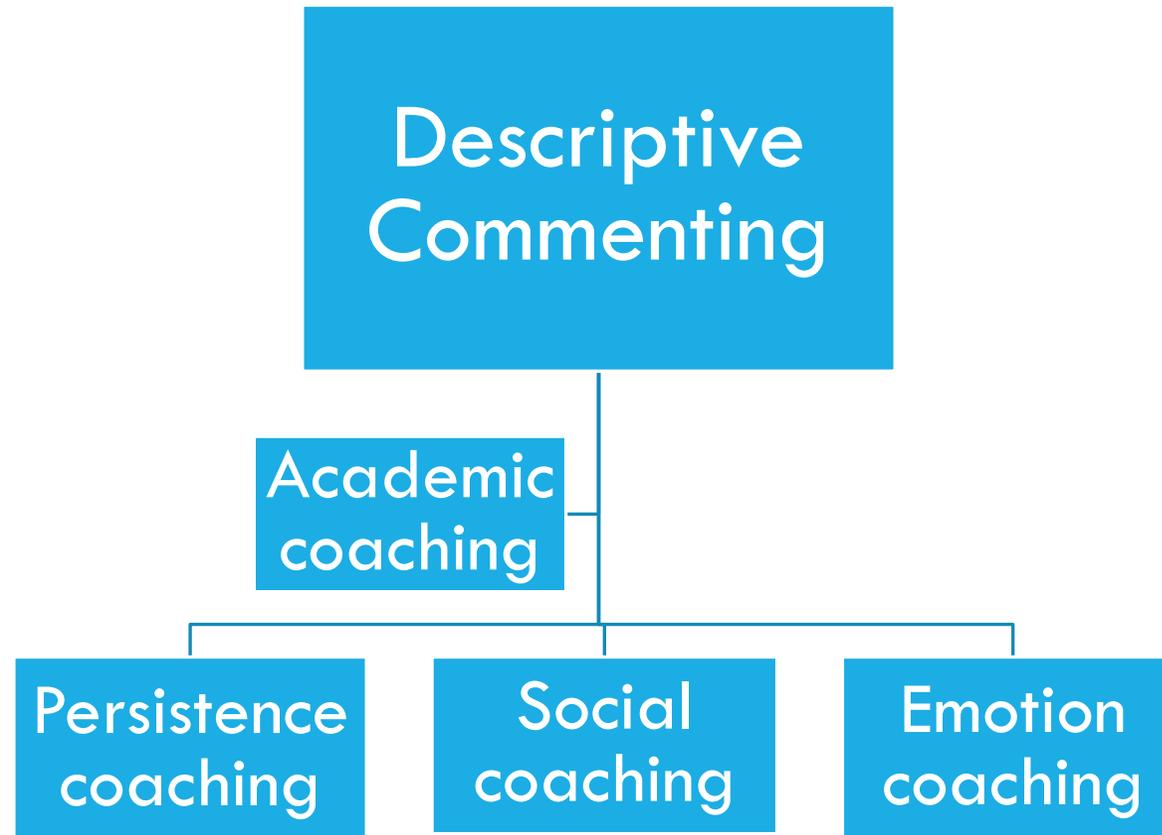
# PARENTS EXPERIENCES OF THE IY PROGRAMME



The screenshot shows the YouTube channel page for 'The Incredible Years'. At the top, there is a blue banner with the 'The Incredible Years' logo on the left, which includes a sun icon and the text 'The Incredible Years'. To the right of the logo is a stick figure family icon and the text 'The Incredible Years®'. Below the banner, the channel name 'The Incredible Years' is displayed, followed by a red 'Subscribe' button and a subscriber count of '883'. Below the channel name are navigation tabs for 'Home', 'Videos', 'Playlists', 'Channels', and 'About', with a search icon to the right. The main content area features a video player with a thumbnail titled 'Incredible Years® Parent and Child Programs Show...' and a subtitle 'Incredible Years® Programs for Children with ADHD and Behavior Problems'. The video player shows a progress bar at 0:01 / 16:03. To the right of the video player is the video title 'Incredible Years® Parent and Child Programs Shown to Work for Children with ADHD', the view count '13,483 views 4 years ago', and a description: 'This video shows two families and a teacher talking about their experiences participating in the Incredible Years® program.' Below the description is a 'Read more' link.

[https://youtu.be/7nhs\\_IV-Q9Y](https://youtu.be/7nhs_IV-Q9Y)

# THE ROLE OF COACHING IN ADHD.

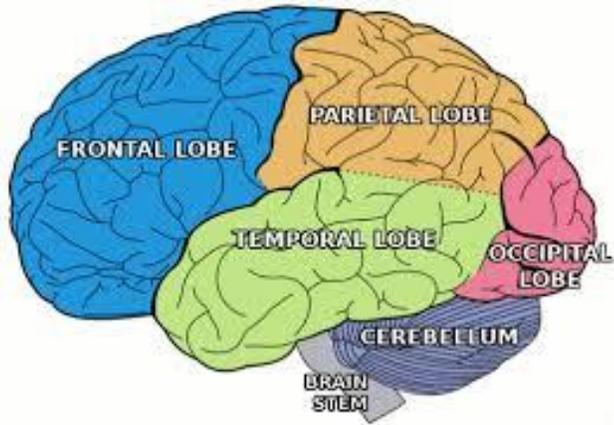


# PERSISTENCE COACHING – HOW IT WORKS

“Recognising the child’s internal state of mind as well as the physical behaviours that go along with that state is especially important for children who are inattentive, easily frustrated, impulsive or hyperactive. Labelling the times a child is focussed and persisting patiently with a difficult task enables the child to recognise that internal state, what it feels like, and put a word to it...the child learns that it is normal to find it hard to learn a new skill, but that with patience and persistence he or she will be able to eventually accomplish the task.”

*Webster-Stratton and Reid, 2009, p.252*

# Impact of coaching on pre-school children with ADHD



Better emotional regulation and improvements in executive functioning

Improves Self-esteem

Improved Social Skills relationship difficulties

Improved school readiness and attainment

# KEY REFERENCES

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