Vitalsigns

ADHD in Young Children

Use recommended treatment first

Attention-deficit/hyperactivity disorder (ADHD) is a biological disorder that causes hyperactivity, impulsiveness, and attention problems. Parents do not cause ADHD, but parents can play a key role in treatment. Behavior therapy is an effective treatment that improves ADHD symptoms without the side effects of medicine. It is an important first step for young children with ADHD and most effective when delivered by parents. With the support of healthcare providers and therapists, parents can learn specific ways to improve their child's behavior and keep their relationships strong. Clinical guidelines for ADHD treatment recommend that healthcare providers first refer parents of young children for training in behavior therapy before prescribing ADHD medicine. However, more young children are taking medicine for ADHD than receiving psychological services, which may include behavior therapy. Most families will benefit from behavior therapy and there are instances where medicine may be appropriate. Healthcare providers and families can work together to make sure children with ADHD are receiving the most appropriate treatment.

Healthcare providers can:

- Follow the clinical guidelines for diagnosis and treatment of ADHD in young children.
 - http://bit.ly/1nCUenn, http://bit.ly/1UYugZ8
- Discuss with parents the benefits of behavior therapy and why they should consider getting training.
- Identify parent training providers in their area and refer parents of young children with ADHD for training in behavior therapy before prescribing medicine.

Want to learn more?

http://ww.cdc.gov/vitalsigns/adhd/



2 Million

About 2 million of the more than 6 million children with ADHD were diagnosed as young children aged 2-5 years.

3 in 4

About 75% of young children with ADHD received medicine as treatment.

1 in 2

Only about 50% of young children with ADHD in Medicaid and 40% with employer-sponsored insurance got psychological services, which may have included behavior therapy, the recommended first-line treatment.



Problem:

The recommended first treatment for young children with ADHD is underused.

- The American Academy of Pediatrics recommends healthcare providers first refer parents of young children with ADHD for training in behavior therapy before trying medicine.
- With the support of healthcare providers and therapists, parents can become trained in behavior therapy. Behavior therapy can work as well as medicine. Both behavior therapy and medicine work for about 70-80% of young children with ADHD.
- However, only about 40-50% of young children with ADHD received psychological services.* This percentage has not increased over time.
- ADHD medicine can cause side effects, such as poor appetite, stomach aches, irritability, sleep problems, and slowed growth. The long-term effects of ADHD medicine on young children are not known.
- Behavior therapy can take more time, effort, and resources than medicine and can be longer lasting.



Parents may need support in accessing behavior therapy in their area.

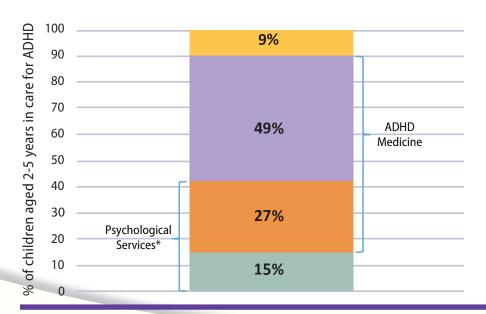
- Healthcare providers and parents may not be aware of the recommendations for and benefits of behavior therapy for young children with ADHD.
- It may be difficult to find therapists who train parents in behavior therapy in some areas of the country. Visit this page for more help:

http://www.cdc.gov/ncbddd/adhd/behavior-therapy.html.

Healthcare providers and parents can work together to make sure young children with ADHD are receiving the most appropriate treatment. Topics they can discuss:

- Age of the child
- Side effects
- Urgency of need
- Duration of benefits
- Cost and other resources
- Availability and accessibility
- Family preferences

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



% receiving neither ADHD medicine nor psychological services

% receiving ADHD medicine only

% receiving both ADHD medicine and psychological services

% receiving psychological services only

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%).

^{*}Psychological services may include behavior therapy training for parents.

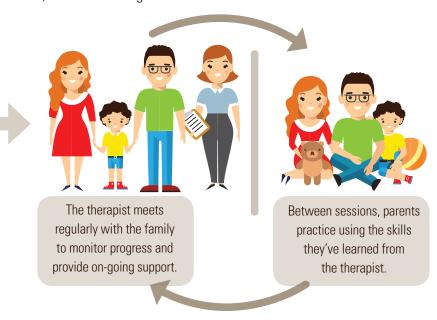
Refer parents of young children with ADHD for training in behavior therapy before prescribing medicine.

Steps for healthcare providers

- Assess a young child with ADHD symptoms using clinical practice guidelines.*
- **2. Talk** with parents about ADHD treatment and explain the benefits of behavior therapy.
 - Improved behavior, self-control, and self-esteem for children.
 - Better relationships and reduced stress for families.
 - Benefits are lifelong for children and families.
- Refer parents to a therapist before prescribing medicine.** Find a therapist who:
 - Teaches parents to better manage their child's behavior and strengthen the parent-child relationship.
 - Encourages parents to practice between sessions, regularly monitors progress, and adjusts strategies as needed.
- Follow up with the family during and after treatment to confirm progress.

What parents can expect in behavior therapy

With the support of healthcare providers and therapists, parents can learn skills to help improve their child's behavior, leading to improved functioning at school, home and in relationships. Parents typically attend 8 or more sessions with a therapist. Sessions may involve groups or individual families. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.



After therapy ends, families continue to experience improved behavior and reduced stress.

For more information about behavior therapy, go to: http://www.cdc.gov/ncbddd/adhd/behavior-therapy.html

What parents learn when trained in behavior therapy







^{*}Clinical practice guidelines for primary care: http://bit.ly/1nCUenn; Clinical practice guidelines for child psychiatry: http://bit.ly/1UYugZ8

^{**}In areas where behavioral treatments proven to work are not available, the healthcare provider should weigh the risks of starting medicine at an early age against the harm of delaying diagnosis and treatment, as recommended in the American Academy of Pediatrics practice guidelines.

What Can Be Done?

























The Federal government is

- Offering coverage and Federal Medicaid reimbursement for recommended ADHD services that states seek to add to their Medicaid state plan.
- Helping states evaluate the impact of state-level programs to improve treatment for young children with ADHD.
- Evaluating new and existing state Medicaid and other insurance policies on their impact on treatment rates.
- Monitoring the number of children diagnosed with ADHD and the treatments they receive.
- Conducting research to better understand and treat ADHD.
- Sharing materials through the National Resource Center on ADHD.

http://www.help4adhd.org/NRC.aspx

Healthcare providers can

- Follow the clinical guidelines for diagnosis and treatment of ADHD in young children. http://bit.ly/1UYugZ8
- Discuss with parents the benefits of behavior therapy and why they should consider getting training.
- Identify parent training providers in your area and refer parents of young children with ADHD for training in behavior therapy before prescribing medicine.

Parents can

- Talk with their child's healthcare provider about the benefits of being trained in behavior therapy for their young child with ADHD.
- Learn and use these strategies to support their young child with ADHD.

Health professional organizations can

- Inform healthcare providers about the reasons for and benefits of parent training in behavior therapy.
- Train and support new and existing providers to deliver parent training in behavior therapy to fill service gaps.
- Include content about proven treatments for ADHD in graduate or professional curricula, training, and certification.

States can

- Encourage health plans and provider organizations to support reimbursement for behavior therapy services.
- Work to make sure that families have access to behavior therapy training.
- Evaluate ADHD medicine prescribing policies such as getting prior authorization and other policies that may affect ADHD treatment. http://bit.ly/1SQQfN0
- Support scale up of proven parent training programs and other promising programs for children with ADHD.

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State Medicaid Policies Prescribing ADHD Medications to Children

- Attention-deficit/hyperactivity disorder (ADHD) treatment guidelines recommend behavior therapy before medication for young children under 6 vears of age.
 - http://bit.ly/1nCUenn; http://bit.ly/1UYugZ8
- Some state Medicaid programs manage access to ADHD medications through the use of prior-authorization policies.

FAST FACT:

A policy research study found that: 27 states manage access to ADHD medications for children.



Children with ADHD

ADHD is a complex, biological condition most often diagnosed during childhood. Children with ADHD struggle with inattention, hyperactivity, and/or impulsivity.

- Since the late 1990s, there has been a steady increase in the number of children diagnosed with ADHD.
- In 2011-12, **6.4 million** U.S. children, ages 4-17, have been diagnosed with ADHD.
- 3.5 million of these children take medication for treatment.

The Costs of ADHD

The annual societal costs of childhood ADHD are estimated at \$38-72 billion, including costs for health care, education, juvenile justice, and loss of family productivity.

ADHD symptoms can interfere with academic functioning and relationships with family members and peers. Children with ADHD have higher rates of repeating grades in school, high school dropout, injuries, and emergency department visits. They may also have cooccurring disorders, like depression and anxiety.

ADHD Treatment in Young Children

Annually during 2008-2014, about 3 in 4 young children (2-5 years) in clinical care for ADHD received ADHD medication, and only about 1 in 2 received any form of psychological treatment, which might have included recommended parent training in behavior therapy.

Young children may be more sensitive to the side effects of medication than older children. The longterm effects of ADHD medication use in young children are not known.

Studies that compare treatment of young children with ADHD medication or behavior therapy show that when parents are trained in behavior therapy, it can be as effective as ADHD medication, without the associated side effects.

Best Practices for Treatment

The American Academy of Pediatrics recommends behavior therapy as first-line treatment for ADHD for young children, and advises physicians to consider ADHD medication if a child continues to have significant problems after behavior therapy is tried. http://bit.ly/1nCUenn Guidelines for child and adolescent psychiatrists also recommend psychotherapy before medication in young children. http://bit.ly/1UYugZ8

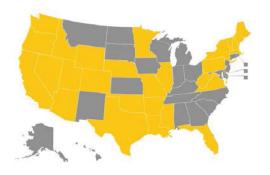


ADHD Medication Prior-Authorization Policies in State Medicaid Programs

Prescription prior-authorization policies require review of a physician's prescription request by a state program or health plan before coverage for a medication is granted. In response to concerns about the growing number of children prescribed ADHD medications, many state Medicaid programs have implemented prior-authorization policies. A policy coding study was conducted with collaborators from Temple University's Policy Surveillance Program and ChangeLab Solutions to catalogue and characterize the criteria of prior-authorization policies used in state Medicaid programs across the United States. Select findings from that study are presented below. As of November 2015

27 state Medicaid programs (yellow states) use prior-authorization policies to manage access to ADHD medications for children.

16 states (yellow states) have Medicaid priorauthorization policies that specifically apply to children *younger than six years old*.





Guiding Prescribers toward Further Evaluation and Preferred Treatments

6 states ask prescribers to demonstrate that a child younger than 18 *has received a psychological evaluation* before seeking prior-authorization for ADHD medication coverage.

7 states ask prescribers *whether behavioral or other non-medication treatments* have been considered before seeking prior authorization for ADHD medication coverage.

Considerations for Policymakers & Medicaid Directors

- Does your state actively monitor prescriptions of ADHD medications for children under the age of 6 who are enrolled in Medicaid?
- 2. Does your state have a prescription priorauthorization policy for pediatric ADHD treatment?
- 3. If your state has a prescription priorauthorization policy for ADHD, does the policy include criteria based on clinical guidelines for children under 6?
- 4. Does your state Medicaid program reimburse providers for recommended behavior therapy options for families with young children with ADHD?

For more information about state Medicaid prior-authorization policies for ADHD, and to learn more about your state's policy, please visit http://lawatlas.org/query?dataset=adhd-prior-authorization-policies

Behavior therapy for young children with ADHD Finding a Therapist



Behavior therapy is an effective treatment for attention-deficit/hyperactivity disorder (ADHD) that can improve a child's behavior, self-control, and self-esteem. It is most effective in young children when it is delivered by parents. When parents become trained in behavior therapy, they learn strategies to help their child with ADHD succeed at school, at home, and in relationships. Families can use the following information to help find therapists who provide behavior therapy training for parents of young children with ADHD.

How do I find a therapist who trains parents in behavior therapy?

Psychologists, social workers, and licensed counselors can provide this kind of training for parents. Therapists may be found through online provider directories (such as the American Psychological Association Psychologist Locator*, the American Association of Marriage and Family Therapy Locator**, or other professional association directories), or through health insurance provider directories. Parents can review the therapist's online profile or call and ask the therapist to describe their approach to ADHD treatment.

What should I look for?

Families should look for a therapist who focuses on training parents. Some therapists will have training or certification in a program that has been proven to work in young children with ADHD. Such programs include those listed in a 2011 Agency for Healthcare Research and Quality (AHRQ) report***:

- Parent-Child Interaction Therapy (PCIT)
- Incredible Years Parent Program
- Triple P Positive Parenting Program
- New Forest Parenting Programme

While these may not be available in all areas, other programs have also been tested and found to work in children with ADHD. This list of questions can be used to find a therapist who uses a proven approach:

Does this therapist:

- Teach parents skills and strategies that use positive reinforcement, structure, and consistent discipline to manage their child's behavior?
- Teach parents positive ways to interact and communicate with their child?
- Assign activities for parents to practice with their child?
- Meet regularly with the family to monitor progress and provide coaching and support?
- Re-evaluate and remain flexible enough to adjust strategies as needed?

^{***}Charach A, Dashti B, Carson P, Booker L, Lim CG, Lillie E, et al. Attention Deficit Hyperactivity Disorder: Effectiveness of Treatment in At-Risk Preschoolers; Long-Term Effectiveness in All Ages; and Variability in Prevalence, Diagnosis, and Treatment. Rockville, MD: Agency for Healthcare Research and Quality; 2011.

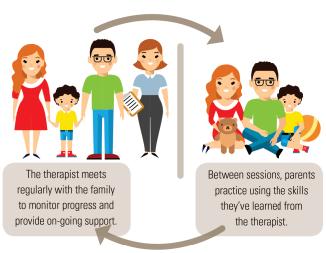


^{*} American Psychological Association Psychologist Locator, http://locator.apa.org

^{**} American Association of Marriage and Family Psychologist Locator, http://www.therapistlocator.net/iMIS15/therapistlocator/

What can I expect?

Parents typically attend eight or more sessions with a therapist. Sessions may involve groups or individual families. The therapist meets regularly with the family to review their progress, provide support, and adjust strategies as needed to ensure improvement. Parents practice with their child between sessions.



After therapy ends, families continue to experience improved behavior and reduced stress.

What if a therapist is trying something different?

Parents have the greatest influence on their young child's behavior. Only therapy that focuses on training parents is recommended for young children with ADHD because young children are not mature enough to change their own behavior without their parents' help.

Some therapists may use play therapy or talk therapy to treat young children with ADHD. Play therapy provides a way for children to communicate their experiences and feelings through play. Talk therapy uses verbal communication between the child and a therapist to treat mental and emotional disorders. Neither of these has been proven to improve symptoms in young children with ADHD.

What parents learn when trained in bahavior therapy







Positive Reinforcement

Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child. Ask your doctor about the benefits of parent training in behavior therapy for young children with ADHD.

For more information, visit <u>www.cdc.gov/ADHD</u> or <u>help4ADHD.org</u>.

