

NOTAT

# INDSATSER OVER FOR BØRN OG UNGE MED ADHD SAMT FORÆLDRE MED ADHD

EN LITTERATUROVERSIGT

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INDSATSER OVER FOR BØRN OG UNGE MED ADHD SAMT FORÆLDRE MED ADHD  
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# INDHOLD

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## METODE

Med udgangspunkt i Socialstyrelsens indsats over for børn og unge med ADHD samt forældre med ADHD har SFI udarbejdet en litteraturoversigt, der har til formål at skabe overblik over, hvilken viden der foreligger på følgende to områder:

1. Forældretræning i familier, hvor den ene eller begge forældre er i udsatte positioner eller har ADHD (delinitiativ I)
2. Indsatser i form af mentor eller støttekontaktperson til de unge med udadreagerende adfærd eller ADHD (delinitiativ III).

Litteraturoversigten kan medvirke til at understøtte og udvikle de indsatser, der retter sig mod de to målgrupper. Den giver indblik i, hvilken viden der foreligger på de to områder. Det bør dog pointeres, at den opstillede økonomiske og tidsmæssige ramme har haft indflydelse på litteraturoversigtens dybde såvel som bredde. Med flere ressourcer kunne den i højere grad fungere som en egentlig forskningsoversigt.

I forbindelse med delinitiativ III er der foretaget søgning efter konkrete indsatser på området for at få indblik i, hvilke mentor- og støttekontaktpersonsordninger der eksisterer på området. I denne forbindelse er der desuden blevet søgt efter litteratur, der optræder i forbindelse med de konkrete indsatser.

Med de litterære fund er det forventeligt, at pointer kan indgå i Socialstyrelsens inspirationshæfter og kurser og understøtte den videre udvikling på området.

I tillæg til litteraturoversigten følger en oversigt om indsatser og materialer i forbindelse med mentorordninger på ADHD-området. Denne oversigt er beskrevet sidst i dette dokument.

De forskellige oversigter er givet i bilag 2, 3 og 4:

- Bilag 2 indeholder oversigt 1: Delinitiativ I – forældreindsatser
- Bilag 3 indeholder oversigt 2: Delinitiativ III – mentorordninger
- Bilag 4 indeholder oversigt 3: Delinitiativ III – mentorordninger: indsatser og litteratur.

Vi har anvendt forkortelser til henvisning af tekster og indsatser, således at fx *F14* refererer til tekst nr. 14 om forældreindsatser (oversigt 1, delinitiativ I) og *M9* refererer til tekst nr. 9 om mentorordninger (oversigt 2, delinitiativ III).

I forbindelse med indsatser og andre materialer (oversigt 3) henviser vi med forkortelserne *i* (indsats) og *L* (litteratur) således, at fx *i3* refererer til initiativ nr. 3 i oversigten, og *L4* refererer til litteratur nr. 4.

## METODE

Oversigt 1 og 2 er udarbejdet som en søgning efter litteratur på de to angivne områder, hvor der er blevet søgt efter viden på flere områder. Gennem videnskabelige internationale databaser, skandinaviske biblioteksdata-baser samt desk research er det blevet undersøgt, hvilke typer af indsatser og metoder der eksisterer i forbindelse med de to delinitiativer. Søgningen er udført i samarbejde med en forskningsbibliotekar på SFI, som har foretaget den indledende søgning i de udvalgte databaser. De anvendte søgninger, vi har benyttet til at afdække de to delinitiativer, er vedlagt som bilag.

Metoden til at afdække den efterspurgte viden er udarbejdet omkring søgning efter både *hvid* og *grå litteratur*. Mens den *hvide litteratur* består i videnskabelige tekster inden for forskning, er *grå litteratur* tekster, der ikke kan findes i traditionelle, faglige tidsskrifter og derfor heller ikke i videnskabelige databaser. Ud over at søge i skandinaviske biblioteksdata-baser og i videnskabelige internationale databaser er der foretaget en desk research, hvor der særligt er rettet fokus mod indsatser i Danmark, der ikke er registreret som videnskabeligt materiale.

## LITTERATURSØGNING

I forbindelse med afdækningen af videnskabelig litteratur er der foretaget litteratursøgninger i følgende internationale databaser:

- Ebsco
- PsycInfo
- SocIndex
- Academic Search Premier.

De nationale bibliotekskataloger i Norge, Sverige og Danmark, der er anvendt, er følgende:

- Oria
- Libris
- Bibliotek.dk.

Søgningerne i de internationale databaser er primært rettet imod videnskabelige artikler af høj forskningsmæssig kvalitet. Søgningerne i de nationale bibliotekskataloger bidrager med bøger, rapporter etc., der afspejler et mere praksisnært niveau i de nordiske lande.

I søgningerne er anvendt en række søgeord (se bilag med de specifikke søgninger), der indkredser og afgrænser det tematiske indhold forbundet med delinitiativerne. Her er anvendt booleske operatoren (fx *and* og *or*) til at kombinere søgeordene og udvide mulighederne for fund af relevant litteratur.

I desk researchen er der arbejdet med at afdække grå litteratur, hvor vi har kontaktet relevante aktører via mail og opkald samt søgt på hjemmesider, der kunne bidrage med viden. I denne forbindelse er der bl.a. blevet taget kontakt til frivillige initiativer, kommuner, universiteter, ADHD-foreninger samt andre instanser i de skandinaviske lande samt i Storbritannien. Her er blevet spurgt efter benyttede metoder i familieprogrammer, hvor én eller begge forældre er i en udsat situation eller har ADHD, samt metoder i programmer til mentorstøtte eller støttekontaktpersoner til unge med ADHD eller udadreagerende adfærd. Samme metode er benyttet i oversigt 3, men med en større søgning inden for konkrete indsatser på området.

#### VIDENS- OG RELEVANSKRITERIER

I søgestrategien indgår de *relevans-* og *videnskriterier*, undersøgelsen er bygget op om. Disse kriterier er udtryk for de rammer, der er blevet sat for vurderingen af litteraturen. De anvendte kriterier og inddelingen af niveauer beskrives nedenfor.

#### RELEVANSNIVEAUER

Relevansniveauerne fokuserer på teksternes tematiske indhold. De giver dermed en vurdering af, i hvor høj grad teksterne rammer henholdsvis forældreprogrammer til forældre med ADHD samt mentorordninger til børn og unge med ADHD og udadreagerende adfærd. Relevansniveauet vidner ikke om, hvilket vidensniveau der gør sig gældende. I den samlede litteraturoversigt kan således indgå tekster, som på den ene side har et højt relevansniveau, men på den anden side er kendetegnet ved at være grå litteratur med et lavt vidensniveau.

Til at rangere niveauerne for relevans er anvendt tallene 1, 2 og 3.  
Til at rangere niveauerne for viden er ligeledes anvendt tallene 1, 2 og 3.

1: Særligt relevant litteratur

Tekster, hvor et af følgende to inklusionskriterier registreres:

- Forældreprogrammer om ADHD målrettet forældre, der selv har ADHD og/eller har ”lignende vanskeligheder” (beskrivelsen af delinitiativerne fra Socialstyrelsen, punkt 1)
- Mentorordninger og støttekontaktpersoner målrettet børn og unge med udadreagerende adfærd og/eller ADHD.

Den *særligt relevante* litteratur tildeles tallet 1 og vidner om højt relevansniveau for et af de to delinitiativer.

2: Delvist relevant litteratur

Tekster, hvor et af følgende inklusionskriterier registreres:

- Forældreprogrammer om ADHD
- Mentorordninger til børn og unge om både fysisk og psykisk udsathed i det hele taget.

Den *delvist relevante litteratur* tildeles tallet 2 og rammer i mindre grad end den særligt relevante litteratur det præcise indhold i de to delinitiativer. Der kan dog stadig være tale om litteratur, der rummer en vis aktualitet, og som er anvendelig i udvikling af delinitiativerne.

3: Ingen relevans

Tekster, hvor følgende orienteringer registreres:

- ADHD, der ikke falder ind under forældre- eller familieprogrammer
- Mentorordninger til voksne, der ikke er relateret til hverken udadreagerende adfærd eller ADHD

Tekster, der i screeningen er blevet kategoriseret med tallet 3, er ikke at finde i litteraturoversigten, eftersom de er bortselekeret på baggrund af opfyldelsen af eksklusionskriterierne og dermed lavt relevansniveau.

#### VIDENSNIVEAUER

Som et led i at afdække litteraturens videnskabelige relevans har vi operationaliseret tre vidensniveauer, der anvendes til at kategorisere teksterne. Denne afdækning af vidensniveau har vi foretaget i den sidste del af søgestrategien (punkt 3) som en deskriptiv screening.

Tilsvarende som ved relevansvurderingerne har vi tildelt de tre vidensniveauer hvert deres tal, som teksterne er markeret med i litteraturoversigten.

1: Randomiserede studier/studier med kontrolgrupper

- *Vidensniveau 1* dækker over kontrollerede/randomiserede studier af forældreordninger/mentorordninger. Eksempelvis RCT-studier eller undersøgelser, der måler effekten af forældreprogrammer/mentorordninger gennem kontrolgrupper. Hertil kommer også studier, der undersøger kausalitet.

2: Studier før/efter

- *Vidensniveau 2* dækker over studier, der har undersøgt effekten af forældreprogrammer/mentorordninger ved at måle på variable før og efter iværksættelsen af forældreprogrammer/mentorordninger og derefter foretage sammenligninger af disse. Hertil kommer eventuelt en follow-up måling, der undersøger effekten på længere sigt.

3: Kvalitativt orienterede studier

- *Vidensniveau 3* dækker over studier, der afdækker personlige erfaringer, beretninger og oplevelser med forældreprogrammer/mentorordninger.

\* (m): Når der er anført et 'm' i parentes efter angivelsen af vidensniveau, indikerer dette, at der i artiklen er anvendt flere (uspecificerede) metoder. Særligt fremkommer de i forbindelse med metaanalyser eller bøger, hvor den metodiske fremgangsmåde ikke er ekspliciteret.

## SØGESTRATEGI

For at frembringe relevant litteratur har vi anvendt en søgestrategi, der har til formål at systematisere indsamlingen af relevant viden. Søgestrategien betegner den proces, der er foregået, efter at SFI's bibliotekar har lavet den primære søgning i databaserne (se Litteratursøgning). Den efterfølgende behandling af den samlede litteratur tager udgangspunkt i de angivne videns- og relevanskriterier.

1. Screening: titel og abstract

Det første punkt i søgestrategien, screening af titel og abstract, er anvendt i den indledende screening for at afgrænse litteraturen, således at

der selekteres mellem mere og mindre relevante tekster. Den første screening udgør således den tidlige relevansvurdering.

2. Screening: fuldtekst og relevansvurdering (rangering fra 1-3, se uddybning nedenfor)

I anden del af søgestrategien er litteraturen screenet i fuldtekst også med henblik på relevansvurdering. Screeningen her medvirker til dannelse af overblik af indhold og yderligere indkredsning af relevans. Således har dette led i søgestrategien at gøre med fundet af *særligt* samt *delvist* relevante tekster.

3. Screening: deskriptiv kodning

Det tredje led i søgestrategien har fokuseret på vidensniveau og er den mest dybtgående behandling af de enkelte tekster. Via nærlæsning er der foretaget vurderinger af vidensniveau samt anvendte metoder. Herefter er den deskriptive kodning blevet udarbejdet, denne har til formål at skabe overblik over den vigtigste litteratur for de to delinitiativer. I denne proces er der blevet samlet og læst abstracts, således at der kan uddrages elementer, der siger noget om de erfaringer, der er gjort med metoderne, samt metodernes eventuelle implementering.

4. Snowballing

Endelig har vi i forbindelse med udarbejdelsen af en foreløbig oversigt over indholdet af litteraturen fundet den litteratur, der bliver henvist til i de mest centrale reviews. Det har givet 16 nye tekster i tillæg til de 96, som første step gav, så der nu er 112 tekster. Det er dog mere end det umiddelbart ser ud, idet der er tale om ret centrale tekster. Det vurderes, at der kunne komme flere vigtige tekster frem ved at fortsætte søgningen ad denne vej. Det mest centrale review på området forældreindsatser – det eneste, der specifikt handler om forældreindsatser til forældre, der selv har ADHD – er således først fremkommet i andet step. Også når det gælder mentorordninger er den mest centrale tekst dukket op til sidst.

## LITTERATUROVERSIGT OG ABSTRACTS

I litteraturoversigten er teksterne kategoriseret via følgende punkter:

- Navn/titel, forlag/udgiver og årstal
- Forfatter(e)
- Type
- Metode
- Relevansniveau
- Vidensniveau

- Hvid/grå litteratur.

*Type* er udtryk for, hvad teksten handler om, og hvilken form for analyse der foreligger. Hensigten er således at afdække, hvad det er, der er undersøgt, og hvilken type undersøgelse der er anvendt i den pågældende tekst.

*Metode* beskriver, hvilken fremgangsmåde der er benyttet til at undersøge det pågældende tema.

*Relevans-* og *vidensniveau* er, som beskrevet i foregående afsnit, den operationalisering, vi anvender til at rangere teksterne. Disse er angivet med tallene 1, 2 og 3, hvor 1 svarer til laveste score, og 3 svarer til højeste.

*Hvid/grå litteratur* betegner, hvorvidt der er tale om videnskabeligt/publiceret materiale eller anden litteratur, der har et lavt vidensniveau, men som samtidig kan have et højt relevansniveau.

Litteraturoversigt og abstracts er angivet med et nummer, således at der indledende kan dannes overblik over teksten og efterfølgende findes abstracts umiddelbart efter oversigten.



## TEKSTER

### ESTIMEREDE RESULTATER

Litteraturen på disse områder er meget ny. Om forældreindsatser har vi fundet 101 tekster, hvoraf over halvdelen er fra 2012-2015. Om mentorordninger har vi fundet 11 tekster. Her er halvdelen også fra 2012-2015. Der er et ”hul” i vores oversigt fra 2008-2011 i produktionen om mentorordninger, mens udviklingen har været stepvis på forældreindsatser: et par tekster pr. år til 2008, 9-11 tekster pr. år 2009-2013 og et større antal fra 2014 og frem.

TABEL 2.1

Udgivelsesår for de tekster om emnerne, vi har fundet.

	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	før	i alt
Forældreindsatser	12	20	11	9	10	9	9	2	4	3	1	2	9	101
Mentorordninger	2	1	1	2	0	0	0	0	1	1	2	1	0	11

### FORÆLDREINDSATSER

Teksterne omtaler en række forældretræningsprogrammer, Behavioral Parent Training (BPT), Behavioral School Treatment (BST), Parent Management Training Oregon (PMTO), The Incredible Years (IY eller på dansk DUÅ, De Utrolige År), Self-Directed (SD), Triple-P (eller PPP), New Forest Parenting Program (NFPP), Behavioral Management Training (BMT), Mindfulness Training (MT), Strategies in Everyday Life (SEL), Behavior Management Flow Chart (BMFC), Parent-Child Interac-

tion Therapy (PCIT) og Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES). Det er ikke altid klart, om en forkortelse står for et manualiseret mærkevareprogram eller blot for et program med den tilgang, ordene siger.

#### TEKSTER, DER SAMMENFATTER RESULTATER

Et review paper fra 2014, F89<sup>1</sup>, er den mest centrale tekst for problemstillingen. Dets udgangspunkt er, at adfærdstræningsmetode BPT og medicinsk behandling er effektive behandlinger for ADHD hos børn, men noget tyder på, at ADHD hos forældrene reducerer effekten af begge metoder. Reviewet giver derfor oversigt over litteraturen om evidensbaseret ADHD-behandling af børn, når der også er ADHD til stede hos forældrene, samt over litteraturen om, hvilken effekt behandling af forældres ADHD-symptomer har på forældrerelationen og barnets adfærd. Selvom litteraturen er lille og ikke helt entydig, mener forfatterne alligevel, at den peger på, at medicinering af forældre ikke er nok, men at en samtidig behandling af forældres og børns ADHD vil give det bedste resultat, og at det formentlig ikke er nok, hvis denne behandling kun er medikamentel.

De samme forfattere har i 2015 udgivet en slags review-light, F55, som i kort form gennemgår den litteratur om forældretræning, der tager forældres eventuelle ADHD i betragtning. Disse to tekster, F89 og F55, må betegnes som de mest centrale tekster, hvad angår sammenfattende viden om virkningen af forældreprogrammer til behandling af børn med ADHD i tilfælde, hvor en af forældrene også selv har ADHD.

En række andre reviews m.m. fra de seneste år konkluderer ligeledes, at forældreprogrammer på kognitivt grundlag har effekt på ADHD hos børn, men de går ikke lige så eksplicit ind på problemet med ADHD hos forældrene, og de er ikke på samme vidensniveau som det netop nævnte. Således konkluderer F71, F72 og F73, der ikke kan betegnes som reviews, at forældreprogrammer eller bestemte forældreprogrammer har en effekt. Det samme gælder F56, som er en artikel i *Psykolog Nyt*, der redegør for resultater af *De Utrolige År*, og F67, der fremhæver metoderne *Defiant Children* og *Family School Success*.

Nogle reviews fra de senere år sætter forældreprogrammer i relation til medikamentel behandling af ADHD. F66 argumenterer for, at forældreprogrammer giver resultater som medikamentel behandling ikke kan give, mens F69 fremhæver forældreprogrammer som effektiv intervention, når der er tale om komorbiditet. F68 diskuterer styrker og svagheder ved de to typer behandling.

Nogle reviews m.m. fra de seneste år går ind på betydningen af børnenes alder. F61 fremhæver betydningen af at sætte ind med BMT

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1. F er udtryk for forældreprogrammer, mens tallet 89 refererer til tekstens nummerering i oversigten.

over for førskolebørn, der er i risiko for ADHD. F64 ser på gruppen af unge og konkluderer, at BPT er mindre egnet her, men supervision fra forældrenes side må i højere grad bringes i spil.

F54 og F65 har konklusioner på, hvilke metoder der passer bedst til mødre og fædre samt til gruppe- og individuel behandling. F57 viser, at der kan opnås rimelige resultater med et selvstyret program, som er betydeligt billigere end et terapeutstyret. Endelig giver F58 en meta-analyse, der viser en klar tendens til, at forældrevurderinger af et programs effekt er mere positive end andres vurderinger – og i nogle tilfælde de eneste vurderinger, der er positive.

De fire ældre reviews er enige om at der er støtte i litteraturen for en effekt af forældretræningsprogrammer. F59 anfører, at forældretræningsprogrammer trænger til forbedring på en lang række punkter. F70 nævner, at litteraturen om BPT forældretræning mangler at undersøge faktorer, der kan hæmme eller hindre effekt af metoden. Det kan fx være psykisk lidelse (som ADHD) hos forældre, enlig forælder, andre lidelser hos barnet.

#### TEKSTER MED RESULTATER AF ENKELTUNDERSØGELSER

Vi har fundet et RCT forsøg (F8) og et kvasiexperimentelt studie (F91), hvor målgruppen er børn med ADHD, der har forældre, som også har ADHD. F91 finder, at mors ADHD er en stærk hæmmer af resultatet af medikamentel behandling af barnet. F8 finder, at BPT er overlegen ved ADHD hos far.

Nogle tekster, fx F98 og F96, handler om, at forældres ADHD påvirker barnet. F92 viser, at dette kan skyldes negativ ”parenting”. F94 viser, at fædres ADHD har stor betydning for, hvad der bliver resultatet af en adfærdsbehandling. F93 viser, at selvom medicin påvirker mødres ADHD, betyder det ikke bedre ”parenting”. Omvendt finder F101, at behandling af forældre med lisdexamfetamin (LDX) giver bedre resultater både for forældre og børn.

Syv andre RCT forsøg handler om forældre, der på forskellig anden vis er udsatte, og hvor det drejer sig om at tage højde for dette ved behandling af barnets ADHD. Der kan være tale om depression hos forældre (F7), enlige højrisiko forældre (F6, F11) eller bare enlige forældre (F1, F2, F3, F4).

På et lidt lavere vidensniveau er der otte tekster, der handler om forældre med ADHD. F9 ser på den situation, at moderen har ADHD, mens F10, F12, F13, F24, F26, F48 og F50 ser på forældre med ADHD uden at specificere. Således kan der være tale om enten en forælder eller begge forældre, der har ADHD. For eksempel finder F10 nogle få forbedringer i forældre-barn-relationen, når forældre får BPT, men ingen, når de får medikamentel behandling.

En del tekster handler om behandling af forældre, uden det er eksplicit, hvad baggrunden er, for at man finder det nødvendigt. Der er et RCT, F5, om mødre, samt en del tekster på lavere vidensniveau. F19 om fædres adfærd, F23 og F44 behandler forældres stress, mens F53 tager sig af deres psykologiske barrierer. I alle tilfælde med henblik på behandling af barnets ADHD. F27 handler om betydningen af psykoedukation.

Andre faktorerers betydning belyses i F25, F28, og F31. Programmets effekt set i forhold til grad af ADHD fremgår af F34. Målgruppen førskolebørn af F14 og F18, der ser på det særlige program for denne gruppe, NFPP. Typen af effekt af F22.

Lidt længere fra kerneemnet for denne litteraturoversigt er tekster, der generelt handler om effekt af forældreprogrammer, og hvor ud-sathed hos forældrene kun berøres lidt. F29 indeholder en samlet evaluering af alle forældreprogrammer, men de fleste tekster evaluerer et enkelt eller to forældreprogrammer. F15 og F17 evaluerer IY, F16 SEL, F21 PMT Oregon, F35 Mindfulness, F30 BMFC, F32 PCIT, mens F33 sammenligner BPT og COACHES.

#### MENTORORDNINGER

I forbindelse med mentorordninger viser vores søgninger, at udviklingen af disse inden for ADHD blandt børn og unge er begrænset. Der er kun fundet få tekster, og der er tale om et meget svagt vidensgrundlag. Teksterne ligger i to bølger, en først i 00'erne og en først i 10'erne. M3 fra 2004 præsenterer sig som det første studie af effekten af coachinginterventioner for voksne med ADHD på længere sigt. Den finder med efterfølgende en positiv effekt.

M9 er en litteraturoversigt udarbejdet af Det Kriminalpræventive Råd i 2012. Det er en smule skævt i forhold til vores problemstilling, idet det koncentrerer sig om virkning i forhold til kriminalitet. Til gengæld er det en meget grundig gennemgang af litteraturen fra 1980-2011 med udførlige referater af 50 publicerede projekter. Oversigten repræsenterer i det hele taget et betydeligt arbejde. Foruden om mentorordninger handler oversigten også om fritidsindsatser.

M9 konkluderer, at mentorindsatser virker lovende til at forebygge kriminel adfærd. Alle de mentorordninger, den dækker, viser positivt resultat i en eller anden retning. Der er tale om effekter i forhold til kriminalitet, adfærd, attitude, psyke, rusmidler, skoler, relationer til venner og relationer til familie. Resultaterne er mest sikre, når det drejer sig om 11-14-årige, som bor i ghettolignende områder og kun i mindre grad må regnes for at være i risiko.

M9 konkluderer desuden, at en mentorindsats ser ud til at give de bedste resultater, hvis den er intensiv (ugentlige møder af flere timers varighed), varer mindst et år og bygger på en støttende, tillidsfuld og emotionel relation. Endelig er det en styrke, at der er professionelle an-

satte, som screener, matcher, oplærer, støtter og superviserer de frivillige mentorer. Derimod kan det være direkte kontraproduktivt i forhold til den unges selvværd, hvis mentorindsatsen varer mindre end 3 måneder.

M9 finder alt i alt et lignende billede, når det drejer sig om fritidsindsatser, men her er resultaterne mere flertydige og mindre sikre. Igen er det varighed på mindst et år, hyppig deltagelse, veloplært, støttende og stabilt personale samt styrkelse af de unges sociale og emotionelle færdigheder, som er fremmende for et godt resultat. Endvidere er det ved fritidsindsatser afgørende, at man undgår, at der dannes negative kammeratskaber.

To tekster handler om peer-to-peer coaching for skolebørn, M1 med coaches på samme klassetrin og M2 cross-age. De finder begge positive resultater. M6 har lidt af den samme karakter, men her benytter man universitetsstuderende med de samme vanskeligheder til at coache børn og unge med opmærksomhedsforstyrrelser eller indlæringsvanskeligheder.

M5 handler om, hvad barnets alder betyder for, hvilken tilgang til coaching man skal vælge. M4 beskriver et 8-ugers coachingforløb for unge.

M7 sammenligner to manualiserede interventioner, The Challenging Horizons Program – After School program (CHP-AS) og The Challenging Horizons Program – Mentoring version (CHP-M). Sammenligningen falder ud til fordel for førstnævnte.

Endelig handler M8 mere generelt om den negative betydning af ADHD-symptomer hos unge.

#### MENTORORDNINGER I PRAKSIS

I forlængelse af det begrænsede antal tekster har vi foretaget yderligere søgninger i forbindelse med mentor- og støttekontaktpersonsordninger i praksis og lavet en mindre tillægsoversigt (oversigt 3). Imidlertid findes kun ganske få indsatser, der kan siges at være deciderede mentor- og støttekontaktpersonsordninger på ADHD-området. Denne mangel afspejler samme tendens, som vi så i den oprindelige litteratursøgning. Vi har derfor udvidet søgningen ved at se på flere typer af ordninger, der har fællestræk med det oprindelige fokus, og som fx retter sig mod psykisk sårbare unge frem for personer med ADHD. Det sparsomme materiale har således gjort det nødvendigt at slække på kriterierne.

Vi har haft fokus på følgende spørgsmål:

- Hvilke konkrete mentor- og støttekontaktpersonsordninger eksisterer?
- Hvilke aktiviteter indgår i indsatserne (konkrete handlinger, der kendetegner forløbene)?
- Hvilket fokus har indsatserne (fx beskæftigelse eller sociale kompetencer)?

- Hvor lang tid strækker indsatserne sig over og med hvilken hyppighed (varighed og intensitet)?

Disse spørgsmål har udgjort søgningerne er og blevet foretaget, som tidligere angivet, via desk research med screening af hjemmesider, via telefonisk kontakt til forskellige aktører og via snowballing.

Den udarbejdede oversigt er delt i to og viser 14 forskellige indsatser samt 9 forskellige materialer. Indsatserne er sparsomt beskrevet, og i visse tilfælde har det hverken været muligt at få dækkende viden på hjemmesiderne eller at opnå telefonisk kontakt. Den første del af oversigten oplister indsatser med link til hjemmesider, angivelse af afsenderen for indsatsen samt en kort beskrivelse med fokus på aktiviteter samt varighed og intensitet.

Den anden del af oversigten angiver litteratur, som er relevant at se nærmere på ud fra ønsket om at få uddybning af indhold og metode i de pågældende indsatser. Teksterne er udarbejdet i forbindelse med de konkrete indsatser. Her er tale om håndbøger, evalueringer og andet materiale, der beskriver indsatser samt henvender sig til personer, der direkte varetager mentor- og støttekontaktpersonsordninger eller er med til at udarbejde og implementere dem.

Det skal understreges, at denne tillægsoversigt ikke stemmer overens med de videns- og relevanskriterier, der er benyttet i forbindelse med den øvrige søgning på området. Baggrunden for at udarbejde oversigt 3 er et ønske om at finde frem til konkrete indsatser og frembringe information om, hvad der kendetegner indholdet i disse.

#### DRØFTELSE AF MENTORORDNINGER

Gennemgang af indsatser og materialer

Den første indsats, i1, er en mentorordning for voksne med fokus på fritidsinteresser og frivillige mentorer. Her indgår desuden makkerordninger og netværksgrupper som del af forløbet. Tilbuddet er evalueret (L1), og det konkluderes, at match mellem mentor og mentee er af afgørende betydning for, hvor vellykket indsatsen er. Eksempler på aktiviteter i mentorordningen er cafébesøg, gåture og træning. Der inddrages bostøtte fra borgernes hjem for at bakke mentorordningen og samarbejdet med den frivillige mentor op.

Mentorordningen i Cabiweb, i2, er beskæftigelsesbaseret. Her etableres mentorordninger til unge og voksne borgere med ADHD, der henvises af jobcenter. Ordningen er evalueret (L3) og konkluderer bl.a., at det er mere virksomt at have mentorer ansat fuld tid frem for få timer ugentligt. Matchning er i nogen grad anvendt ud fra køn, alders- og lokalitetsbestemmelser. Evalueringen understreger, at et velfungerende samarbejde mellem sagsbehandlere og mentor er afgørende for en god men-

torordning. Det fremhæves, hvilke mentorkompetencer der har størst betydning for en vellykket ordning, og her nævnes: nærvær, empati, lytteparathed, omsorgsfuldhed og tålmodighed (L3, s.32).

Indsatserne i3, i4 og i5 er private mentorordninger med fokus på ADHD. I de tre ordninger er det svært at få viden blandt kontaktpersoner og på hjemmesiderne om, hvad der typisk udgør indhold og aktiviteter i indsatsen. Det understreges, at der altid er tale om individuelle forløb, og at dette er afgørende for en vellykket mentorordning. Mentor og mentee laver indledende aftaler om ordningens mål, og forløbene er meget forskellige fra hinanden. I et tilfælde har en studerende brug for social støtte i uddannelsessammenhænge som fx eksamen og opgaveskrivning. Her er mentor tilstede med Skype eller Facetime for at berolige og hjælpe til at fokusere. I andre tilfælde er mentee netop kommet ud af fængsel, og mentor mødes med ham/hende for at gå på cafe og tale om ændrede vilkår.

Ingen af de tre indsatser er evalueret.

Eye to Eye, I6 er en amerikansk organisation, der laver mentorordninger til børn og unge med dysleksi og ADHD. Mentorerne er frivillige, og det fremhæves, at de selv enten har dysleksi eller ADHD, og at dette har positiv betydning for den ordning, der tilbydes. En grundlæggende aktivitet er ”art room management”, som er en metode, hvor mentorrelationen udspiller sig i klasselokaler gennem udfærdigelse og samtale om kunst og formning, hvad der danner baggrund for en social og pædagogisk udvikling for mentee. Ordningen er evalueret og konkluderer bl.a., at børn og unge med ADHD, der har modtaget Eye to Eye mentorordningen, oplever, at deres selvtillid bedres betydeligt.

Denne indsats er den eneste, der handler specifikt om mentorordninger til børn og unge med ADHD.

I7, Big Brothers Big Sisters, er et mentorprogram, der har til formål at bedre sociale relationer, uddannelseskompetencer og mindske ”anti-social behaviour” og misbrug af stoffer og alkohol blandt børn og unge i risiko. Mentorerne er voksne frivillige, og organisationen ligger vægt på, at indsatsen foregår i lokale kontekster.

Mentorprogrammet er blevet anvendt forskellige steder, fx i Irland og i en række amerikanske stater. Der eksisterer forskellige evalueringer af ordningen, hvor det bl.a. konkluderes, at især match mellem mentor og mentee er afgørende for både et vellykket mentorforløb og for opfyldelse af de ønskede mål. Desuden fremhæves det, at børn og unge i ordningen bliver mindre tilbøjelige til at slå, og at stof- og alkoholmisbrug mindskes.

I8 er et projekt udviklet af ADHD-foreningen og Ungdomstrinngen, der omhandler børn og unge med ADHD i klubber. Således er dette ikke en mentorordning, men derimod en indsats, der arbejder med ansattes håndtering af børn og unge med ADHD i fritidstilbud samt forebyg-

gelse af social isolation blandt dem. Der findes metodekatalog (L8) på indsatsen med redskaber, hvor der er fokus på træning af sociale færdigheder samt mindsning af ensomhed. ADHD-foreningen har desuden udviklet en håndbog for støttepersoner til voksne med ADHD (L9).

I9 er en mentorindsats udviklet af Center for Boligsocial Udvikling, hvor der etableres mentorordninger til unge under 18 år i udsatte boligområder. Mentorerne skal opholde sig gennem længere tid i boligområdet for at skabe trygge relationer til de unge, hvorefter selve mentorordningen startes op. Der hører en rapport til indsatsen, som bl.a. viser, hvordan mentorindsatser kan etableres i udsatte områder. Anvisningerne tager udgangspunkt i anbefalingerne fra rapporten fra Det Kriminalpræventive Råd af Henriette Nobili Christensen (Delinitiativ III, nr. 9). Desuden findes der en håndbog henvendt til fagpersoner, der arbejder med mentorordninger i udsatte boligområder.

Indsatserne i13, i14, i15 og i16 er etableret af Ungdommens Røde Kors i samarbejde med Københavns Kommune, Frederiksberg Kommune og Vordingborg Kommune. De henvender sig til forskellige aldersgrupper og med lidt forskellige fokus: udsatte boligområder, psykisk sårbarhed, lektiehjælp og ensomhed. De beskæftiger sig med bl.a. sociale netværk, fritidsinteresser og kulturtilbud, og indholdet fastsættes af mentorer og mentees sammen. Disse projekter har frivillige mentorer, og match fremhæves som afgørende for virkningsfulde indsatser.

Den sidste indsats, vi har taget med i oversigten, i14, er to typer af mentorordning til unge og ledige. Til unge er ordningen baseret på en omfattende indsats, hvor fx mentor står til rådighed 24 timer i døgnet og udvikler en privat relation til mentee. Dette foregår ved at tage del i aktiviteter som fx rejser og fødselsdage. Mentor varetager kontakt til myndigheder, skole og uddannelse, sagsbehandlere samt andre aktører i relation til mentee. Indsatsen til de ledige er beskæftigelsesbaseret, og mentor fungerer som støtte til at få øget lyst til arbejde samt komme i gang med uddannelse.

#### OM INDSATSERNE

Antallet af mentor- og støttekontaktpersonsordninger rettet mod børn og unge med ADHD er, som forventet, begrænset. Indsatserne i1, i2, i3, i4, i5 og i6 er ordninger, der er orienteret mod personer med ADHD, men kun i6 er målrettet børn og unge, de øvrige henvender sig til unge og voksne.

Vi har undersøgt området ud fra forskellige tilgange, hvor det bl.a. har været nødvendigt at gentænke og redefinere søgningerne for at finde information, der kunne have relevans. Det metodiske afsæt er således betinget af ændrede forhold omkring krav til målgruppen med definitionerne af ADHD og/eller udadreagerende adfærd. Ved at flytte fokus fra målgruppen og i højere grad søge mod afdækning af mentor- og støt-

tekontaktpersonsordninger i det hele taget, fremkommer således andre resultater.

Mentorordningerne vidner kun i begrænset omfang om, hvilke aktiviteter der finder sted. Beskrivelser af konkret indhold, der udgør ordningerne, oplystes minimalt, derimod gives generelle anbefalinger om mentorforløb med fokus på fx fritidsinteresser, beskæftigelsesindsatser og sociale kompetencer. I det følgende skitseres de træk, som vi vurderer, er definerende for de forskellige indsatser.

Det Kriminalpræventive Råds kortlægning fra 2012 af Henriette Nobili Christiansen (Delinitiativ III, nr. 9) er den mest omfattende undersøgelse af mentorordninger i vores søgning. Den viser, at mentorindsatser kan skabe forbedringer i forbindelse med kriminalitet, adfærd, attitude, psyke, brug af rusmidler, skolegang og relationer til familie og venner. Det er dog forskelligt fra studie til studie, i denne undersøgelse, hvilke områder der kan påvises effekter indenfor. Det konkluderes, at der især er fire kriterier, der skal opfyldes, for at mentorordningen er virksom. Det drejer sig om følgende:

1. Varighed. Indsatsen bør vare minimum et år.
2. Intensitet. Mentorindsatsen bør bestå af møder mindst en gang om ugen og af flere timers varighed.
3. Emotionel støtte. En engageret voksenkontakt i form af en støttende, tillidsfuld, anerkendende og emotionel relation, der fokuserer på den unges psykosociale udvikling.
4. En grundig screening af mentorerne og gode match. Hvis indsatsen består af frivillige mentorer, er det vigtigt, at der arbejdes målrettet med at lave gode match mellem mentorer og mentees (de unge), og at mentorerne støttes og superviseres undervejs.

Vi ser i oversigten, at mentorordningerne i nogle tilfælde læner sig op af disse anbefalinger, fx rapporten fra Center Boligsocial Udvikling (L6 og L7).

#### LOVGIVNING

Ifølge serviceloven § 50 kan kommunen tilbyde personlig rådgiver eller fast kontaktperson til unge under 18 år. Denne rådgiver eller kontaktperson kan også udgøres af en mentor.

Ifølge § 99 i serviceloven kan kommunen sørge for tilbud om en støttekontaktperson til borgere med sindslidelser. Mentorbegrebet kan også bruges om denne støttekontaktperson.

Ifølge beskæftigelsesloven (§ 78, kap. 9b § 31b-f) kan mentorordningen tilbydes til at fremme beskæftigelsesaktiviteter hos borgere. I en del tilfælde i denne oversigt er det beskæftigelsesindsatsen, der danner baggrund for tilbud om mentorordninger.

Ifølge loven om kompensation til handicappede i erhverv kan der ydes støtte til assistance i erhverv (§ 4 og § 5), også her kan en mentor tildeles.

Det er ikke entydigt i vores undersøgelse af mentorordninger, hvordan de forskellige indsatser i oversigten tildeles efter loven. Både mentor, coach og støttekontaktperson er betegnelser, der – i visse tilfælde – bliver brugt om samme indsats. Flere steder er det ikke øjensynligt, hvad det er for love, borgeren falder ind under, når der tilbydes mentorordninger. Dog er det typisk service- og beskæftigelsesloven, der refereres til i mentorordningerne.

#### FRITIDSINTERESSER

Der er en tendens til, at de ordninger, hvor mentorerne består af frivillige, ofte har fritidsinteresser som omdrejningspunkt (i1, i7, i10, i12). Dog er mentorordningerne hos fx Ungdommens Røde Kors og Københavns Kommune også med frivillige mentorer, hvor lektiehjælp og lektiecafeer er centrale aktiviteter (i13). Fritidsinteresser består i sport, at spille musik og kulturoplevelser som biografure og cafébesøg (fx i5).

#### BESKÆFTIGELSE

Indsatserne i2, i3, i4 retter sig mod beskæftigelse og modtager typisk kommunale henvisninger, hvor unge og voksne med ADHD tildeles mentor- og støttekontaktpersonsordninger ud fra især loven om aktiv beskæftigelsesindsats (kap. 9 b, § 93 og § 96c). Disse mentorordninger har fokus på enten at fastholde borgere i arbejde, at hjælpe dem i gang med arbejde, aktivitetsindsatser, at påbegynde uddannelse eller at blive fastholdt i uddannelse. Her er det relevant at påpege, at mentorordningerne i de fleste tilfælde er af kortere varighed end i indsatserne, hvor det er fritidsinteresser, der er centrale.

#### SOCIALE KOMPETENCER

Samtlige mentorordninger involverer arbejde mellem mentor og mentee med sociale kompetencer. Mestringsstrategier (i3), støtte til at indgå i sociale relationer (i4), social hverdagshåndtering (i5), netværksdannelse (i12) m.fl. udgør centrale komponenter. Uanset om der er tale om ordninger, der er orienteret mod ADHD, social og psykisk sårbarhed eller udsatte boligområder, er de sociale kompetencer nævnt som element.

#### VARIGHED OG INTENSITET

De korteste forløb er på 3 måneder (i3), og de længste kan vare op imod 3 år (i5). Intensiteten i mødet mellem mentor og mentee varierer, men fælles for alle indsatserne er et minimum på en time hver fjortende dag. I beskæftigelsesindsatserne er det typisk korte forløb på 3-6 måneder (fx i2

og i3), mens de boligsociale og interessebaserede ordninger sigter mod varighed på minimum et år (i7, i9, i11).

#### METODER/FORLØB

Det er ikke umiddelbart til at konkludere, hvilke metoder der anvendes, heller ikke i tilfælde, hvor der forelægger metodekataloger eller evalueringer. I en enkelt indsats, i3, fremgår det, at der arbejdes ud fra den pædagogiske metode *sociale historier*, hvor der anvendes illustrative eksempler til at arbejde med håndtering af social adfærd blandt børn og unge med ADHD.

#### MATCHES OG KONTRAKTER

En ting, der fremhæves flere steder, er matches mellem mentor og mentee som et virkningsfuld element. Disse matches er især at finde blandt de mentorordninger, der har fokus på fritidsinteresser, og hvor mentorerne typisk er frivillige (i6, i7). Derimod fremgår matches i langt mindre grad i mentorordningerne med beskæftigelsesfokus. Spørgsmålet er imidlertid, om den forpligtigelse, der ligger i en lønnet ansættelse, medvirker til, at man er tilbøjelig til at overse matching som et vigtigt element.

En række af ordningerne indledes med screening og fælles udarbejdelse af en kontrakt, der har til formål at kortlægge de vigtigste behov for borgeren. I flere tilfælde fremhæves det, at denne kontrakt varierer fra borger til borger og er afgørende for indholdet i forløbet. I kontrakten kan fx indgå ønsker om lektiehjælp eller hjælp til at opnå øget koncentration i forbindelse med studier og øgede sociale netværk (i3, i4 og i5).

#### OFFENTLIG ELLER PRIVAT

En del af mentorordningerne er etableret af kommuner i samarbejde med andre organisationer som fx Ungdommens Røde Kors og Center for Boligsocial Udvikling (i1, i8, i9, i10, i11, i12 og i13). De øvrige ordninger er private mentor- eller coachordninger, som kan anvendes via kommunen. Disse bliver også beskrevet som støtte-kontaktpersoner. Mens de kommunale ordninger typisk benytter sig af frivillige mentorer uden specifik faglig baggrund er der i højere grad tale om terapeuter, psykologer, pædagoger i de private ordninger (i3, i4 og i5).

#### HÅNDBØGER OG METODEHÆFTER

De angivne håndbøger og metodehæfter henvender sig til praktikere, der arbejder enten som mentorer, eller som skal iværksætte mentorforløb. Der gives indføring i organisering af forløb og uddannelse af mentorer, samt hvordan mentorordninger fastholdes. Uddannelsen af mentorer indbefatter bl.a. udarbejdelse af kriseplaner, samtalehåndtering, viden om tilstødende ordninger/sagsbehandling og målgruppeviden (L2, L3, L7, L8 og L9).

## EVALUERINGER

Evalueringerne beskæftiger sig samlet set med implementering af mentorordninger, programmernes/ordningernes forløb og aktiviteter, erfaringer på jobcentre og blandt mentorer og mentees. De udstikker anbefalinger og retningslinjer for vellykkede mentorforløb. Evalueringerne handler – ligesom indsatserne – ikke gennemgående om mentorordninger for børn og unge med ADHD. Den evaluering, der rammer mest centralt, er L5 Eye to Eye.

## OPSAMLING

Mentorordninger i Danmark er kendetegnet af to overordnede typer indsatser: I forbindelse med skolegang og uddannelse blandt unge og inden for jobfastholdelse blandt voksne. Derudover findes der forskellige indsatser, der typisk er initieret af kommuner, ngo'er og frivillige, der etablerer mentorordninger, hvor fokus er på social udsathed relateret til boligområder, unge i risiko og kriminalitetsforebyggende indsatser. Her kan fx nævnes CFBU samt Københavns Kommune og Røde Kors' projekter (i9 og i10), hvor udsatte boligområder udgør konteksten, og hvor mentorindsatsen er forankret omkring børn/unge i det specifikke område. Mentorordningerne i disse områder er således snarere knyttet til lokalitet end typer af social udsathed.

Der er ikke generel tendens til, at indsatsernes metoder er specialiseret efter diagnoser. Derimod retter de sig mod bredere definitioner som fx børn og unge i risiko, psykisk sårbarhed og social udsathed. Selv når indsatserne orienterer sig mod ADHD, er de reelt bredere i deres fokus. På denne baggrund skal indsatsernes indhold ikke vurderes som udtalt målgruppespecifikt. Der er nemlig fokus på adfærdsmæssig og social læring fremfor på problematikker i forbindelse med diagnoser.

# BILAG

## BILAG 1 SØGNING I DATABASER

Søgningerne er foretaget d. 11. januar 2016 af bibliotekar Kurt Mathiesen.

### 1. Søgning fra videnskabelige databaser

Søgning i databaserne: Ebsco, PsycInfo, SocIndex og Academic Search Premier.

```
(DE "Parent Training" OR (parent* AND training*))  
AND (DE "Attention Deficit Disorder with Hyperac-  
tivity" OR SU "Attention Deficit Disorder with Hy-  
peractivity" OR SU attention deficit hyperactivity  
disorder OR adhd OR "attention deficit hyperactivi-  
ty disorder")
```

```
http://search.ebscohost.com/login.aspx?direct=true&  
db=psyh&db=aph&db=sih&bquery=\( \(DE+%26quot%3bAttenti  
on+Deficit+Disorder+with+Hyperactivity%26quot%3b\)+O  
R+\(SU+%26quot%3bAttention+Deficit+Disorder+with+Hyp  
eractivi-  
ty%26quot%3b\)+OR+\(SU+attention+deficit+hyperactivit  
y+disorder\)+OR+\(%26quot%3battention+deficit+hyperac  
tivity+disorder%26quot%3b\)+OR+adhd\)+AND+\( \(DE+Parent  
+Training\)+OR+\(parent\*+AND+training\)\) &type=1&site=e  
host-live
```

```
--> 1292 hits
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(mentor\* OR coach\*) AND (DE "Attention Deficit Disorder with Hyperactivity" OR SU "Attention Deficit Disorder with Hyperactivity" OR SU attention deficit hyperactivity disorder OR adhd OR "attention deficit hyperactivity disorder")

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## BILAG 2 ABSTRACTS FOR DELINITIATIV I – FORÆLDREINDSATSER

Bilagsnummeret matcher med nummeret fra den overordnende skemativering af den videnskabelige kortlægning

### BILAG 1

Anil Chacko, Brian T. Wymbs, Frances A. Wymbs, William E. Pelham, Michelle S. Swanger-Gagne, Erin Girio, Lauma Pirvics, Laura Herbst, Jamie Guzzo, Carlie Phillips, Briannon O’Conner, *Enhancing Traditional Behavioral Parent Training for Single Mothers of Children with ADHD*, Journal of Clinical Child and Adolescent Psychology, 2009.

#### ABSTRACT:

Behavioral parent training is an efficacious treatment for attention-deficit/hyperactivity disorder (ADHD). However, single-mother households are at high risk for poor out-come during and following behavioral parent training. This study randomly assigned cohorts of 120 single mothers of children (ages 5-12 years) with ADHD to a waitlist control group, a tradition behavioral parent training program, or an enhanced behavioral parent training program – the Strategies to Enhance Positive Parenting (STEPP) program. Intent-to-treat analysis demonstrated benefits of participating in behavioral parent training, in general, and the STEPP program more specifically at immediate posttreatment on child and parental functioning. Moreover, the STEPP program resulted in increased engagement to treatment. However, results indicated that behavioral parent training does not normalize behavior for most children and treatment gains are not maintained.

### BILAG 2

Anil Chacko, Brian T. Wymbs, Frances A. Wymbs, William E. Pelham, Alyssa, Chimiklis, *Evaluating a comprehensive strategy to improve engagement to group-based behavioral parent training for high-risk families of children with ADHD*, Journal of Abnorm Child Psychology, 2012.

#### ABSTRACT:

Behavioral parent training (BPT) is an evidence-based intervention for the treatment of attention-deficit/hyperactivity disorder (ADHD) and related disruptive behavioral disorders of childhood. Despite convincing data on effectiveness, engagement to BPT, particularly for high-risk families, has been a long standing, yet understudied, issue. Data from a clinical trial of a comprehensive BPT approach to enhance engagement and outcomes (the Strategies to Enhance Positive Parenting [STEPP] program) are presented herein. The STEPP program was compared to a

traditional group-based BPT program on propensity to attend treatment, propensity to complete homework over the course of treatment, and dropout from BPT. Additionally, factors empirically related to engagement to treatment and targeted by the STEPP program were analyzed to determine whether these factors were enhanced by participation in the STEPP program. In a randomized cohort of 80 single-mothers of school-age children with ADHD, analyses demonstrated that the STEPP program lead to greater propensity to attend treatment over time and a greater propensity to complete homework over the course of treatment. Furthermore, participation in the STEPP Program was associated with a lower rate of dropout. Finally, data suggested that parents assigned to the STEPP program reported significant improvements in factors empirically related to engagement that were targeted within the STEPP program (i.e., amount and quality of social support from their group members, expectations for treatment, and perceived barriers to treatment participation). Results of the study have implications for targeting engagement throughout the process of BPT, particularly for high-risk families.

#### BILAG 3

Estrella Rajwan, Anil Chacko, Brian Wymbs & Frances Wymbs, *Evaluating Clinically Significant Change in Mother and Child Functioning: Comparison of Traditional and Enhanced Behavioral Parent Training*, Journal of Abnormal Child Psychology, 2014.

#### ABSTRACT:

The Strategies to Enhance Positive Parenting (STEPP) program, an enhanced behavioral parent training (BPT) intervention, was developed to improve engagement in and outcomes following treatment for single-mother families of school-age youth with attention-deficit/hyperactivity disorder (ADHD). A previous randomized clinical trial of the STEPP program demonstrated that the intervention resulted in statistically significant improvements at the group-level in child oppositional behavior, various areas of child impairment, parental stress, and parenting behavior, relative to a wait-list control condition and a traditional BPT group. Despite benefits at the group-level, little is known about outcomes at the individual-level of enhanced BPT relative to traditional BPT for various child- and parent-level outcomes. The current study compares the extent to which traditional BPT and the STEPP program result in reliable change and recovery across various child- and parent-level outcomes in a sample of 80, 5-12 year old youth with ADHD (70 % male). Analyses demonstrated the benefit of participating in either BPT treatment; and participation in the STEPP program compared to traditional BPT was associated with only minimal incremental clinical benefit. Results, as well

as clinical and research implications for assessment and treatment of high-risk families of youth with ADHD enrolled in BPT are discussed.

BILAG 4

Anil Chacko, *Treatment for single-mothers of children diagnosed with ADHD: a comparison between a traditional and an enhanced behavioral parenting program*, Dissertation Abstracts International, 2007.

ABSTRACT:

Behavioral parent training (BPT) is an evidence-based treatment for attention-deficit/hyperactivity disorder (ADHD). Not all families, however, derive equal benefits from BPT. In particular, single-mother households are more likely to drop out of treatment early, fail to show improvement following treatment, and fail to maintain treatment gains. There are a number of factors related to poor progress and outcomes for single mother families who participate in BPT, including high levels of depression, stress, maladaptive cognitions, and practical barriers to participation as well as low levels of social support. The present study randomly assigned single-mothers of children with ADHD to a wait-list control group, a traditional BPT program, or an enhanced BPT program that addressed the putative factors that impact single-mother families during and after participation in BPT. Results indicated both parent training approaches were effective in reducing problematic child behavior, some areas of psychosocial impairment, parenting behavior, and some areas of parental adjustment relative to the wait-list control group. The enhanced BPT program also provided significant benefits in these areas relative to the traditional BPT group. Moreover, the enhanced BPT program resulted in increased single-mother and child attendance and completion, homework compliance, and satisfaction with the program. Moreover, the data suggested that BPT resulted in maintenance of gains at 3-month follow-up. Despite these findings, results also indicated that BPT does not normalize functioning for most children. These results are discussed in light of the current literature on effective treatments for single-mothers of children with ADHD. Future directions for empirical investigation for high-risk families are discussed.

BILAG 5

Thomas Jans, Christian Jacob, Andreas Warnke, Ulrike Zwanzger, Silke Gross-Lesch, Swantje Matthies, Patricia Borel, Klaus Hennighausen, Barbara Haack-Dees, Michael Rösler, Wolfgang Retz, Alexander von von Gontard, Susann Hänig, Esther Sobanski, Barbara Alm, Luise Poustka, Sarah Hohmann, Michael Colla, Laura Gentschow, Charlotte Jaite, *Does intensive multimodal treatment for maternal ADHD improve the efficacy*

*of parent training for children with ADHD? A randomized controlled multicenter trial*, Journal of Child Psychology & Psychiatry, 2015.

ABSTRACT:

Background: This is the first randomized controlled multicenter trial to evaluate the effect of two treatments of maternal attention-deficit hyperactivity disorder (ADHD) on response to parent-child training targeting children's external psychopathology. Methods: Mother-child dyads (n = 144; ADHD according to DSM-IV; children: 73.5% males, mean age 9.4 years) from five specialized university outpatient units in Germany were centrally randomized to multimodal maternal ADHD treatment [group psychotherapy plus open methylphenidate medication; treatment group (TG): n = 77] or to clinical management [supportive counseling without psychotherapy or psychopharmacotherapy; control group (CG): n = 67]. After 12 weeks, the maternal ADHD treatment was supplemented by individual parent-child training for all dyads. The primary outcome was a change in the children's externalizing symptom scores (investigator blinded to the treatment assignment) from baseline to the end of the parent-child training 6 months later. Maintenance therapy continued for another 6 months. An intention-to-treat analysis was performed within a linear regression model, controlling for baseline and center after multiple imputations of missing values. Results: Exactly, 206 dyads were assessed for eligibility, 144 were randomized, and 143 were analyzed (TG: n = 77; CG: n = 66). After 6 months, no significant between-group differences were found in change scores for children's externalizing symptoms (adjusted mean TG-mean CG=1.1, 95% confidence interval 0.5-2.7; p = .1854), although maternal psychopathology improved more in the TG. Children's externalizing symptom scores improved from a mean of 14.8 at baseline to 11.4 (TG) and 10.3 (CG) after 6 months and to 10.8 (TG) and 10.1 (CG) after 1 year. No severe harms related to study treatments were found, but adverse events were more frequent in TG mothers than in CG mothers. Conclusions: The response in children's externalizing psychopathology did not differ between maternal treatment groups. However, multimodal treatment was associated with more improvement in maternal ADHD. Child and maternal treatment gains were stable.

BILAG 6

Anil Chacko, Jodi Z Uderman, Amanda Zwilling, *Lessons Learned in Enhancing Behavioral Parent Training for High-Risk Families of Youth with ADHD*, The ADHD report / Russell A. Barkley & Associates, 2013.

ABSTRACT:

Behavioral parenting training (BPT) has long been identified as an efficacious treatment approach for children with attention-deficit hyperactivity

disorder (ADHD; Pelham & Fabiano, 2008). However, the extant literature indicates that high levels of adversity (e.g., parental psychopathology, high levels of stress) often place families at risk for poor attendance and engagement during BPT, as well as a limited treatment response (Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004). Single-mothers, in particular, experience multiple adversity factors that impact their involvement in BPT, including higher rates of depression and stress, less social support (Cairney, Boyle, Offord, & Racine, 2003), greater practical barriers to treatment participation (Kazdin, Holland, Crowley, & Brenton, 1997; Kazdin & Wassell, 2000), and maladaptive cognitions regarding treatment (e.g., unrealistic expectations for improvement following treatment) and their child's behavior (e.g., intentionality of misbehavior; Nock & Kazdin, 2001). Thus, it is not surprising that single-mother families are less likely to complete BPT (Dumans & Wahler, 1983; Webster-Stratton & Hammond, 1990), and maintain treatment gains over time (Banger & Eyberg, 2003; Webster-Stratton, 1985).

#### BILAG 7

Andrea Cronis-Tuscano, Tana L. Clarke, Kelly A. O. Brien, Veronica L. Raggi, Abigail D. Mintz, Mary E. Rooney, Laura A. Knight, Karen E. Seymour, Sharon R. Thomas, *Development and Preliminary Evaluation of an Integrated Treatment Targeting Parenting and Depressive Symptoms in Mothers of Children With Attention-Deficit/Hyperactivity Disorder*, Journal of Consulting and Clinical Psychology, 2013.

#### ABSTRACT:

Objective – More than 50 % of mothers of children with attention-deficit/hyperactivity disorder (ADHD) have a lifetime history of major depressive disorder (MDD). Maternal depressive symptoms are associated with impaired parenting and predict adverse developmental and treatment outcomes for children with ADHD. For these reasons, we developed and examined the preliminary efficacy of an integrated treatment targeting parenting and depressive symptoms for mothers of children with ADHD. This integrated intervention incorporated elements of 2 evidence-based treatments: behavioral parent training (BPT) and cognitive behavioral depression treatment.

Method – Ninety-eight mothers with at least mild depressive symptoms were randomized to receive either standard BPT (n = 51) or the integrated parenting intervention for ADHD (IPI-A; n = 47). Participants were assessed at baseline, posttreatment, and 3- to 6-month follow-up on measures of (a) self-reported maternal depressive symptoms, (b) observed positive and negative parenting, and (c) observed and mother-reported child disruptive behavior and mother-reported child and family impairment. Result – The IPI-A produced effects of small to

moderate magnitude relative to BPT on maternal depressive symptoms, observed negative parenting, observed child deviance, and child impairment at posttreatment and on maternal depressive symptoms, child disruptive behavior, child impairment and family functioning at follow-up. Contrary to expectations, the BPT group demonstrated moderate to large effects relative to IPI-A on observed positive parenting at follow-up. Conclusions – This treatment development study provides encouraging preliminary support for the integrated intervention targeting parenting and depressive symptoms in mothers of children with ADHD. Future studies should examine whether this integrated intervention improves long-term developmental outcomes for children with ADHD.

#### BILAG 8

Barbara J. van den Hoofdakker, Peiter J. Hoekstra, Lianne, van der Veen-Mulders, Sjoerd Sytema, Paul M. G. Emmelkamp, Ruud B. Minderaa, *Paternal influences on treatment outcome of behavioral parent training in children with attention-deficit/hyperactivity disorder*, *European Child & Adolescent Psychiatry*, 2014.

#### ABSTRACT:

This study aims to explore the influence of paternal variables on outcome of behavioral parent training (BPT) in children with attention-deficit/hyperactivity disorder (ADHD). 83 referred, school-aged children with ADHD were randomly assigned to BPT plus ongoing routine clinical care (RCC) or RCC alone. Treatment outcome was based on parent-reported ADHD symptoms and behavioral problems. Moderator variables included paternal ADHD symptoms, depressive symptoms, and parenting self-efficacy. We conducted repeated measures analyses of variance (ANOVA) for all variables, and then analyzed the direction of interaction effects by repeated measures ANOVA in high and low scoring subgroups. Paternal ADHD symptoms and parenting self-efficacy played a moderating role in decreasing behavioral problems, but not in decreasing ADHD symptoms. Paternal depressive symptoms did not moderate either treatment outcome. BPT is most beneficial in reducing children's behavioral problems when their fathers have high levels of ADHD symptoms or high-parenting self-efficacy.

#### BILAG 9

Edmund J. S. Sonuga-Barke, David Daley & Margaret Thompson, *Does maternal ADHD reduce the effectiveness of parent training for preschool children's ADHD?*, *Journal of the American Academy of Child & Adolescent Psychiatry*, 2002.

ABSTRACT:

Assessed the impact of maternal attention-deficit/hyperactivity disorder (ADHD) symptoms on the effectiveness of a parent training (PT) program for preschool ADHD. 83 3-year-old children with ADHD and their mothers selected from two community cohorts living in Hampshire, England, completed an 8-week PT program. ADHD symptoms and a number of other parent and child factors, including adult ADHD symptoms, were measured prior to the start of treatment, immediately after treatment and at 15 weeks follow-up. Mothers were divided into three groups on the basis of their scores on the Adult AD/HD Rating Scale (high, medium, low). Children of mothers in the high-ADHD group displayed no improvement after PT, whereas the levels of ADHD symptoms of the children of mothers in either the medium or low ADHD groups reduced substantially. This association persisted after other child and maternal factors were controlled for in multiple regression analyses. High levels of maternal ADHD symptoms limit the improvement shown by children with ADHD after a program of PT. This effect was unrelated to other aspects of maternal mental health and child functioning. The treatment of parental ADHD may be a prerequisite for the success of psychosocial interventions for childhood ADHD.

BILAG 10

Dara E. Babinski, *Treating Parents with Attention-Deficit/Hyperactivity Disorder: The Effects of Behavioral Parent Training and Acute Stimulant Medication Treatment on Parent-Child Interactions*, Journal of Abnormal Child Psychology, 2014.

ABSTRACT:

This multiple baseline study evaluated the efficacy of behavioral parent training (BPT) for 12 parents (M age = 39,17 years; 91 % mothers) and their children (ages 6-12; 83 % boys) both with Attention-Deficit/Hyperactivity Disorder (ADHD), and also explored the acute effect of stimulant medication for parents before and after BPT. Parents rated their own and their children's symptoms and impairment and were stabilized on optimally dosed medication. Then, parents discontinued medication and were randomly assigned to a 3, 4, or 5 week baseline (BL), during which they provided twice-weekly ratings of their impairment, parenting, and their child's behavior. Following BL, parents and their children completed two laboratory tasks, once on their optimally dosed medication and once on a placebo to assess observable effects of medication on parent-child behavior, and they completed additional assessments of family functioning. Parents then completed eight BPT sessions, during which they were un-medicated. Twice-weekly ratings of parent and child behavior were collected during BPT and additional rat-

ings were collected upon completing BPT. Two more parent-child tasks with and without parent medication were conducted upon completion to assess the observable effects of BPT and BPT plus medication. The (83,33 %) parents completed the trial. Improvements in parent and child behavior were observed, and parents reported improved child behavior with BPT. Few benefits of BPT emerged through parent report of parent functioning, with the exception of inconsistent discipline, and no medication or interaction effects emerged. These results, although preliminary, suggest that some parents with ADHD benefit from BPT. While pharmacological treatment is the most common intervention for adults with ADHD, further examination of psychosocial treatments for adults is needed.

BILAG 11

Kevin R Ronan & Dianne G Lees, *Engagement and effectiveness of parent management training (incredible years) for solo high-risk mothers: A multiple baseline evaluation*, Behaviour Change, 2008.

ABSTRACT:

The effectiveness of The Incredible Years parent-training program with a small sample of four high risk solo mothers in a public clinic setting was assessed. All families had a number of risk factors for early drop-out and poor outcomes. Mindful of resource limitations in the public setting, economical strategies were used to enhance attendance rates and engagement. For the outcome evaluation, a multiple baseline across participants design was used. Participants attended a 2-hour group treatment session weekly for twenty weeks, with booster sessions at 2 months and 4 months following treatment. Participants had sons aged between 6 years and 9 years diagnosed with ADHD. Family functioning was assessed from a pretreatment interview schedule, measures of child behaviour and parent and family functioning. Participants also completed program satisfaction and program evaluation measures. Results showed: (a) all mothers engaged with and finished the program, (b) improvement in family functioning, (c) improvements in some teacher and parent reports of child behaviour, (d) increased parenting confidence, (e) reduced stress and depression levels for most parent participants, and (f) reports of better parent-child relationships. Additionally, participants all reported being highly satisfied with the program. Findings overall support the use of easy to do engagement strategies and the use of the Incredible Years parent-training program as an effective, low cost and early step intervention for families at higher risk in a day-to-day practice setting. The use of this intervention in an overall stepped care approach is considered and discussed.

BILAG 12

Lamprini Psychogiou, Dave Daley, Margaret J Thompson, Sonuga-Barke Edmund, *Testing the interactive effect of parent and child ADHD on parenting in mothers and fathers: A further test of the similarity-fit hypothesis*, British Journal of Developmental Psychology, 2007.

ABSTRACT:

Mother and child ADHD symptoms both have a negative effect on parenting. Little is known about how these characteristics interact. In a recent paper, we reported two studies that suggested that maternal ADHD ameliorated the negative effects of child ADHD on negative parenting supporting a similarity-fit hypothesis. The aim of the current paper is to extend this analysis to a sample of mothers and fathers. The study examined the association between child and adult ADHD symptoms on child-specific parenting practices in 278 mothers and 85 fathers from a population-based sample of school-age children. As in the previous study, high levels of ADHD symptoms in mothers ameliorated the negative effects of child ADHD on parenting--supporting the similarity-fit hypothesis. Fathers demonstrated the opposite effect with high levels of ADHD exacerbating the effects of child ADHD--supporting a similarity-misfit hypothesis. The study confirms the important role played by parental ADHD symptoms in parenting while highlighting differences between mothers and fathers in this regard

BILAG 13

Sharifah Shameem & Agha Stanley, *Are parental ADHD problems associated with a more severe clinical presentation and greater family adversity in children with ADHD ?*, European Child and Adolescent Psychiatry, 2013.

ABSTRACT:

Although Attention Deficit Hyperactivity Disorder (ADHD) is recognized to be a familial and heritable disorder, little is known about the broader family characteristics of having a parent with ADHD problems. The main aim of this study was to investigate the relationship between parent ADHD problems, child clinical presentation and family functioning in a sample of children with ADHD. The sample consisted of 570 children with ADHD. Child psychopathology was assessed using a semi-structured diagnostic interview. Questionnaires were used to assess ADHD in the parents (childhood and current symptoms), family environment and mother/father-child relationship. Parental ADHD problems were associated with a range of adverse clinical outcomes in children with no difference in effects for mothers with ADHD problems compared to fathers with ADHD problems. Levels of maternal hostility were higher in families where mothers had ADHD problems, but re-

duced where fathers had ADHD problems. Parental ADHD problems index higher risk for more severe clinical presentation of ADHD in children and higher levels of family conflict (where there are maternal but not paternal ADHD problems). This study highlights that children with more severe behavioral symptoms are more likely to have a parent with persistent ADHD which has important implications when considering treatment and intervention strategies.

BILAG 14

Margaret J. J. Thompson, Cathy Laver-Bradbury, Michelle Ayres, Emma Le Poidevin, Sarah Mead, Cathrine Dodds, Lamprini Psychogiou, Paraskevi Bitsakou, David Daley, Anne Weeks, Laurie Miller Brotman, Howard Abikoff, Penny Thompson, Edmund J. S. Sonuga-Barke, *A small-scale randomized controlled trial of the revised new forest parenting programme for preschoolers with attention deficit, hyperactivity disorder*, European Child and Adolescent Psychiatry, 2009.

ABSTRACT:

The revised new forest parenting programme (NFPP) is an 8-week psychological intervention designed to treat ADHD in preschool children by targeting, amongst other things, both underlying impairments in self-regulation and the quality of mother-child interactions. Forty-one children were randomized to either the revised NFPP or treatment as usual conditions. Outcomes were ADHD and ODD symptoms measured using questionnaires and direct observation, mothers' mental health and the quality of mother-child interactions. Effects of the revised NFPP on ADHD symptoms were large (effect size >1) and significant and effects persisted for 9 weeks post-intervention. Effects on ODD symptoms were less marked. There were no improvements in maternal mental health or parenting behavior during mother-child interaction although there was a drop in mothers' negative and an increase in their positive comments during a 5-min speech sample. The small-scale trial, although limited in power and generalizability, provides support for the efficacy of the revised NFPP. The findings need to be replicated in a larger more diverse sample.

BILAG 15

Carolyn Webster-Stratton, M. Jamila Reid, Theodore P. Beauchaine, *One-year follow-up of combined parent and child intervention for young children with ADHD*, Journal of Clinical Child and Adolescent Psychology, 2013.

ABSTRACT:

Efficacies of the Incredible Years (IY) interventions are well-established in children with oppositional defiant disorder (ODD) but not among

those with a primary diagnosis of attention-deficit/hyperactivity disorder (ADHD). We sought to evaluate 1-year follow-up outcomes among young children with ADHD who were treated with the IY interventions. Four- to 6-year-olds with ADHD ( $n = 49$ , 73% male) participated in 6 months of treatment using the IY parent and child interventions. Immediate posttreatment results indicated improvements in parenting, children's externalizing and attention problems, and social contact at school. At 1-year follow up, 22 of 27 variables that showed significant post-treatment effects demonstrated maintenance to 1-year follow up. Children with higher ODD symptoms at baseline showed more improvement in oppositionality and total behavior problems, and their mothers showed more improvement on harsh discipline scores. Approximately 70 to 75% of children were reported by their parents and teachers to fall below clinical cutoffs on measures of externalizing symptoms at the 1-year follow up (compared to 50% at baseline), and more than 50% fell below clinical cutoffs on measures of hyperactivity and inattentiveness (all were in the clinical range at baseline). Children with ADHD who were treated with the IY parent and child treatment programs showed maintenance of treatment effects 1 year after treatment.

BILAG 16

Monica Östberg, Ann-Margret Rydell, *An efficacy study of a combined parent and teacher management training programme for children with ADHD*, Nordic journal of psychiatry, 2012.

ABSTRACT:

Background: Several parent training programmes and behavioural teacher training programmes built on learning theory have been developed for problem prevention and treatment of attention-deficit/hyperactivity disorder (ADHD) and/or oppositional defiant disorder (ODD) during the last few decades. Group format has often been used for parent training but single-subject designs are more common in teacher training. More studies have focussed on pre-school children than on older children, and a minority have been conducted in public mental health settings.

Aim: This study aimed to evaluate a combined parent and teacher manual-based group training programme for children with ADHD conducted by the staff at a child and adolescent psychiatric clinic in Sweden.

Method: The intervention was a modified version of Barkley's programme. Children were randomized to an Intervention or a Control group. Sixty-one parents and 68 teachers answered questions about ADHD and ODD symptoms, and about behavioural problems when the study started and at a 3-month follow-up.

Results: Results showed that the intervention resulted in a reduction of the number of children who met DSM-IV criteria for ADHD

and/or ODD. Effects were more pronounced in the home setting than in the school setting, and were further accentuated when both parents and teachers of the same child took part in the intervention. Teachers with more problematic classroom situations benefited most from the intervention.

Conclusion: The programme, "Strategies in Everyday Life", has, in a regular clinical setting, demonstrated promising effects on children's disruptive behaviour, and a clinical implication was to recommend involving both parents and teachers in the programme.

#### BILAG 17

K. Jones, D. Daley, J. Hutchings, T. Bywater, C. Earnes, *Efficacy of the Incredible Years Basic parent training programme as an early intervention for children with conduct problems and ADHD*, School of Psychology, University of Wales, 2007.

#### ABSTRACT:

Background: The efficacy of the Incredible Years (IY) Basic parent training (PT) programme for a community-based sample of families with pre-school children at risk of developing both conduct problems and attention deficit hyperactivity disorder (ADHD) was examined.

Methods: Pre-school children displaying signs of both early-onset conduct problems and ADHD were randomly allocated to either IY PT intervention, or to a waiting list (WL) control group. Child symptoms were assessed before and after the intervention.

Results: Post intervention, the intervention group was associated with significantly lower levels of parent-reported inattention and hyperactive/impulsive difficulties, even after controlling for post-intervention changes in child deviance. In addition, 52 % of those in the intervention condition, compared with 21 % in the control condition, displayed clinically reliable improvements post intervention, giving an absolute risk reduction of 31 % and a number needed to treat of 3.23.

Conclusions: Findings from this study indicate that the IY PT programme is a valuable intervention for many pre-school children displaying early signs of ADHD.

#### BILAG 18

Howard B. Abikoff, Margaret Thompson, Cathy Laver-Bradbury, Nicholas Long, Rex L. Forehand, Laurie Miller Bortman, Rachel G. Klein, Philip Reiss, Lan Huo, Edmund Sonuga-Barke, *Parent training for preschool ADHD: A randomized controlled trial of specialized and generic programs*, Journal of Child Psychology and Psychiatry, 2015

ABSTRACT:

Background: The 'New Forest Parenting Package' (NFPP), an 8-week home-based intervention for parents of preschoolers with attention-deficit/hyperactivity disorder (ADHD), fosters constructive parenting to target ADHD-related dysfunctions in attention and impulse control. Although NFPP has improved parent and laboratory measures of ADHD in community samples of children with ADHD-like problems, its efficacy in a clinical sample, and relative to an active treatment comparator, is unknown. The aims are to evaluate the short- and long-term efficacy and generalization effects of NFPP compared to an established clinic-based parenting intervention for treating noncompliant behavior ['Helping the Noncompliant Child' (HNC)] in young children with ADHD. METHODS: A randomized controlled trial with three parallel arms was the design for this study. A total of 164 3-4-year-olds, 73.8% male, meeting DSM-IV ADHD diagnostic criteria were randomized to NFPP (N = 67), HNC (N = 63), or wait-list control (WL, N = 34). All participants were assessed at post-treatment. NFPP and HNC participants were assessed at follow-up in the next school year. Primary outcomes were ADHD ratings by teachers blind to and uninvolved in treatment, and by parents. Secondary ADHD outcomes included clinician assessments, and laboratory measures of on-task behavior and delay of gratification. Other outcomes included parent and teacher ratings of oppositional behavior, and parenting measures. (Trial name: Home-Based Parent Training in ADHD Preschoolers; Registry: ClinicalTrials.gov Identifier: NCT01320098; URL: <http://www.clinicaltrials.gov/ct2/show/NCT01320098>). RESULTS: In both treatment groups, children's ADHD and ODD behaviors, as well as aspects of parenting, were rated improved by parents at the end of treatment compared to controls. Most of these gains in the children's behavior and in some parenting practices were sustained at follow-up. However, these parent-reported improvements were not corroborated by teacher ratings or objective observations. NFPP was not significantly better, and on a few outcomes significantly less effective, than HNC. CONCLUSIONS: The results do not support the claim that NFPP addresses putative dysfunctions underlying ADHD, bringing about generalized change in ADHD, and its underpinning self-regulatory processes. The findings support documented difficulties in achieving generalization across nontargeted settings, and the importance of using blinded measures to provide meaningful assessments of treatment effects.

BILAG 19

Gregory A. Fabiano, Charles E. Cunningham, Jihnhee Yu, Brian Gangloff, Melina Buck, Stuart Linke, Matthew Gormly, Shradha Gera, *A waitlist-controlled trial of behavioral parent training for fathers of children with*

*ADHD*, Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, 2012.

ABSTRACT:

Fathers, in general, have been underrepresented in studies of parent training outcome for children with attention deficit hyperactivity disorder (ADHD), and the present study aimed to investigate the efficacy of a behavioral parent training program developed expressly for fathers. The present investigation randomly assigned 55 fathers of children ages 6 to 12 with ADHD to the Coaching Our Acting-out Children: Heightening Essential Skills (COACHES) program or a waitlist control group. Outcomes for the study included objective observations of parent behaviors and parent ratings of child behavior. Results indicated that fathers in the COACHES group reduced their rates of negative talk and increased rates of praise as measured in parent-child observations, and father ratings of the intensity of problem behaviors were reduced, relative to the waitlist condition. Groups did not differ on observations of use of commands or father ratings of child behavior problems. Untreated mothers did not significantly improve on observational measures or behavioral ratings. This study provides preliminary evidence for the efficacy of the COACHES parenting program for fathers of children with ADHD. Results are cast in light of the larger literature on behavioral parent training for ADHD as well as how to best work with fathers of children with ADHD in treatment contexts.

BILAG 20

Christiane Præstgaard Christensen, Christoffer Scavenius, *Et felteksperiment med kærlighed i kaos*, SFI – Det Nationale Forskningscenter for Velfærd, 2015.

ABSTRACT:

Som et nyt tilbud til danske forældre med børn med ADHD og ADHD-lignende vanskeligheder har ADHDforeningen udviklet forældretræningsprogrammet Kærlighed i Kaos, hvor frivillige hjælper forældre til børn med ADHD, der står med et særligt vanskeligt opdragelsesarbejde. Denne rapport har til formål at undersøge effekten af forældreprogrammet for disse forældre og deres børn. I alt 322 forældre og 161 børn har været med i undersøgelsen, der er den hidtil største effektmåling af forældretræning i Danmark. Undersøgelsen viser, at forældrene, der har deltaget i programmet, oplever, at de forbedrer deres forældrekompetencer. De bliver mere tilfredse med deres rolle som forældre, og de får større tiltro til deres egne evner som forældre. Det betyder også, at de ændrer i deres måde at opdrage på. Forældrenes øgede selvværd i rollen som for-

ældre har flere afsmittende effekter. For eksempel opstår der færre konflikter, når forældrene stiller krav til børnene. Resultaterne i denne rapport har interesse for fagpersoner, behandlere, undervisere, beslutningstagere, frivillige organisationer, foreninger og de mange nuværende og kommende familier, som dagligt kæmper med adfærdsvanskeligheder – såsom ADHD. Effektmålingen er finansieret af TrygFonden.

#### BILAG 21

Gunnar Bjørnebekk, John Kjøbli, Terje Ogden, *Children With Conduct Problems and Co-occurring ADHD: Behavioral Improvements Following Parent Management Training*, Child & family behavior therapy, 2015

#### ABSTRACT:

To scale up evidence-based treatment of conduct problems, parent management training, Oregon model (PMTO) has been disseminated throughout Norway. This study examined whether Attention Deficit Hyperactivity Disorder (ADHD) predicted the outcomes of PMTO. Of 253 children and families, 97 were reported to have an ADHD diagnosis. Although different at intake, the groups with and without ADHD had close to an equal change in behavioral status following treatment. Maternal depression and family income predicted the combined group's behavior following PMTO. The study indicates that reductions in conduct problems following PMTO are of the same magnitude in children with or without ADHD. However, some characteristics may differentially predict outcomes for children with combined problems.

#### BILAG 22

Amori Yee Mikami, Matthew D. Lerner, Marissa Swaim Griggs, Alison McGrath, Casey D. Calhoun, *Parental influence on children with attention-deficit/hyperactivity disorder: Ii. results of a pilot intervention training parents as friendship coaches for children*, Journal of Abnormal Child Psychology, 2010.

#### ABSTRACT:

We report findings from a pilot intervention that trained parents to be "friendship coaches" for their children with Attention-Deficit/Hyperactivity Disorder (ADHD). Parents of 62 children with ADHD (ages 6-10; 68% male) were randomly assigned to receive the parental friendship coaching (PFC) intervention, or to be in a no-treatment control group. Families of 62 children without ADHD were included as normative comparisons. PFC was administered in eight, 90-minute sessions to parents; there was no child treatment component. Parents were taught to arrange a social context in which their children were optimally likely to develop good peer relationships. Receipt of PFC predicted improvements in children's social skills and friendship quality

on playdates as reported by parents, and peer acceptance and rejection as reported by teachers unaware of treatment status. PFC also predicted increases in observed parental facilitation and corrective feedback, and reductions in criticism during the child's peer interaction, which mediated the improvements in children's peer relationships. However, no effects for PFC were found on the number of playdates hosted or on teacher report of child social skills. Findings lend initial support to a treatment model that targets parental behaviors to address children's peer problems.

BILAG 23

Barb Blakemore, Simone Shindler, Richard Conte, *A problem solving training program for parents of children with attention deficit hyperactivity disorder*, Canadian Journal of School Psychology, 1993.

ABSTRACT:

Presents a behavior management approach designed to enhance the active involvement of children with attention deficit hyperactivity disorder (ADHD) in managing their own behavior. Emphasis is placed on parents presenting behavior management situations as those where their child must make a choice between compliance and noncompliance. Parents are also given instruction in acknowledging feelings, the use of process questions, anger management, and communication skills. The intervention is delivered in an individual therapy program in which pairs of parents meet with the therapists and a group program in which 8–20 parent pairs meet with 2 therapists. The program reduces parental stress, improves the parents' perception of the child, and improves parental problem solving skills in behavior management situations. The program's effects appear to be stronger for individual than for group therapy.

BILAG 24

Daphne J. van Steijn, Aniek M. Oerlemans, Saskia W. de Rooter, Marcel A. G. van Aken, Jan K. Buitelaar, Nanda N. J. Rommelse, *Are parental autism spectrum disorder and/or attention-deficit/Hyperactivity disorder symptoms related to parenting styles in families with ASD (+ADHD) affected children?*, European Child Adolescent Psychiatry, 2013.

ABSTRACT:

An understudied and sensitive topic nowadays is that even subthreshold symptoms of autism spectrum disorder (ASD) and attention-deficit/Hyperactivity disorder (ADHD) in parents may relate to their parenting styles. The aim of this study was to explore the influence of (the combined) effect of child diagnosis (ASD or ASD + ADHD affected/unaffected children) and parental ASD and/or ADHD on parenting

styles. Ninety-six families were recruited with one child with a clinical ASD (+ADHD) diagnosis, and one unaffected sibling. Parental ASD and ADHD symptoms were assessed using self-report. The Parenting Styles Dimensions Questionnaire (PSDQ) self- and spouse-report were used to measure the authoritative, authoritarian, and permissive parenting styles. Fathers and mothers scored significantly higher than the norm data of the PSDQ on the permissive style regarding affected children, and lower on the authoritative and authoritarian parenting style for affected and unaffected children. Self- and spouse-report correlated modestly too strongly. Higher levels of paternal (not maternal) ADHD symptoms were sub-optimally related to the three parenting styles. Further, two parent-child pathology interaction effects were found, indicating that fathers with high ADHD symptoms and mothers with high ADHD symptoms reported to use a more permissive parenting style only towards their unaffected child. The results highlight the negative effects of paternal ADHD symptoms on parenting styles within families with ASD (+ADHD) affected offspring and the higher permissiveness towards unaffected offspring specifically when paternal ADHD and/or maternal ASD symptoms are high. Parenting training in these families may be beneficial for the well-being of all family members

BILAG 25

Jennifer Lee Shlaes, *Effects of parental social support, unsupportive spouse behavior and marital satisfaction on parenting behaviors*, Dissertation Abstracts International, 2002.

ABSTRACT:

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common psychiatric disorders of childhood. The disorder is characterized by inappropriate levels of inattention, distractibility, impulsivity, and overactivity. Behavioral parent training has been found to be effective for teaching parents of children with ADHD to better manage their children's behavior. To best intervene with parents and improve their parenting techniques, it is important to understand factors that impact parent behavior. Thus, two models of parenting are discussed. The purpose of the present study was to better understand the relationships between parental social context and parenting behaviors in families with an ADHD diagnosed child. The ultimate goal of the study was to better inform behavioral parent training groups that target families of ADHD children. The social context variables explored by this study were marriage satisfaction, unsupportive spouse behavior, and social support. The parenting behaviors examined were parents' problem-solving, positive reinforcement, involvement and punitive discipline. The present study used both questionnaires and a triadic interaction between the two par-

ents and their ADHD child to measure parenting and spouse behaviors. The results indicated that parents' problem-solving was predicted by an interactive relationship between paternal social support and paternal unsupportive spouse behavior, as well as between paternal marital satisfaction and paternal unsupportive spouse behavior. The results also indicated that mothers' use of positive parenting was predicted by an interactive relationship between maternal marital satisfaction and maternal social support, as well as between maternal marital satisfaction and maternal unsupportive spouse behavior. Conclusions based up these results include: (a) mother and father social context and parenting variables are interrelated; (b) social context variables have a different relationship with the parenting behaviors of mothers and fathers; (c) the marital relationship has an important relationship with parenting behaviors; and (d) an interaction between social support and the marital relationship predicts parenting behaviors. The present study contributed to the literature on parenting by (a) using a multivariate method of analysis to examine the interactive relationships between social context variables; (b) including both fathers and mothers as participants; and (c) including a triadic behavior observation as a measure of parenting behavior.

BILAG 26

Barbara J. van den Hoofdakker, Maaïke H. Nauta, Lianne van der Veen-Mulders, Sjoerd Sytema, Paul M. G. Emmelkamp, Rudd B. Minderaa, Pieter J. Hoekstra *Behavioral parent training as an adjunct to routine care in children with attention-deficit/hyperactivity disorder: moderators of treatment response*. Journal of pediatric psychology, 2010.

ABSTRACT:

**OBJECTIVE:** To investigate predictors and moderators of outcome of behavioral parent training (BPT) as adjunct to ongoing routine clinical care (RCC), versus RCC alone. **METHODS:** We randomly assigned 94 referred children (4-12 years) with attention-deficit/hyperactivity disorder (ADHD) to BPT plus RCC or RCC alone. Outcome was based on parent-reported behavioral problems and ADHD symptoms. Predictor/moderator variables included children's IQ, age, and comorbidity profile, and maternal ADHD, depression, and parenting self-efficacy. **RESULTS:** Superior BPT treatment effects on behavioral problems and ADHD symptoms were present in children with no or single-type comorbidity-anxiety/depression or oppositional defiant disorder (ODD)/conduct disorder (CD)-and when mothers had high parenting self-efficacy, but absent in children with broad comorbidity (anxiety/depression and ODD/CD) and when mothers had low parenting self-efficacy. In older children ADHD symptoms tended to decrease more through BPT than in younger children. **CONCLUSIONS:** Adjunc-

tive BPT is most useful when mothers have high parenting self-efficacy and in children with no or single-type comorbidity.

BILAG 27

Maite Ferrin, J. M. Moreno-Granados, M. D. Salcedo-Marin, M. Ruiz Veguilla, V. Periz-Ayala, E. Taylor, *Evaluation of a psychoeducation programme for parents of children and adolescents with ADHD: immediate and long-term effects using a blind randomized controlled trial*, European child & adolescent psychiatry, 2014.

ABSTRACT:

Recent guidelines for the diagnosis and treatment of attention deficit hyperactivity disorder (ADHD) have claimed the possible benefits of psychoeducational techniques in the comprehensive management of ADHD. To evaluate the efficacy of a psychoeducation programme for parents of children and adolescents with ADHD in a clinical setting using a blind randomized trial. 81 children/adolescents with ADHD were randomly assigned for their families to receive either a well-structured psychoeducation programme (intervention group,  $n = 44$ ), or a parent counselling and support intervention (control group,  $n = 37$ ). Measures of child ADHD symptoms, psychopathology, quality of life and family stress were taken before and after intervention and after a year follow-up. Parents and evaluators were unaware of the condition received. Compared to the support control group, the psychoeducation group showed ADHD Index and cognitive/inattention levels significantly reduced after the intervention ended (Mann-Whitney  $U = 3.34$ ;  $p = 0.001$ ; Mann-Whitney  $U = 3.47$ ;  $p = 0.001$ ). An improvement in the pro-social domain was also observed after 1 year follow-up (Mann-Whitney  $U = -2.37$ ;  $p = 0.018$ ), and clinical global impression found a statistically significant effect for severity over the time. Differences were initially found for the impact of the disorder in the family in different domains, including emotional and social functioning; these differences were no longer significant after alpha correction. No significant differences in quality of life or family stress were found in comparison with the control group. This psychoeducation programme is a valuable treatment for parents/carers of children/adolescents with ADHD, which needs to be considered when evaluating different non-pharmacological treatment options. Psychoeducation and other kind of non-pharmacological approaches need to be regarded not as a substitute, but as a complementary treatment to medications; these approaches might help other very crucial aspects of ADHD including social and familiar outcomes.

BILAG 28

Renee R. Hartman, Scott A. Stage, Carolyn Webster-Stratton A growth curve analysis of parent training outcomes: *Examining the influence of child risk factors (inattention, impulsivity, and hyperactivity problems), parental and family risk factors*, Journal of Child Psychology and Psychiatry and Allied Disciplines, 2003.

ABSTRACT:

**BACKGROUND:** Parent training is one of the most effective treatments for young children with conduct problems. However, not every family benefits from this approach and approximately one-third of children remain in the clinical range at follow-up assessments. Little is known about factors affecting treatment outcome for young children.

**METHOD:** Hierarchical linear modeling methods were used to examine the effects of child attentional risk factors (inattention, impulsivity and hyperactivity problems), parental and familial risk factors upon the efficacy of a parent training program to decrease boys' conduct problems. Mothers of 81 boys, four to seven years of age, exhibiting conduct problems attended a parent training program (The Incredible Years) which lasted 22 to 24 weeks. Treatment effectiveness was assessed at one month and one year post treatment by means of independent home observations, parent and teacher reports.

**RESULTS:** Results indicated significant decreases in observations of mothers' negative parenting interactions with their children and decreases in their conduct problems according to mother reports and independent observations at home. Boys with elevated ratings of attentional problems in addition to conduct problems showed similar benefits from the parent training program as the boys who did not have attentional problems.

**CONCLUSION:** This study suggests that parent training is equally effective for boys with both conduct problems and attentional problems as it is for boys with conduct problems without these attentional problems. In fact, boys rated in the Borderline or Clinical range for attentional problems evidenced a greater decrease in externalizing behavior problems as rated by their mothers. Surprisingly, the predictor variables of depression, stress, and socioeconomic status were not significant contributors at either initial status or growth over time whether outcomes were measured by child conduct problems or parenting interactions.

BILAG 29

Geoff Lindsay, Steve Strand, Mairi Ann Cullen, Stephen Cullen, Sue Band, Hilton Davis, Gavan Conlon, Jane Barlow, Ray Evans, *Parenting Early Intervention Programme Evaluation*, Department of Education (UK), 2011.

ABSTRACT:

Behavior problems during early and middle childhood are associated with antisocial behavior during adolescence and increase the risk of negative outcomes in adulthood. Successful parenting is a key element in preventing children developing behavioral difficulties. However, parents differ in the internal and external resources on which they can draw. Internal resources include their own mental well-being and resilience. External resources include poverty, social disadvantage and the absence of a support network. The recent Allen Report (2011) stressed the need to use effective methods of early interventions, including parenting programmes. There is now strong evidence from rigorous efficacy trials that parenting programmes can improve parenting skills and, as a result, reduce children's behavioral difficulties. Evidence is also necessary to show their effectiveness when programmes are implemented on a large scale, in community settings. This report presents the evidence for the effectiveness of the national roll out of parenting programmes in England. The Parenting Early Intervention Programme (PEIP, 2008-11) provided government funding to all 150 local authorities (LAs) in England to deliver selected parenting programmes that already had evidence of their efficacy in improving parent outcomes and associated reductions in children's behavioral difficulties. This report examines the effectiveness in everyday use in community setting across England of five parenting programmes initially selected by the government for use in the PEIP; these were Families and Schools Together (FAST), Positive Parenting Program (Triple P), Strengthening Families Programme 10-14 (SFP 10-14), Strengthening Families, Strengthening Communities (SFSC), and The Incredible Years.

BILAG 30

Jeffrey S. Danforth, Elizabeth Harvey, Wendy R. Ulaszek, Tara Eberhardt McKee, *The outcome of group parent training for families of children with attention-deficit hyperactivity disorder and defiant/aggressive behavior*, Journal of Behavior Therapy and Experimental Psychiatry, 2006.

ABSTRACT:

The effects of group parent training on parent behavior, and on the behavior of 45 children with attention-deficit hyperactivity disorder and defiant aggressive behavior, were evaluated with a pre-post design. Parent training included didactics on the features and etiology of ADHD and its relationship to defiant/aggressive behavior, as well as parenting skills that adhered to parameters established in the Behavior Management Flow Chart (BMFC). The logic that guided the construction of the program and the unique aspects in the form and content of the parent training are identified. Outcome data show that training reduced chil-

drens' hyperactive, defiant, and aggressive behavior, improved parenting behavior, and reduced parent stress. These data are comparable to previous outcome research evaluating the efficacy of parent training with the BMFC. The advantages of programs that are efficacious in group settings are discussed.

#### BILAG 31

Sturla Fossum, Bjørn Helge Handegård, May Britt Drugil, Willy-Tore Mørch, *Utviklingen i barns utagerende atferd og mødres oppdragelsespraksis etter foreldretrening*, Tidsskrift for Norsk Psykologiforening, 2010.

#### ABSTRACT:

”The Incredible Years” is a parent training program that has been implemented across Norway. Although the program shows positive results, not all children benefit equally well from this program. Hierarchical linear modelling (HLM) was used to examine the effects of an ADHD diagnosis, early co morbid internalizing and externalizing problems, and maternal stress following the development of conduct problems and harsh parenting. Mothers of 97 four-to-eight year old children with conduct problems participated in this study. Findings indicated that children with ADHD, co-morbid internalizing- and externalizing problems, and maternal elevated levels of stress were perceived as more aggressive at the pre-treatment phase. Neither of the predictors indicated a varying development from the pre-treatment phase until follow up one year after the study, in child conduct or in maternal harsh parenting when comparing these children to their counterparts. Viewed against these findings, “The Incredible Years” seems a treatment program suited to the treatment of conduct problems also in cases when additional risk factors are present.

#### BILAG 32

Andrea Chronis-Tuscano, Erin Lewis-Morrarty, Kelsey E. Woods, Kelly A. O'Brien, Heather Mazursky-Horowitz, Sharon R. Thomas , *Parent-Child Interaction Therapy With Emotion Coaching for Preschoolers With Attention-Deficit/Hyperactivity Disorder*, Cognitive and Behavioral Practice, 2014.

#### ABSTRACT:

Preschoolers with attention-deficit/hyperactivity disorder (ADHD) are at increased risk for the development of comorbid conduct disorder (CD) and depression. Early predictors of serious adverse outcomes within this population include parenting characterized by high levels of negativity and low levels of positivity, maternal depression, and child emotion regulation (ER) difficulties. Parent-child interaction therapy (PCIT) is an evidence-based treatment for oppositional defiant disorder and CD that has also been shown to improve comorbid child internalizing symptoms and

maternal depression by enhancing parenting and improving the parent-child relationship. PCIT-emotion development (PCIT-ED) is an adaptation for depressed preschoolers, grounded in developmental literature, which teaches parents to become “emotion coaches” for their children, in an effort to build child ER skills. In this paper, we describe the iterative process by which we implemented and adapted PCIT-ED based on our experiences treating nine children with ADHD. We present three case examples that exemplify our process in adapting the PCIT-ED manual. This work suggests that PCIT with parent emotion coaching (PCIT-ECo) may be a promising treatment approach for young children with ADHD. Future research will need to examine this adaptation relative to standard PCIT to determine whether our integration of parent emotion coaching results in added improvement in child ER, internalizing and externalizing problems, and functional impairment.

BILAG 33

Gregory A. Fabiano, Anil Chacko, William E. Pelham Jr., Jessica Robb, Kathryn S. Walker, Frances Wymbs, Amber L. Sastry, Lizette Flammer, Jenna K. Keenan, Hema Visweswaraiyah, Simon Shulman, Laura Herbst, Lauma Pirvics, *A Comparison of Behavioral Parent Training Programs for Fathers of Children With Attention-Deficit/Hyperactivity Disorder*, Behavior Therapy, 2009.

ABSTRACT:

Few behavioral parent training (BPT) treatment studies for attention-deficit/hyperactivity disorder (ADHD) have included and measured outcomes with fathers. In this study, fathers were randomly assigned to attend a standard BPT program or the Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES) program. The COACHES program included BPT plus sports skills training for the children and parent-child interactions in the context of a soccer game. Groups did not differ at baseline, and father ratings of treatment outcome indicated improvement at posttreatment for both groups on measures of child behavior. There was no significant difference between groups on ADHD-related measures of child outcome. However, at posttreatment, fathers who participated in the COACHES program rated children as more improved, and they were significantly more engaged in the treatment process (e.g., greater attendance and arrival on time at sessions, more homework completion, greater consumer satisfaction). The implications for these findings and father-related treatment efforts are discussed.

BILAG 34

Christopher Hautmann, Petra Stein, Ilka Eichelberger, Charlotte Hanisch, Julia Plück, Daniel Walter, Manfred Döpfner, *The severely impaired do profit*

*most: Differential effectiveness of a parent management training for children with externalizing behavior problems in a natural setting*, Journal of Child and Family Studies, 2011.

ABSTRACT:

We investigated the differential effectiveness of a parent management training program for children with externalizing problem behavior. The parent management training was tested using a within-subject control group design. 270 families with children aged 3-10 years were included and assessments were made at 3 months before treatment, immediately before treatment, immediately after treatment, and at 12 months follow-up. We analyzed data using growth mixture modeling. For attention problems, we obtained a two-subgroup solution. One subgroup started with high initial values indicating more severe impairment, and the other subgroup had low initial values. The more impaired group showed stronger treatment effects. For disruptive behavior problems, our analyses revealed a three-subgroup solution. Two subgroups exhibited high initial levels of disruptive behavior problems and the third subgroup had low initial levels. One of the more impaired groups exhibited a strong decrease in problem behavior during treatment, while the other two groups only showed moderate decreases. For attention problems and disruptive behavior problems, some of the most impaired children gained the most from parent training.

BILAG 35

Saskia van der Oord, Susan M. Bögels, Dorreke Peijnenburg, *The Effectiveness of Mindfulness Training for Children with ADHD and Mindful Parenting for their Parents*, Journal of Child and Family Studies, 2012.

ABSTRACT:

This study evaluated the effectiveness of an 8-week mindfulness training for children aged 8-12 with ADHD and parallel mindful parenting training for their parents. Parents (N = 22) completed questionnaires on their child's ADHD and ODD symptoms, their own ADHD symptoms, parenting stress, parental overreactivity, permissiveness and mindful awareness before, immediately after the 8-week training and at 8-week follow-up. Teachers reported on ADHD and ODD behavior of the child. A within-group waitlist was used to control for the effects of time and repeated measurement. Training was delivered in group format. There were no significant changes between wait-list and pre-test, except on the increase of teacher-rated ODD behavior. There was a significant reduction of parent-rated ADHD behavior of themselves and their child from pre-to posttest and from pre- to follow-up test. Further, there was a significant increase of mindful awareness from pre-to posttest and a signifi-

cant reduction of parental stress and over-reactivity from pre-to follow-up test. Teacher-ratings showed non-significant effects. Our study shows preliminary evidence for the effectiveness of mindfulness for children with ADHD and their parents, as rated by parents. However, in the absence of substantial effects on teacher-ratings, we cannot ascertain effects are due to specific treatment procedures.

BILAG 36

Harvey A. Weinberg, *Parent Training for ADHD: Parental and Child Outcome*, Journal of Clinical Psychology, 1999.

ABSTRACT:

Thirty-four patients who had children with Attention-Deficit Hyperactivity Disorder (ADHD) participated in a group parent training program (PT) that taught them about ADHD and behavior management. All parents completed pre- and postparticipation questionnaires measuring parental knowledge of ADHD and behavior management, parental stress in managing their youngsters, and the severity of their child's problem behaviors. Main effects were found indicating an increase in parental knowledge and a modest decrease in parental stress. However, behavioral improvement of their youngsters was not found at the completion of the program. This finding was discussed in the context of a possible ceiling effect from the medications that the youngsters were using to treat their ADHD.

BILAG 37

Richard E. A. Loren, Aaron J. Vaughn, Joshua M. Langberg, Jessica E. M. Cyran, Tara Proano-Raps, Beverly H. Smolyansky, Leanne Tamm, Jeffery N. Epstein, *Effects of 8-Session Behavioral Parent Training Group for Parents of Children With ADHD on Child Impairment and Parenting Confidence*, Journal of Attention Disorders, 2015.

ABSTRACT:

Objective: This study examined the feasibility and effectiveness of a behavioral parent training (BPT) group intervention implemented in an outpatient mental health setting in reducing child impairments and increasing parenting confidence in managing child behavior. Method: Parents of 241 children with ADHD participated in the eight-session parent group program, completing the Impairment Rating Scale (IRS) and a measure of parenting confidence at the first and last session. Results: Parents reported improvements in child behavior across all domains of the IRS, with the largest improvements in terms of overall impairment, parent-child relationship, and impact of child behavior on the family. Parents also reported increased confidence in managing their child's be-

havior. Conclusion: These findings suggest that brief BPT group programs administered to a diverse range of attendees in a typical outpatient setting result in improvements in functional impairments comparable with those produced in controlled studies, as well as improved parenting confidence.

BILAG 38

Margaret H. Sibley, J. Megan Ross, Elizabeth M. Gnagy, Laura J. Dixon, Bradfield Conn, William E. Pelham Jr., *An Intensive Summer Treatment Program for ADHD Reduces Parent-Adolescent Conflict*, Journal of Psychopathology and Behavioral Assessment, 2012.

ABSTRACT:

There are currently almost no treatment efforts to reduce parent-adolescent conflict in adolescents with ADHD. As such, this study investigated the effect of an intensive Summer Treatment Program for Adolescents with ADHD (STP-A) on parent-adolescent conflict. Twenty adolescents and their parents completed the 8 week behavioral treatment program, which included 320 hours of adolescent-directed treatment, 15 hours of parent behavior management training, and daily feedback from staff on parent implementation of a home-based behavioral contract. Results indicated that 70–85 % of adolescents who attended the STP-A demonstrated reliable improvement in parent-adolescent conflict from baseline to post-treatment. Treatment response was associated with higher levels of conflict at baseline, but not adolescent ODD severity or parent ADHD severity. Several patterns of treatment non-response were detected through visual examination of weekly conflict scores during the STP-A. Discussion suggests that intensive, parent-involved treatment programs may be necessary to improve home-conflict in adolescents with ADHD.

BILAG 39

David B. Stein, *A medication-free parent management program for children diagnosed as ADHD*, Ethical Human Sciences & Services, 1999.

ABSTRACT:

This study involves a major redesigning of parenting techniques into a medication-free approach for children with attention deficit hyperactivity disorder (ADHD) called the Caregivers Skills Program (CSP), which trains parents in the consequent contingency management skills. Thirty-seven children aged 5–11, all meeting Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for ADHD, participated. Those receiving stimulant medication had it discontinued prior to the study. All Ss went through a single case study of baseline (each lasting 4

weeks), cognitive focus therapy, parent home-based management, and a follow-up assessment at 1 year. After the parents were trained and began implementing the CSP, 11 out of 12 targeted behaviors improved dramatically or disappeared; only aggressive behavior did not. For 81% of the children, gains generalized to school where attention, conduct and grades improved. The remaining 19% children were placed on a Daily Report Card program to facilitate feedback to the parents who carried out contingencies at home. Within 4 weeks, these children had passing grades in all subjects and improved attention and conduct above the criterion level. A 1-year follow-up assessment indicated that all gains remained stable. After the intervention or at follow-up, no child still met DSM-IV criteria for ADHD.

BILAG 40

Matthew D. Lerner, Amori Yee Mikami, Bryce D. McLeod, *The Alliance in a Friendship Coaching Intervention for Parents of Children With ADHD*, Behavior Therapy, 2011.

ABSTRACT:

The alliance between parent and therapist was observed in a group-based parent-training intervention to improve social competency among children with attention-deficit/hyperactivity disorder (ADHD). The intervention, called Parental Friendship Coaching (PFC), was delivered to 32 parents in small groups as part of a randomized clinical trial. PFC was delivered in eight, 90-minute sessions to parents; there was no child treatment component. Observed parent-therapist alliance recorded among 27 of the parents was measured using the Therapy Process Observational Coding System--Alliance scale (TPOCS-A; McLeod, 2005). Early alliance and change in alliance over time predicted improvements in several parenting behaviors and child outcomes, including peer sociometrics in a lab-based playgroup. These preliminary findings lend support to the importance of examining the parent-therapist alliance in parent-training groups for youth social and behavioral problems.

BILAG 41

Christopher Hautmann, Petra Stein, Charlotte Hanisch, Ilka Eichelberger, Julia Plück, Daniel Walter, Manfred Döpfner, *Does Parent Management Training for Children with Externalizing Problem Behavior in Routine Care Result in Clinically Significant Changes?*, Psychotherapy Research, 2009.

ABSTRACT:

The clinical significance of a parent management training that is part of the Prevention Program for Externalizing Problem Behavior (PEP) was assessed in an effectiveness trial. Parent management training was of-

ferred under routine care conditions in a setting where a high proportion of children were expected to show clinically relevant symptoms of externalizing problem behavior. At the beginning of the study, 32.6% to 60.7% of children were classified as clinical cases (dysfunctional) on three outcome measures of child behavior problems. Three months after treatment, 24.8% to 60.4% of children were judged to be recovered. Parent management training can result in clinically significant changes in children with externalizing behavior problems.

BILAG 42

Schneider, Alyson C. Gerdes, Lauren M. Haack, Katie E. Lawton, *Predicting Treatment Dropout in Parent Training Interventions for Families of School-Aged Children With ADHD*, Child & Family Behavior Therapy, 2013.

ABSTRACT:

Premature treatment dropout is a problem for many families seeking mental health services for their children. Research is currently limited in identifying factors that increase the likelihood of dropout in families of school-aged children with Attention-Deficit/Hyperactivity Disorder (ADHD). Thus, the goal of the current study was to examine different child, parental, and family factors that predict dropout for families of children with ADHD at the initial assessment and during treatment. Participants included 73 families who sought treatment services at a university-based ADHD clinic. Variables found to be related to assessment or treatment dropout included ethnicity, ADHD medication status, severity of behavioral problems, and single parent families. In addition, single parent families strongly predicted assessment and treatment dropout. This provides support for identifying child and parental factors early in the evaluation process in order to modify interventions to reduce the risk of families discontinuing treatment before obtaining the benefits of a behavioral intervention.

BILAG 43

Craig Springer, Linda A. Reddy, *Measuring parental treatment adherence in a multimodal treatment program for children with ADHD: A preliminary investigation*, Child & Family Behavior Therapy, 2010.

ABSTRACT:

This study evaluated the clinical significance of measuring between session parental adherence on child and parent outcomes for 51 children (age 4 to 8.5 years) with attention deficit/hyperactivity disorder (ADHD) in a multimodal group training program. Three group treatment conditions: (a) child-only treatment (C1), (c) child and parent training (C2), and (c) C2 + Parent Adherence Measure [PAM (C3)] were compared to

assess the clinical significance of measuring parental adherence on child behavioral problems, socialization skills, and parental efficacy. Parents administered the PAM (C3) displayed, in general, better outcomes on child and parent measures than the other two conditions. Results suggest that a multimodal group training program for young children with ADHD is favorable to child group training only. This study offers preliminary support for the clinical utility of measuring parental adherence in a child ADHD multimodal group training program.

BILAG 44

Sarah B. Anderson, Ann M. Guthery, *Mindfulness-based psychoeducation for parents of children with attention-deficit/hyperactivity disorder: an applied clinical project*, Journal of Child and Adolescent Psychiatric Nursing, 2015.

ABSTRACT:

Topic: Attention-deficit/hyperactivity disorder (ADHD) affects more than 5 million American children; the likelihood of their parents experiencing stress is high, which may lead to negative outcomes. Mindful parenting is a parent training modality that teaches compassion, listening, and creative engagement with one's child, and has been shown to be effective in decreasing levels of parental stress.

Purpose: An 8-week evidence-based applied clinical project ( $N = 7$ ) was designed to answer the question: In parents of children with the diagnosis of ADHD, or exhibiting ADHD traits, what is the effect of providing mindful parenting psychoeducation in addition to standard of care treatment on levels of parental stress post intervention?

Sources Used: An exhaustive literature search was performed using the Cumulative Index to Nursing and Allied Health Literature, the Cochrane Library, Psyc-INFO, and PubMed.

Conclusions: Outcomes were measured using the Parenting Stress Index, Fourth Edition Short Form (PSI-4-SF). Scores on the Total Stress scale decreased significantly after 8 weeks ( $p = .018$ ); a significant decrease also occurred across two of the three PSI-4-SF subscales (Parental Distress and Parent-Child Dysfunctional Interaction). Recommendations for practice change, suggestions for future clinical inquiry, and project limitations are discussed.

BILAG 45

George J. DuPaul, Lee Kern, Robert Volpe, Grace I.L. Caskie, Natalie Sokol, Lauren Arbolino, John Van Brakle, Mary Pipan, *Comparison of parent education and functional assessment ' based intervention across 24 months for young children with attention deficit hyperactivity disorder*, School Psychology Review, 2013.

ABSTRACT:

Preschool-aged children with or at risk for attention deficit hyperactivity disorder (ADHD) experience significant challenges with behavioral, social, and pre-academic skills. Kern et al. (2007) examined 12-month intervention outcomes for 135 children, aged 3-5, with or at risk for ADHD. Two interventions, parent education alone and parent education plus functional assessment-based home and school intervention, were compared. Few group differences were found. In the current analysis, an expanded number of outcome measures were examined, including ADHD symptoms, direct observations of child behavior, academic skills, parent variables (e.g., stress), and treatment acceptability. Maintenance of treatment effects across 24 months was also examined. Although no group differences were found, statistically significant improvements for 27 of 46 outcome variables were obtained. Indicating that parent education alone was effective. Parents and teachers reported intervention to be moderately acceptable. The findings suggest a tiered approach to intervention may be necessary for optimal outcomes.

BILAG 46:

Tea Trillingsgaard, Anegen Trillingsgaard, Carolyn Webster-Stratton, *Health and Disability Assessing the effectiveness of the 'Incredible Years parent training' to parents of young children with ADHD symptoms – a preliminary report*, Scandinavian Journal of Psychology, 2014.

ABSTRACT:

This study examined the effectiveness of an evidence-based parent training program in a real-world Scandinavian setting. Parents of 36 young children with or at risk of Attention Deficit Hyperactive Disorder (ADHD) self-referred to participate in the Incredible Years® Parent Training Program (IYPT) through a Danish early intervention clinic. Using a benchmarking approach, we compared self-report data with data from a recent efficacy study. Eight out of nine outcome measures showed comparable or higher magnitude of effect from pretest to post-test. Effects were maintained or improved across six months. The methodology of this study exemplifies a rigorous but feasible approach to assessing effectiveness when evidence-based US protocols are transferred into the existing Scandinavian service delivery. Findings suggest that IYPT can be implemented successfully as an easy-access early intervention to families of children with or at risk of ADHD.

BILAG 47

Will H. Canu, Sarah Kate Bearman, *Community-Clinic-Based Parent Intervention Addressing Noncompliance in Children With Attention-Deficit/Hyperactivity Disorder*, Cognitive and Behavioral Practice, 2011.

ABSTRACT:

The current study tested whether an abbreviated version of Defiant Children (Barkley, 1987), an efficacious parent training program to address the behavioral noncompliance often associated with disruptive behavior disorders, could be implemented successfully within a community mental health clinic setting by master's-level therapists. Ethnically and socioeconomically diverse parents of 16 children (ages 4 to 12 years old) completed a 6-session active treatment group emphasizing the use of differential attending skills, effective time-out strategies, and a structured reinforcement schedule to increase child compliance. Pre- and post-treatment measures of attention-deficit/hyperactivity disorder (ADHD), oppositional-defiant disorder (ODD), and conduct disorder (CD) symptom level were administered, as well as a measure tapping the contextual breadth (i.e., number of settings) and severity of disruptive behaviors. Parent satisfaction with the treatment was also assessed. Analyses indicated large treatment effects on all measures except CD behavior. Results are discussed in the context of implementing empirically supported therapies in settings where "treatment as usual" is the norm.

BILAG 48

Jennifer Theule, Judith Wiener, Maria A. Rogers & Imola Rogers, *Predicting Parenting Stress in Families of Children with ADHD: Parent and Contextual Factors*, Journal of Child and Family Studies, 2011.

ABSTRACT:

We examined parental ADHD symptoms and contextual (parental education, social support, marital status) predictors of parent domain parenting stress (parental distress) as a function of child ADHD symptoms in a sample of 95 parents of 8 to 12 year-old children with and without ADHD. Parents' perceptions of parental distress and social support were inversely-related. Parental ADHD symptomatology was the strongest predictor of parental distress of the variables considered. Models using teacher reports of child ADHD symptomatology and oppositionality differed from ones using parent reports, in that child oppositionality was only predictive of parental distress in the parent-report model. A post-hoc analysis showed that child factors did not predict parental distress over and above parent ADHD symptoms and contextual factors. These results suggest that parental ADHD symptomatology and parenting stress reduction should be considered in development of interventions for families of children with ADHD.

BILAG 49

Nirbhay N. Singh, Ashvind N. Singh, Giulio E. Lancioni, Judy Singh, Alan S. W. Winton, Angela D. Adkins, *Mindfulness training for parents and*

*their children with ADHD increases the children's compliance*, Journal of Child and Family Studies, 2010.

ABSTRACT:

Children with ADHD are often non-compliant with parental instructions. Various methods have been used to reduce problem behaviors in these children, with medication and manipulation of behavioral contingencies being the most prevalent. An objection often raised by parents is that these management strategies require them to impose external control on the children which not only results in the children not learning self-control strategies, but also does not enhance positive interactions between them and their parents. Studies have shown that providing mindfulness training to parents, without a focus on reducing problem behaviors, can enhance positive interactions with their children and increase their satisfaction with parenting. We were interested to see what effects giving mindfulness training to two mothers, and subsequently to their children, would have on compliance by the children. Using a multiple baseline across mothers and children design, we found that giving a mother mindfulness training enhanced compliance by her child. When the children were subsequently given similar training, compliance increased even more markedly, and was maintained during follow-up. The mothers reported associated increases in satisfaction with the interactions with their children and happiness with parenting. We suspect that the mindfulness training produces personal transformations, both in parents and children, rather than teaching strategies for changing behavior.

BILAG 50

Chronis-Tuscano & A. M. Romirowsky, *Paternal ADHD symptoms and child conduct problems: is father involvement always beneficial?* Child: Care, Health and Development, 2014.

ABSTRACT:

Background: Maternal psychopathology robustly predicts poor developmental and treatment outcomes for children with attention-deficit/hyperactivity disorder (ADHD). Despite the high heritability of ADHD, few studies have examined associations between paternal ADHD symptoms and child adjustment, and none have also considered degree of paternal involvement in childrearing. Identification of modifiable risk factors for child conduct problems is particularly important in this population given the serious adverse outcomes resulting from this comorbidity. Methods: This cross-sectional study examined the extent to which paternal involvement in childrearing moderated the association between paternal ADHD symptoms and child conduct problems among 37 children with ADHD and their biological fathers. Results: Neither

paternal ADHD symptoms nor involvement was independently associated with child conduct problems. However, the interaction between paternal ADHD symptoms and involvement was significant, such that paternal ADHD symptoms were positively associated with child conduct problems only when fathers were highly involved in childrearing. Conclusions: The presence of adult ADHD symptoms may determine whether father involvement in childrearing has a positive or detrimental influence on comorbid child conduct problems.

BILAG 51

Patrice M. Friars, David J. Mellor, *Drop out from behavioral management training programs for ADHD: A prospective study*, Journal of Child and Family Studies, 2007.

ABSTRACT:

To investigate dropout from parenting programs for disruptive behavior disorders, we followed 18 clients prospectively from the beginning of a manualized treatment program to three month follow-up. Using qualitative and quantitative methods, we then compared those who dropped out of the program with those who completed it. We found that in general, those participants who dropped out of the program were parents of children with more disturbed behavior, who perceived their children to be more difficult than others, and who experienced more subjective parenting stress. Those who dropped out were also not convinced that the strategies proposed in the program to help manage their children were useful. On the other hand, those who completed the program reported a determination to persevere with the strategies which they saw as assisting them to re-establish positive relationships with their adolescent children. The findings are discussed in the context of how manualized programs might be modified to increase retention.

BILAG 52

Anne Sofie Ryberg, Cecilie Moselund Wiede *En empirisk undersøgelse af forældrenes oplevelse af forældreprogrammer De Utrolige År målrettet ADHD*, Kandidatafhandling, Psykologisk Institut, Aarhus Universitet, 2014.

ABSTRACT:

Background: The object of this thesis is to explore parents' experience of the efficacy of The Incredible Years (IY) as intervention for preschool children with ADHD or ADHD symptoms.

Method: Semi-structured interviews were conducted with 12 parents, from a sample of 14 parents, post parent training intervention. Qualitative methods with components of thematic analysis and meaning condensation were used in the analysis.

Results: The main results indicate that all parents experience a positive effect on both themselves and the child's ADHD-symptoms. The parents emphasized an increase in parent competence and in child restfulness and concentration. Several factors of change were identified, including new parent strategies, session structure and method, and parents' own increased calmness and confidence. Results indicate that the teacher intervention does not have a direct effect on the experience of the effectiveness of IY.

Conclusion: The results indicate that IY has an experienced positive effect on both parent and child behavior and child ADHD-symptoms immediate after intervention. Further research is needed regarding the duration of effect, effect of IY teacher intervention, as well as IY's efficacy on core ADHD-symptoms.

BILAG 53

E. Smith, J. Koerting, S. Latter, M.M. Knowles, D.C. McCann, M.Thompson, E.J. Sonuga-Barke, *Overcoming barriers to effective early parenting interventions for attention-deficit hyperactivity disorder (ADHD): parent and practitioner views*, Child: Care, Health and Development, 2015.

ABSTRACT:

**BACKGROUND:** The importance of early intervention approaches for the treatment of attention-deficit hyperactivity disorder (ADHD) has been increasingly acknowledged. Parenting programmes (PPs) are recommended for use with preschool children with ADHD. However, low 'take-up' and high 'drop-out' rates compromise the effectiveness of such programmes within the community.

**METHODS:** This qualitative study examined the views of 25 parents and 18 practitioners regarding currently available PPs for preschool children with ADHD-type problems in the UK. Semi-structured interviews were undertaken to identify both barriers and facilitators associated with programme access, programme effectiveness, and continued engagement.

**RESULTS AND CONCLUSIONS:** Many of the themes mirrored previous accounts relating to generic PPs for disruptive behaviour problems. There were also a number of ADHD-specific themes. Enhancing parental motivation to change parenting practice and providing an intervention that addresses the parents' own needs (e.g. in relation to self-confidence, depression or parental ADHD), in addition to those of the child, were considered of particular importance. Comparisons between the views of parents and practitioners highlighted a need to increase awareness of parental psychological barriers among practitioners and for better programme advertising generally. Clinical implications and specific recommendations drawn from these findings are discussed and presented.

BILAG 54

H. Zwi, C. Thorgaard, A. York., J. A. Dennis & M. Jones, *Parent training interventions for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 5 to 18 years*, The Cochrane Library, 2011.

ABSTRACT:

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterised by high levels of inattention, hyperactivity and impulsivity that are present before the age of seven years, seen in a range of situations, inconsistent with the child's developmental level and causing social or academic impairment. Parent training programmes are psychosocial interventions aimed at training parents in techniques to enable them to manage their children's challenging behaviour. To determine whether parent training interventions are effective in reducing ADHD symptoms and associated problems in children aged between five and eighteen years with a diagnosis of ADHD, compared to controls with no parent training intervention. We searched the following electronic databases (for all available years until September 2010): CENTRAL (2010, Issue 3), MEDLINE (1950 to 10 September 2010), EMBASE (1980 to 2010 Week 36), CINAHL (1937 to 13 September 2010), PsycINFO (1806 to September Week 1 2010), Dissertation Abstracts International (14 September 2010) and the metaRegister of Controlled Trials (14 September 2010). We contacted experts in the field to ask for details of unpublished or ongoing research. Randomised (including quasi-randomised) studies comparing parent training with no treatment, a waiting list or treatment as usual (adjunctive or otherwise). We included studies if ADHD was the main focus of the trial and participants were over five years old and had a clinical diagnosis of ADHD or hyperkinetic disorder that was made by a specialist using the operationalised diagnostic criteria of the DSM-III/DSM-IV or ICD-10. We only included trials that reported at least one child outcome. Four authors were involved in screening abstracts and at least 2 authors looked independently at each one. We reviewed a total of 12,691 studies and assessed five as eligible for inclusion. We extracted data and assessed the risk of bias in the five included trials. Opportunities for meta-analysis were limited and most data that we have reported are based on single studies. We found five studies including 284 participants that met the inclusion criteria, all of which compared parent training with de facto treatment as usual (TAU). One study included a nondirective parent support group as a second control arm. Four studies targeted children's behaviour problems and one assessed changes in parenting skills. Of the four studies targeting children's behaviour, two focused on behaviour at home and two focused on behaviour at school. The two studies focusing on behaviour at home had different findings: one found no difference between parent

training and treatment as usual, whilst the other reported statistically significant results for parent training versus control. The two studies of behaviour at school also had different findings: one study found no difference between groups, whilst the other reported positive results for parent training when ADHD was not comorbid with oppositional defiant disorder. In this latter study, outcomes were better for girls and for children on medication. We assessed the risk of bias in most of the studies as unclear at best and often as high. Information on randomisation and allocation concealment did not appear in any study report. Inevitably, blinding of participants or personnel was impossible for this intervention; likewise, blinding of outcome assessors (who were most often the parents who had delivered the intervention) was impossible. We were only able to conduct meta-analysis for two outcomes: child 'externalising' behaviour (a measure of rulebreaking, oppositional behaviour or aggression) and child 'internalising' behaviour (for example, withdrawal and anxiety). Meta-analysis of three studies (n = 190) providing data on externalising behaviour produced results that fell short of statistical significance (SMD -0.32; 95% CI -0.83 to 0.18, I(2) = 60%). A meta-analysis of two studies (n = 142) for internalising behaviour gave significant results in the parent training groups (SMD -0.48; 95% CI -0.84 to -0.13, I(2) = 9%).

#### BILAG 55

Christine H. Wang, Heather Mazursky-Horowitz, Andrea Chronis-Tuscano, *Is Parental ADHD Related to Child ADHD Treatment Response?*, The ADHD Report, 2015.

#### ABSTRACT:

The article focuses on the role of parental Attention-deficit hyperactivity disorder (ADHD) in treatments for children suffering from ADHD. Topics discussed include limited improvement in children with ADHD symptoms who have increased maternal ADHD symptoms according to behavioral parent training (BPT), poor treatment adherence of children with paternal history of ADHD to immediate-release methylphenidate (IR-MPH) and relation between behavioral response in children to treatment.

#### BILAG 56

Line M. Sletting, *ADHD: Forældretræning har effekt*, Psykolog Nyt, 2015.

#### ABSTRACT:

ADHD: Forældretræning har effekt. Forældretræning har en positiv effekt for børn med en ADHD-diagnose, viser flere års erfaring på Center for ADHD. Den nyeste forskning på området underbygger centrets erfaringer.

BILAG 57

Joanne Tarver, David Daley, Joanna Lockwood & Kapil Sayal, *Are self-directed parenting interventions sufficient for externalising behaviour problems in childhood? A systematic review and meta-analysis*, European Child & Adolescent Psychiatry.

ABSTRACT:

Externalising behaviour in childhood is a prevalent problem in the field of child and adolescent mental health. Parenting interventions are widely accepted as efficacious treatment options for reducing externalising behaviour, yet practical and psychological barriers limit their accessibility. This review aims to establish the evidence base of self-directed (SD) parenting interventions for externalising behaviour problems. Electronic searches of PubMed, Web of Knowledge, Psychinfo, Embase and CENTRAL databases and manual searches of reference lists of relevant reviews identified randomised controlled trials and cluster randomised controlled trials examining the efficacy of SD interventions compared to no-treatment or active control groups. A random-effect meta-analysis estimated pooled standard mean difference (SMD) for SD interventions on measures of externalising child behaviour. Secondary analyses examined their effect on measures of parenting behaviour, parental stress and mood and parenting efficacy. Eleven eligible trials were included in the analyses. SD interventions had a large effect on parent report of externalising child behaviour (SMD = 1.01, 95 % CI: 0.77-1.24); although this effect was not upheld by analyses of observed child behaviour. Secondary analyses revealed effects of small to moderate magnitude on measures of parenting behaviour, parental mood and stress and parenting efficacy. An analysis comparing SD interventions with therapist-led parenting interventions revealed no significant difference on parent-reported measures of externalising child behaviour. SD interventions are associated with improvements in parental perception of externalising child behaviour and parental behaviour and well-being. Future research should further investigate the relative efficacy and cost-effectiveness of SD interventions compared to therapist-led interventions.

BILAG 58

Klaus-Peter Lesch, Editorial: *Attention-deficit/hyperactivity disorder: a continuing challenge to researchers, practitioners and carers*, Journal of Child Psychology and Psychiatry and Allied Disciplines, 2015.

ABSTRACT:

This editorial introduces a collection of research papers and a review on ADHD, highlighting the continuing challenge that ADHD poses in research and practice. The articles include a Practitioner Review providing

a comprehensive review focusing on current knowledge about barriers and facilitators operating at the individual, organisational and societal level; a study reporting a randomised controlled trial of parent training for ADHD pre-schoolers; an empirical paper on sex differences in ADHD symptom severity; a study of the co-development of ADHD and externalizing behaviour across the lifespan; a study of the genetic architecture of neurocognitive abilities in the general population; and finally a study examining the differential association among three behavioural dimensions leading to early-onset conduct problems.

BILAG 59

Candace S. Kohut, Jac Andrews , *The efficacy of parent training programs for ADHD children: A fifteen-year review*, Developmental Disabilities Bulletin, 2004.

ABSTRACT:

This article reviews ten studies using parent training as a treatment approach for ADHD children. Six elements of research methods are considered: (1) type of parent training program; (2) parental psychopathological assessment; (3) parental involvement; (4) setting of treatment; (5) medication usage; and, (6) follow-up analysis. The studies were obtained through a computerized search of PsychINFO and Psychology and Behavioral Sciences Collection. Although parent training appears to be an effective treatment approach for ADHD children, the investigation revealed that all six elements of the research methods are in need of improvement. Suggestions for future research in this area are provided.

BILAG 60

David Daley, *Child: Attention deficit hyperactivity disorder in pre-school children : current findings, recommended interventions and future directions*, Child: Care, Health and Development, 2009.

ABSTRACT:

This paper outlines the presentation, aetiology and treatment of attention deficit hyperactivity disorder (ADHD) in pre-school children. A review of current parenting training interventions demonstrates that there is good evidence for their efficacy in reducing symptoms of ADHD in pre-school children, and three interventions are evaluated: The new forest parent training programme (NFPP); the triple P - positive parenting programme and the incredible years parent training programme (IY). The evaluation of the NFPP provides strong evidence demonstrating its effectiveness for pre-school children with ADHD, while the efficacy of the Triple - P and the IY programme have, to date, only been demonstrated on children with conduct problems and co-morbid ADHD. It is suggest-

ed that parent training should be the first choice treatment for preschool children presenting signs of ADHD, and medication introduced only for those children where parent training is not effective. Few moderators of outcome have been identified for these interventions, with the exception of parental ADHD. Barriers to intervention and implementation fidelity will need to be addressed to achieve high levels of attendance, completion and efficacy. The IY programme is a good model for addressing fidelity issues and for overcoming barriers to intervention. The future directions for parent training are also discussed.

BILAG 61

Amanda P. Williford, Terri L. Shelton, *Behavior management for preschool-aged children*, Child & Adolescent Psychiatric Clinics of North America, 2014.

ABSTRACT:

This article summarizes behavior management strategies for preschool children who are at high risk for attention-deficit/hyperactivity disorder that have found to be effective in improving child behavior. Both parent and teacher training programs are reviewed, as these have been backed by substantial research evidence. In addition, multimodal treatments that include some combination of parent training, teacher training, and social skills training are also reviewed. Interventions emphasize the need for a strong adult-child relationship combined with proactive behavior management strategies to improve child behavior.

BILAG 62

Andrea Chronis, Jones Heather & Veronica Raggi, *Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder*, Clinical Psychology Review, 2006.

ABSTRACT:

Despite the vast literature supporting the efficacy of stimulant medication in the treatment of attention-deficit/hyperactivity disorder (ADHD), several limitations of pharmacological treatments highlight the clear need for effective psychosocial treatments to be identified. A large evidence base exists for behavioral interventions, including parent training and school interventions, which has resulted in their classification as "empirically validated treatments." Additionally, social skills training with generalization components, intensive summer treatment programs, and educational interventions appear promising in the treatment of ADHD. Given the chronic impairment children with ADHD experience across multiple domains of functioning, multimodal treatments are typically necessary to normalize the behavior of these children. The state of the ADHD treatment literature is reviewed, important gaps are identified (e.g., treatment

for adolescents), and directions for future research are outlined within a developmental psychopathology framework.

BILAG 63

Åsa Forsell, *Parent Management Training – Oregon og ADHD . - En studie av hvilke faktorer som påvirker behandlingseffekten for familier som har barn med både ADHD og alvorlige atferdsproblemer*, Oslo Universitet, 2011.

ABSTRACT:

Master fra Oslo Universitet – intet abstract.

BILAG 64

Margaret Chaplin, Viraj Godsay & Victoria Soovajian, *Parenting Teens with Attention-Deficit/Hyperactivity Disorder: Challenges and Opportunities*, Clinical Pediatrics, 2014.

ABSTRACT:

Attention-deficit/hyperactivity disorder (ADHD) presents in childhood with inattention, hyperactivity, and impulsivity and is associated with functional impairments. These children tend to display a variety of disruptive behaviors, which may worsen in adolescence. Teens with ADHD may show high levels of defiance, posing significant challenges for parents. Early efforts to understand parenting in the context of teen ADHD reveal high levels of parental stress and reactivity in response to the teen's ADHD symptoms. Subsequent research recognized that some of these parents have ADHD or other psychopathology that may contribute to maladaptive parenting. However, some parents adjust and demonstrate optimism and resilience in the face of their teens' ADHD. Recent research has identified parental factors (eg, emotional intelligence) and interventions (eg, mindfulness training) that may improve parenting/teen relationships and the developmental outcomes of teens. This article explores parenting teens with ADHD with a focus on these novel interventions.

BILAG 65

Line Møller, *ADHD hos børn i førskolealderen – er svaret forældretraining?*, Aarhus Universitet, 2013.

ABSTRACT:

The thesis is an exploration of treatment of ADHD in preschool children, with special focus on parent training. This focus is due to the literature pointing to its promising effect, and due to lack of knowledge about- and significant limitations of medical treatment of this age group. It argues that neural plasticity and differential susceptibility constitute the theoretical grounds for the positive effect of parent training with the

preschool children with ADHD. The two parent training programs, New Forest Parenting Program and The Incredible Years are compared and their strengths and weaknesses are evaluated. Both have good empirical support, but based on the comparison, the thesis concludes that The Incredible Years is best suited as the general initial intervention due to the group format, which enables social support and due to its strong focus on the parent child relationship. In comparison New Forest Parenting Program is the most appropriate in more severe and complex cases of ADHD because of the individual format, which enables adjustments to individual needs and because of its more specialized and cognitive training.

BILAG 66

J. Tarver, D. Daley & K. Sayal, *Beyond symptom control for attention-deficit hyperactivity disorder (ADHD): What can parents do to improve outcomes?*, Child: Care, Health and Development, 2014.

ABSTRACT:

Attention-deficit hyperactivity disorder (ADHD) and its associated behavioural manifestations develop and progress as the result of complex gene-environment interactions. Parents exert a substantial influence and play a major role in their child's social environment. Despite this, recent evidence has suggested that adapting the child's environment via parenting interventions has minimal effects on child ADHD symptoms when analysing data from informants who are probably blind to treatment allocation. However, adverse parenting and family environments may act as a source of environmental risk for a number of child outcomes beyond ADHD symptoms. This is a narrative review that critically discusses whether parenting interventions are beneficial for alternative functioning outcomes in ADHD including neuropsychological, academic and social functioning and disruptive behaviour and how parenting and familial environments may be associated with these outcomes. In addition, the review explores how parental depression and parenting efficacy impact on capacity for optimal parenting and whether parenting interventions benefit parents too. A review of the evidence suggests that with modification, parenting interventions are beneficial for a number of outcomes other than ADHD symptom reduction. Improving the parent-child relationship may have indirect benefits for disruptive behaviour. Furthermore, parenting behaviours may directly benefit child neuropsychological, academic and social functioning. Parenting interventions can have therapeutic benefits for parents as well as children, which is important as parent and child well-being is likely to have a transactional relationship. Evaluation of the clinical success of parenting interventions should focus on a wider range of outcomes in order to aid understanding of the multifaceted benefits that they may be able to offer. Parenting interventions

should not be seen as a redundant adjunct to medication in multi-modal treatment approaches for ADHD; they have the potential to target outcomes that, at present, medication seems less able to improve.

BILAG 67

T. J. Power, H. F. Russell, S. L. Soffer, J. Blom-Hoffman & S. M. Grim, *Role of parent training in the effective management of attention-deficit/hyperactivity disorder*, Disease Management & Health Outcomes, 2012.

ABSTRACT:

Parent training can be an effective strategy for assisting children and their families to cope with attention-deficit/hyperactivity disorder (ADHD), particularly when it is used as part of a multimodal approach in combination with stimulant medication. The benefits of parent training include: cost effectiveness, particularly when applied in group formats; structured format, enabling the treatment to be applied in a relatively standardized manner across settings and providers; and its generally high degree of acceptability to families. Challenges to implementing parent training programs include: problems with adherence to treatment that may be related to parenting stress; inaccessibility of services; cultural differences between clinicians and families; and the limited financial resources of some families. This article reviews the literature on the effectiveness of parent training as a treatment for ADHD and presents potential benefits as well as barriers to effective interventions. For each barrier, proposed solutions are recommended. Two examples of comprehensive parent training programs used in the treatment of ADHD are provided.

BILAG 68

Sofie Grønnegaard Andersen, *Behandlingen af børn med ADHD – Stimulerende medicin og forældretræning i et udviklingspsykopatologisk perspektiv*, Psykologisk Institut Aarhus Universitet, 2013.

ABSTRACT:

The treatment of attention-deficit/hyperactivity disorder (ADHD) has come under scrutiny in the past years. Both stimulant medications and parenting training may be used as interventions, but while both have strengths, they also have weaknesses. This thesis discusses how both of these types of interventions can be said to be effective in the treatment of ADHD using a developmental psychopathological perspective exemplified by Alan Carr's conceptual case framework. This discussion is based on empirical studies on the effects of methylphenidate and the New Forest Parenting Programme on ADHD symptoms and cognitive and relationship difficulties. Both interventions utilize complex mechanisms of change and intervene on many different levels of the child's life

as viewed from Carr's model. As a consequence of the discussion, a revised model with a stronger background in developmental psychopathology is presented. This model can be used for many purposes, including that of Carr's original model, but is easier to use in academic and clinical settings and in the evaluation of interventions' effectiveness.

BILAG 69

Mathilde Christoffersen, *Forældretræning som intervention til børn med ADHD og komorbid adfærdsforstyrrelse*, Psykologisk Institut, Aarhus Universitet, 2014.

ABSTRACT:

Kandidatafhandling, Aarhus Universitet. Intet abstract.

BILAG 70

Andrea Chronis, Anil Chacko, Gregory A. Fabiano, Brian T. Wymbs & William E. Pelham Jr., *Enhancements to the Behavioral Parent Training Paradigm for families of children with ADHD: Review and future directions*, Clinical Child and Family Psychology Review, 2004.

ABSTRACT:

Behavioral parent training (BPT) is one of the empirically supported psychosocial treatments for ADHD. Over many years and in many studies, BPT has been documented to improve both child ADHD behavior and maladaptive parenting behavior. In some studies, BPT has also been found to result in benefits in additional domains, such as parenting stress and child classroom behavior. However, the BPT literature on children selected as having ADHD lags behind research conducted on BPT for children selected as having oppositional defiant and conduct disorders (ODD and CD, respectively) with regard to examination of factors that may limit treatment attainment, compliance, and outcomes, such as single parenthood, parental psychopathology, and child comorbidity. Because of the high degree of comorbidity between ADHD and ODD/CD, it is difficult to separate the two BPT literatures. The parameters of BPT (e.g., format and setting), parent factors, and child factors that may contribute to treatment outcomes for families of children with ADHD are reviewed here and recommendations for future BPT research in the area of ADHD are made.

BILAG 71

Sarah K. Emond, *Management strategies for attention-deficit/hyperactivity disorder: a regional deliberation on the evidence*, Journal of Postgraduate Medicine, 2015.

ABSTRACT:

Parents, clinicians, and policymakers require the latest evidence to help inform treatment decisions. The New England Comparative Effectiveness Public Advisory Council (CEPAC) leverages existing federally produced comparative effectiveness research supplemented with additional clinical and economic analyses to deliberate on the latest evidence. At its June 2012 meeting, the CEPAC voted on the evidence for the treatment of attention-deficit/hyperactivity disorder (ADHD) in preschoolers and school-aged children. The CEPAC voted unanimously that parent behavior training was better than usual care (eg, wait-list control) for the preschool population. They also judged it to be of "reasonable value" compared with usual care. The CEPAC also stipulated unanimously that medications are better than usual care (eg, services provided at individual practitioner discretion) for school-aged children in regards to long-term effectiveness and safety. The CEPAC members and clinical experts recommended the increased use of parent behavior training as first-line therapy for preschoolers and emphasized the importance of proper monitoring of and dosing for all children who receive medication for their ADHD symptoms. The ADHD CEPAC meeting demonstrated the important role that a public, transparent deliberation on the latest medical evidence can have in supporting informed decision making and efficient use of health care resources.

BILAG 72

Gregory A. Fabiano, *Summer Treatment programs for Youth with ADHD*, Child and Adolescent Psychiatric Clinics of North America, 2014.

ABSTRACT:

Children with attention-deficit/hyperactivity disorder (ADHD) require intensive treatments to remediate functional impairments and promote the development of adaptive skills. The summer treatment program (STP) is an exemplar of intensive treatment of ADHD. STP intervention components include a reward and response-cost point system, time-out, use of antecedent control (clear commands, establishment of rules and routines), and liberal praise and rewards for appropriate behavior. Parents also participate in parent management training programming to learn how to implement similar procedures within the home setting. There is strong evidence supporting the efficacy of the STP as an intervention for ADHD.

BILAG 73

Linda J Pfiffner, *Behavior Management for School-Aged Children with ADHD*, Child and Adolescent Psychiatric Clinics of North America, 2014

ABSTRACT:

Behavior management treatments are the most commonly used non-pharmacologic approaches for treating attention-deficit/hyperactivity disorder (ADHD) and associated impairments. This review focuses on behavioral parent training interventions for school-age children in the home setting and adjunctive treatments developed to extend effects across settings. Empirical support includes numerous randomized clinical trials, systematic reviews, and meta-analyses showing positive effects of these interventions on child compliance, ADHD symptoms and impairments, parent-child interactions, parenting and parenting stress. These studies support categorization of behavior management treatment as a well-established, evidence-based treatment of ADHD. Factors for consideration in clinical decision making and directions for research are provided.

BILAG 74

Arthur L. Robin, *Family Therapy for Adolescents with ADHD*, Child and Adolescent Psychiatric Clinics of North America, 2014

ABSTRACT:

This article described a model and intervention for clinicians to use with families in which the adolescents have ADHD and the family is experiencing significant conflict and negative interactions. The first portion of the intervention emphasizes educating families about ADHD, developing reasonable beliefs and teaching parents to break the cycle of negativity and to use effective behavior management techniques to improve their interactions with the adolescents. The second portion emphasizes mutual problem solving and communication training to help parents and adolescents negotiate acceptable agreements and talk respectfully to each other. Two research studies support the effectiveness of the original version of this intervention but show limitations in the percentage of families who make clinically meaningful changes. The modified version discussed in this article is expected to help a larger number of families achieve clinically meaningful change.

BILAG 75

Arthur L. Robin, Thomas Koepke, Ann Moye & Rebecca Gerhardstein. *Assessment of the Parent-Adolescent Relationship in Teens with ADHD*, The ADHD Report, 2009

ABSTRACT:

In this article we have shown the clinician how a multidimensional measure of the parent-adolescent relationship such as the PARQ (Parent Adolescent Relationship Questionnaire) can augment clinical interviews in assessment and treatment planning for adolescents with ADHD. The

psychometric characteristics of the PARQ were also very briefly summarized. Much work remains to be done using the PARQ with ADHD adolescents. For example, it will be important to determine whether changes in family interaction can be observed on the PARQ with adequate medication and following effective family intervention. Readers are invited to start their own research programs using the PARQ

BILAG 76

National Collaborating Centre for Mental Health, *Attention deficit hyperactivity disorder: diagnosis and management of ADHD in children, young people and adults*, The British Psychological Society & The Royal College of Psychiatrists, 2009.

ABSTRACT:

This guideline has been developed to advise on the treatment and management of attention deficit hyperactivity disorder (ADHD). The guideline recommendations have been developed by a multidisciplinary team of healthcare professionals, service users and carers, and guideline methodologists after careful consideration of the best available evidence. It is intended that the guideline will be useful to clinicians and service commissioners in providing and planning high-quality care for people with ADHD while also emphasising the importance of the experience of care for them and their carers (see Appendix 1 for more details on the scope of the guideline).

Although the evidence base is rapidly expanding, there are a number of major gaps; future revisions of this guideline will incorporate new scientific evidence as it develops. The guideline makes a number of research recommendations specifically to address gaps in the evidence base. In the meantime, it is hoped that the guideline will assist clinicians, people with ADHD and their carers by identifying the merits of particular treatment approaches where the evidence from research and clinical experience exists.

BILAG 77

Sam Goldstein, Jack A, Naglieri & Melissa DeVries, *Learning and attention disorders in adolescence and adulthood: assessment and treatment*, John Wiley & Sons, 2011.

ABSTRACT:

Reflecting the most recent and relevant findings regarding Learning Disabilities (LD) and Attention-Deficit/Hyperactivity Disorder (ADHD), this Second Edition of *Learning and Attention Disorders in Adolescence and Adulthood* provides practitioners in the fields of education and mental health with a set of practical guidelines to assist in the assessment,

diagnosis, consultation, and treatment of adolescents and adults struggling with LD and ADHD. The new edition includes:

- An emphasis on working from strengths—adapting to disabilities and dealing with them successfully on a daily basis
- New coverage of the causes and long-term implications of LD and ADHD in adolescents and adulthood
- New chapters on treatment effectiveness; building resiliency and shaping mindsets; cognitive therapy; and strategic life coaching to help guide individuals with LD and ADHD
- Contributions from leading researchers, including Noel Gregg, Russell Barkley, Kevin Antshel, and Nancy Mather.

Drawing on evidence-based techniques to meet the pragmatic demands for intervention, the Second Edition guides school psychologists, counselors, and educators in promoting positive change for adolescents and adults with LD and ADHD as they strive for success in school, work, and home settings.

BILAG 78

Henck P. J. G van Bilsen, Philip C. Kendall & Jan H. Skavenburg, *Behavioral Approaches for Children and Adolescents - Challenges for the next century*, Plenum Press, 1995.

ABSTRACT (PREFACE)

Challenges for the next decade as the subtitle of a book is a statement of ambition. In the present time we have to be ambitious as scientists, clinicians, and teachers. Without ambition we would not be able to confront the problems of young people in an effective way. In this decade, we can see an abundance of problems of young people: football hooliganism, school drop out, vandalism, delinquency, lack of social skills, aggression, and depression. The problem seems to grow. Governments, parents, and concerned citizens call for action now. Unfortunately, the action that is taken is often impulsive and not based on scientifically proven methods: longer jail sentences for young first offenders, putting young offenders in military look-alike training camps, etc. For some reason, the usage of effective interventions is limited. In this book the reader will find an extensive overview of what we know to be effective as a "cure" or prevention for the above-mentioned problems. The first four chapters will give the reader a clear insight of what the "state of the art" is today. An overview of cognitive behavioural therapies with children and adolescents is given by Kendall, Panichelli-Mindel, and Gerow. Russo and Navalta provides some new dimensions of behavior analysis and therapy. What behavioral approaches can offer to education is

described by Slavenburg and van Bilsen in two chapters. In Part II authors from Australia, the United States, and the Netherlands describe programs for specific clinical populations: attention deficit disorder, anti-social youth, learning problems, social skills problems, depression, and aggression.

BILAG 79

Harvey C. Parker, *The ADHD Workbook for Parents - a guide for parents of children ages 2-12 with attention-deficit/hyperactivity disorder*, Speciality Press, 2005.

ABSTRACT:

This informative guidebook coaches parents through the daily tasks involved in raising children with attention deficit/hyperactivity disorder. Using a combination of helpful worksheets and practice exercises, this handbook offers practical instruction that allows parents to advocate for their child in the classroom as well as facilitate structure in the home. The strategies – broken down into clear and accessible chapters – help parents to manage behaviors, handle homework, and manage medication.

BILAG 80

Johnny L. Matson, Frank Andrasnik & Michael L. Matson, *Treating childhood psychopathology and developmental disabilities*, Springer, 2009.

ABSTRACT:

Child psychology is a constantly expanding field, with dozens of specialized journals devoted to major disorders springing up in recent years. With so much information available – and the prospect of overload inevitable – researchers and clinicians alike need to navigate the knowledge base with as much confidence as they do the nuances of diagnosis and their young clients' complex social, emotional, and developmental worlds.

*Treating Childhood Psychopathology and Developmental Disabilities* fills this need by summarizing and critiquing evidence-based treatment methods for pediatric patients from infancy through adolescence. After a concise history of evidence-based treatment, promising new trends, and legal/ethical issues involved in working with young people, well-known professors, practitioners, and researchers present the latest data in key areas of interest, including: (1) Cognitive-behavioral therapy and applied behavior analysis. (2) The effects of parenting in treatment outcomes. (3) Interventions for major childhood pathologies, including ADHD, PTSD, phobias, anxiety, depression, bipolar disorder, and conduct disorder. (4) Interventions for autistic spectrum disorders and self-injuring behaviors. (5) Techniques for improving communication, language, and literacy in children with developmental disabilities. (6) Treatments for feeding and eating disorders.

This comprehensive volume is an essential resource for the researcher's library and the clinician's desk as well as a dependable text for graduate and postgraduate courses in clinical child, developmental, and school psychology.

BILAG 81

Andrea Reupert, Darryl Maybery, Joanne Nicholson, Michael Göpfert & Mary V. Seeman, *Parental Psychiatric Disorder - distressed parents and their families*, Cambridge University Press, 2015.

ABSTRACT:

Parental Psychiatric Disorder presents an innovative approach to thinking about and working with families where a parent has a mental illness. With 30 new chapters from an internationally renowned author team, this new edition presents the current state of knowledge in this critically important field. Issues around prevalence, stigma and systems theory provide a foundation for the book, which offers new paradigms for understanding mental illness in families. The impact of various parental psychiatric disorders on children and family relationships are summarized, including coverage of schizophrenia, depression, anxiety, substance abuse disorders, eating disorders, personality disorders and trauma. Multiple innovative interventions are outlined, targeting children, parents and families, as well as strategies that foster workforce and organizational development. Incorporating different theoretical frameworks, the book enhances understanding of the dimensions of psychiatric disorders from a multigenerational perspective, making this an invaluable text for students, researchers and clinicians from many mental health disciplines.

BILAG 82

Russell A. Barkley & Arthur L. Robin, *Defiant teens: a clinician's manual for assessment and family intervention*, The Guilford Press, 2014.

ABSTRACT:

This authoritative manual presents an accessible 18-step program widely used by clinicians working with challenging teens. Steps 1-9 comprise parent training strategies for managing a broad range of problem behaviors, including those linked to oppositional defiant disorder (ODD) and attention-deficit/hyperactivity disorder (ADHD). Steps 10-18 focus on teaching all family members to negotiate, communicate, and problem-solve more effectively, while facilitating adolescents' individuation and autonomy. Practical reproducible handouts and forms are included; the print book has a large-size format and lay-flat binding to facilitate photocopying. Purchasers also get access to a Web page where they can download and print the reproducible materials.

New to This Edition:

- \*Incorporates 15 years of research advances and the authors' ongoing clinical experience
- \*Fully updated model of the nature and causes of ODD
- \*Revised assessment tools and recommendations
- \*Reflects cultural changes, such as teens' growing technology use.

BILAG 83

Keith McBurnett & Linda Pfiffner, *Attention deficit hyperactivity disorder: Concepts, Controversies*, New Directions, Medical Psychiatry Series, 2008.

ABSTRACT:

Compiling the expertise and research of many of the most widely cited opinion leaders in the field, *Attention Deficit Hyperactivity Disorder: Concepts, Controversies, New Directions* is insightful and thought-provoking. Written as an intermediate-to-advanced text, it explores the essential topics of this disorder including: neuroscience, medication and psychosocial treatments, special populations, controversies and public policy.

Attention Deficit Hyperactivity Disorder:

- Goes beyond DSM-IV diagnosis to explain attention-spectrum syndromes such as Sluggish Cognitive Tempo and Central Auditory Processing Disorders
- Provides sophisticated guides to understanding ADHD in girls, preschoolers, adolescents, and adults
- Delves into unsettled controversies such as stimulant effects on growth, whether ADHD can be controlled by stricter punishment, and whether medication should be the first treatment offered to patients
- Covers an exceptionally broad array of treatment options
- Presents emerging treatment innovation such as attention training, organizational skills training, and specialized treatment for ADHD, predominately inattentive type.

BILAG 84

Michael L. Bloomquist, *The practitioner guide to skills training for struggling kids*, The Guilford Press, 2013.

ABSTRACT:

Addressing frequently encountered emotional, behavioral, and academic difficulties, this essential guide shows how to help parents implement proven skills-building strategies with their kids (ages 5-17). The author

draws on over 25 years of research and clinical practice to provide a flexible program for individual families or parent groups. The focus is on teaching kids the skills they need to get their development back on track and teaching parents to cope with and manage challenging behavior. Featuring vignettes and troubleshooting tips, the Practitioner Guide is packed with ideas for engaging clients and tailoring the interventions. In a large-size format for easy photocopying, it contains more than 60 reproducible handouts and forms.

BILAG 85

Dan Mordasini, *Wild Child: how you can help your child with attention deficit disorder and other behavioral disorder*, Haworth Press, 2001.

ABSTRACT:

How can you help the ADD child in your life? Attention deficit disorder (ADD) is one of the most discussed yet least understood childhood disorders today. Here is a book that delivers the answers people are looking for! *Wild Child* explains the symptoms, thinking patterns, and behavior of children and adolescents with ADD in terms that are understandable by parents and grandparents, yet relevant to the professionals who deal with these children. It outlines specific strategies that you can use to cope with the vast array of behavior, hyperactivity, and inattention problems experienced by children with ADD. The concepts outlined in *Wild Child* will show you how to bond more closely with children who tend to alienate them, and help children feel better about themselves, aiding them in their quest to master their specific challenges. Because this book is written from the inside, explaining what the symptoms feel like from the perspective of someone with ADD as well as from the perspective of someone with an ADD child, readers will easily identify with the author. This valuable book will help you and the ADD child in your life by helping you to: \* build your personal confidence in dealing with ADD children and teens through knowledge and understanding \* deal with specific problems in your family or patients \* build esteem and sound emotional infrastructures in ADD children and empower them to take control of their lives *Wild Child* features: \* tables and motivational charts that illustrate how to work with an ADD child \* checklists that adults can use if the suggested interventions fail with a particular child ADD is truly a hidden disability, and the children suffering with it are usually labeled wild, crazy, or stupid. This, of course, leads to low self-esteem and underachievement, but *Wild Child* stresses that new learning can and does take place when proper motivators are applied. This book provides concrete advice regarding what those motivators are and how and when to use them. Teaching adults to empower the children in their care is an important part of *Wild Child*. Without appropriate intervent-

ion, children with ADD frequently end up chemically addicted or in trouble with the law. This book can help prevent these things from occurring. This is a valuable resource for everyone who knows a child with ADD.

BILAG 86

Cathy Laver-Bradbury., Margaret Thomson, Anne Weeks, David Daley & Edmund J. S. Sonuga-Barke, *Step by step help for children with ADHD; a self-help manual for parents*, Jessica Kingsley Publishers, 2010.

ABSTRACT:

Raising a child with ADHD can be distressing and and exhausting for the whole family, and it is all too easy for parents and caregivers to become overwhelmed. Yet given the appropriate knowledge and the right tools, you can intervene to manage your child's behavior, leading to improved relationships at home and a more successful time at school. This simple, flexible six-step programme is full of tried-and-tested ideas for parents and professionals supporting families of young children with ADHD. By practicing the techniques and strategies, parents will gain confidence in their parenting and, over time, will improve the child's attention, exercises to develop patience and tips for supporting the child in successful self-organization. There are also plenty of useful ideas for developing communication between parents and schools. Based on research and extensive clinical experience, Step by Step Help for Children with ADHD will help you and your family to adapt parenting to your child, improving relationships and behaviors in the home and elsewhere.

BILAG 87

Walter Matthys & John E. Lochman, *Oppositional defiant disorder and conduct disorder in childhood*, Wiley-Blackwell, 2010

ABSTRACT:

For many years, the fields of Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) and aggressive and antisocial behavior have been researched independently of Attention Deficit Hyperactivity Disorder (ADHD) and hyperactive, impulsive and inattentive behavior. In reality, they often occur simultaneously, and their separation has led to a hampering of our understanding of the two groups. However, the last decade has seen an integration of the research fields, essential for an accurate understanding of these disorders, and information on this topic has grown rapidly. Focusing on children aged 3-14 years, this book offers a concise and comprehensive overview of empirical knowledge and associated clinical information on ODD and CD; it does so with respect to aetiology, assessment and treatment, and to neurobiological factors in

these disorders. In reviewing the literature, the authors pay particular attention to recently published studies and meta-analyses, without neglecting older high quality studies. Written as a guide for professionals, this book is useful as a succinct overview of the field for both students and researchers; it is also of value to advanced researchers, offering essential information on topics which may not be their primary focus of interest and expertise.

BILAG 90

Dara E. Babinski, James G. Waxmonsky, Daniel A. Waschbusch, Hugh Humphrey, Alexandra Alfonso, Kathleen I. Crum, Melissa Bernstein, Janine Slavec, Junea N. Augustus, William E. Pelham, *A Pilot Study of Stimulant Medication for Adults with Attention-Deficit/Hyperactivity Disorder (ADHD) Who Are Parents of Adolescents with ADHD: The Acute Effects of Stimulant Medication on Observed Parent-Adolescent Interactions*, Child Adolesc Psychopharmacol, 2014.

ABSTRACT:

*Objective:* This study explores the use of stimulant medication for parents with attention-deficit/hyperactivity disorder (ADHD) who also have adolescents with ADHD.

*Methods:* Five parents, diagnosed with ADHD, had their dose of lisdexamfetamine (LDX) titrated to optimal effect. Next, parents and their adolescents completed two interactions, once when parents were on placebo and once when parents were on optimal dose of LDX, to assess acute effects of parental medication on parenting during a neutral discussion (NeuDiss), a problem discussion (ProbDiss), and a homework task (HW).

*Results:* Parents demonstrated a significant decrease in the ratio of commands to total verbalizations during the NeuDiss on LDX compared with placebo. Although no other statistically significant effects emerged at the  $p < 0.05$  level, moderate to large effects of medication on some aspects of parenting related to the amount and timing of speech (i.e., total verbalizations, total commands, ratio of commands to total verbalizations, and responsiveness) emerged and varied by task. Parental stimulant medication did not appear to impact the content of parents' speech (i.e., use of negative talk or praise).

*Conclusions:* These results add to a growing literature suggesting that treatment for parental ADHD may impact parenting performance, and suggest that attention to parental ADHD in treatment for adolescents with ADHD may possibly enhance family functioning

BILAG 91

Chazan, Rodrigo, Borowski, Carolina, Pianca, Thiago, Ludwig, Henrique, Rohde, Luis Augusto, Polanczyk, Guilherme, *Do Phenotypic Characteristics, Parental Psychopathology, Family Functioning, and Environmental Stressors Have a Role in the Response to Methylphenidate in Children With Attention-Deficit/Hyperactivity Disorder?: A Naturalistic Study From a Developing Country*, Journal of Clinical Psychopharmacology 2011.

ABSTRACT:

Little is known about the effect of clinical characteristics, parental psychopathology, family functioning, and environmental stressors in the response to methylphenidate in children with attention-deficit/hyperactivity disorder (ADHD) followed up in a naturalistic setting. Data from cultures outside the United States are extremely scarce. This is a longitudinal study using a nonrandom assignment, quasi-experimental design. One hundred twenty-five children with ADHD were treated with methylphenidate according to standard clinical procedures, and followed up for 6 months. The severity of ADHD symptoms was assessed by the Swanson, Nolan, and Pelham rating scale. In the final multivariate model, ADHD combined subtype ( $P < 0.001$ ) and comorbidity with oppositional defiant disorder ( $P = 0.03$ ) were both predictors of a worse clinical response. In addition, the levels of maternal ADHD symptoms were also associated with worse prognosis ( $P < 0.001$ ). In the context of several adverse psychosocial factors assessed, only undesired pregnancy was associated with poorer response to methylphenidate in the final comprehensive model ( $P = 0.02$ ). Our study provides evidence for the involvement of clinical characteristics, maternal psychopathology, and environmental stressors in the response to methylphenidate. Clinicians may consider adjuvant strategies when negative predictors are present to increase the chances of success with methylphenidate treatment.

BILAG 92

Andrea Chronis-Tuscano, Kelly A. O'Brien, Charlotte Johnston, Heather A. Jones, Tana L. Clarke, Veronica L. Raggi, Mary E. Rooney, Yamalis Diaz, Jessica Pian, and Karen E. Seymour, *The Relation Between Maternal ADHD Symptoms & Improvement in Child Behavior Following Brief Behavioral Parent Training is Mediated by Change in Negative Parenting*, Abnorm Child Psychol. 2011

ABSTRACT:

This study examined the extent to which maternal attention-deficit/hyperactivity disorder (ADHD) symptoms predict improvement in child behavior following brief behavioral parent training. Change in

parenting was examined as a potential mediator of the negative relationship between maternal ADHD symptoms and improvement in child behavior. Seventy mothers of 6–10 year old children with ADHD underwent a comprehensive assessment of adult ADHD prior to participating in an abbreviated parent training program. Before and after treatment, parenting was assessed via maternal reports and observations and child disruptive behavior was measured via maternal report. Controlling for pre-treatment levels, maternal ADHD symptomatology predicted post-treatment child disruptive behavior problems. The relation between maternal ADHD symptomatology and improvement in child behavior was mediated by change in observed maternal negative parenting. This study replicated findings linking maternal ADHD symptoms with attenuated child improvement following parent training, and is the first to demonstrate that negative parenting at least partially explains this relationship. Innovative approaches combining evidence-based treatment for adult ADHD with parent training may therefore be necessary for families in which both the mother and child have ADHD. Larger-scale studies using a full evidence-based parent training program are needed to replicate these findings.

BILAG 93

Andrea Chronis-Tuscano, Mary Rooney, Karen E. Seymour, Heather Jones Lavin, Jessica Pian, Adelaide Robb, Lisa Efron, Charles Conlon, Mark A. Stein, *Effects of Maternal Stimulant Medication on Observed Parenting in Mother–Child Dyads With Attention-Deficit Hyperactivity Disorder*, *Journal of Clinical Child & Adolescent Psychology*, Volume 39, Issue 4, 2010.

ABSTRACT:

This pilot study of 23 mothers with attention-deficit=hyperactivity disorder (ADHD) and their offspring with ADHD examined the effects of maternal stimulant medication on observed interactions. Parent–child interactions were observed using a structured protocol before and after mothers underwent a 5-week, double-blind stimulant titration. Despite dramatic effects of medication on adult ADHD symptoms, this small pilot and open label laboratory-based study did not identify maternal stimulant effects on observed parenting or child behavior. Given the documented impairments in parenting displayed by adults with ADHD, behavioral parenting interventions may be needed in conjunction with medication for mothers with ADHD to optimize family outcomes.

BILAG 94

Marissa Swaim Griggs, M.A. and Amori Yee Mikami, *Parental ADHD Predicts Child and Parent Outcomes Parental Friendship Coaching Treatment*, *J Am Acad Child Adolesc Psychiatry*, 2011.

ABSTRACT:

Objective – This study investigated the impact of parental ADHD symptoms on the peer relationships and parent-child interaction outcomes of children with ADHD among families completing a randomized-controlled trial of Parental Friendship Coaching (PFC) relative to control families.

Method – Participants were 62 children with ADHD (42 boys; ages 6–10) and their parents. Approximately half of the families received PFC (a 3-month parent training intervention targeting the peer relationships of children with ADHD) and the remainder represented a no-treatment control group.

Results – Parental inattention predicted equivalent declines in children's peer acceptance in both treatment and control families. However, treatment amplified differences between parents with high versus low ADHD symptoms for some outcomes: Control families declined in functioning regardless of parents' symptom levels. However, high parental inattention predicted increased child peer rejection and high parental inattention and impulsivity predicted decreased parental facilitation among treated families (indicating reduced treatment response). Low parental symptoms among treated families were associated with improved functioning in these areas. For other outcomes, treatment attenuated differences between parents with high versus low ADHD symptoms: Among control parents, high parental impulsivity was associated with increasing criticism over time whereas all treated parents evidenced reduced criticism regardless of symptom levels. Follow-up analyses indicated that the parents experiencing poor treatment response are likely those with clinical levels of ADHD symptoms.

Conclusions – Results underscore the need to consider parental ADHD in parent training

BILAG 95

Natalie Grizenko, Bojan Kovacina, Leila Ben Amor, George Schwartz, Marina Ter-Stepanian, Ridha Joobar, *Relationship Between Response to Methylphenidate Treatment in Children With ADHD and Psychopathology in Their Families*, Journal of the American Academy of Child & Adolescent Psychiatry, 2006.

ABSTRACT:

Objective: To compare the pattern of familial aggregation of psychopathology in children who are good responders (GR) to methylphenidate (MPH) versus those who are poor responders (PR).

Method: A total of 118 clinically referred children ages 6 to 12 years, diagnosed with ADHD participated in a double-blind, placebo-controlled, randomized 2-week crossover trial of MPH from 1999 to 2004.

A low dose of 0.5 mg/kg of body weight of MPH divided in two equal doses was used. Family history was obtained by interviewing at least one key historian relative of each subject using Family Interview for Genetic Studies. Information was collected on 342 first-degree and 1,151 second-degree relatives of children with attention-deficit/hyperactivity disorder.

Results: Forty-four subjects showed mild or no improvement (PR) and 74 showed moderate or very much improvement (GR) on MPH over placebo. First-degree relatives of GR subjects were at significantly higher risk of attention-deficit/hyperactivity disorder than the relatives of PR subjects ( $p < .05$ ). Second-degree relatives of the GR were at significantly higher risk of antisocial personality disorder compared to the relatives of PR subjects ( $p < .05$ ).

Conclusions: The significantly higher presence of attention-deficit/hyperactivity disorder in the first-degree relatives and of antisocial personality disorder in the second-degree relatives of GR children suggests that this group may, at least partially, be distinct from the PR group on the basis of genetic determinants.

BILAG 96

E. Harvey, J. S. Danforth, T. Eberhardt McKee, W. R. Ulaszek, and J. L. Friedman, *Hyperactivity Disorder (ADHD): The role of parental ADHD symptomatology*. *Journal of Attention Disorders*, vol. 7 no. 1 31-42, 2003.

ABSTRACT:

Objective: The present study examined the relation between parental ADHD symptomatology and parent-child behavior among 46 mothers and 26 fathers of ADHD children.

Results: Fathers' self-reports of inattention and impulsivity were strongly associated with self-reports of lax parenting both before and after parent training, and with self-reports of overreactivity after parent training. Fathers' impulsivity was also associated with more arguing during audiotaped observations of parent-child interactions prior to parent training. Mothers' self-reports of inattention were modestly associated with self-reports of laxness before and after parent training. Prior to parent training, there were nonlinear relations between mothers' inattention and observations of mother-child behavior, with mothers who reported moderate levels of inattention engaging in the most negative parent-child interactions. After parent training, these relations were linear, with the mothers who reported the most inattention engaging in the most negative parent-child interactions. These results were weakened but were generally still significant when parental depression and alcohol use were controlled.

BILAG 97

Thomas Jans, Alexandra Philipsen, Erika Graf, Gabriele Ihorst, Manfred Gerlach, Andreas Warnke, *Does the treatment of maternal attention deficit and hyperactivity disorder (ADHD) enhance the efficacy of a behavioural parent training for the treatment of their children's ADHD? Study protocol of a randomized controlled multicentre trial*, ADHD Attention Deficit and Hyperactivity Disorders, Volume 1, Issue 1, pp 33-45, 2009.

ABSTRACT:

Heritability of deficit and hyperactivity disorder (ADHD) is high. Thus, frequently both children and parents are affected. Parental ADHD often has a negative impact on parent–child interactions and may constitute a significant barrier to a successful treatment of the child's ADHD. The objective of our randomized controlled multicentre trial is to evaluate whether the treatment of maternal ADHD improves the efficacy of a behavioural parent training for children's ADHD. One hundred and forty-four mother–child pairs, both affected by ADHD according to DSM-IV, will be treated at five sites in Germany. Mothers are randomized to manualized cognitive-behavioural group psychotherapy plus open methylphenidate treatment or to control treatment (supportive counselling). After 13 weeks of treatment, manualized behavioural parent training will be administered to all mother–child pairs. Therapists are graduated psychologists or physicians. Treatment integrity will be established by independent supervision. Primary endpoint (child's externalizing symptoms) is rated by interviewers blind to the mother's treatment allocation. Intention-to-treat analysis will be performed within a linear regression model (Current Controlled Trials ISRCTN73911400).

BILAG 98

Charlotte Johnston, Eric J. Mash, Natalie Miller, Jerilyn E. Ninowski, *Parenting in adults with attention-deficit/hyperactivity disorder (ADHD)*, Clinical Psychology Review, Volume 32, Issue 4, Pages 215–228, 2012.

ABSTRACT:

Although the validity of adult ADHD is well established and research has identified a variety of impairments associated with the condition in adults, study of how ADHD impacts an adult's ability to parent has been relatively neglected. Parenting is a particularly important domain of functioning given the familial nature of the disorder and emerging evidence that parenting behaviors play a role in the development or maintenance of child ADHD symptoms, comorbid psychopathologies, and other associated difficulties. In this paper, we focus on three broad categories of cognitive dysfunction proposed across models of ADHD — cognitive processes (e.g., working memory, planning, and inhibitory control), self-

regulation deficits (e.g., self-monitoring of performance to detect errors or the need for regulation of behavior and/or emotions), and motivational or arousal difficulties (e.g., response to incentives, delay aversion). We consider how these deficits may lead to impairments in the parenting behaviors of effective behavioral control and emotional responsiveness, and review the available evidence regarding parenting in adults with ADHD symptoms. We conclude by noting the limitations in existing studies, and argue for further research that is theoretically grounded in how core deficits of ADHD may be related to dimensions of parenting. The implications of an improved understanding of how ADHD impacts parenting for the development of early intervention or prevention programs are outlined.

BILAG 99

Margaret H. Sibley, J. Megan Ross, Elizabeth M. Gnagy, Laura J. Dixon, Bradfield Conn, William E. Pelham Jr., *An Intensive Summer Treatment Program for ADHD Reduces Parent–Adolescent Conflict*, *Journal of Psychopathology and Behavioral Assessment*, Journal of Psychopathology and Behavioral Assessment, 2012.

ABSTRACT:

There are currently almost no treatment efforts to reduce parent–adolescent conflict in adolescents with ADHD. As such, this study investigated the effect of an intensive Summer Treatment Program for Adolescents with ADHD (STP-A) on parent–adolescent conflict. Twenty adolescents and their parents completed the 8 week behavioral treatment program, which included 320 hours of adolescent-directed treatment, 15 hours of parent behavior management training, and daily feedback from staff on parent implementation of a home-based behavioral contract. Results indicated that 70–85 % of adolescents who attended the STP-A demonstrated reliable improvement in parent–adolescent conflict from baseline to post-treatment. Treatment response was associated with higher levels of conflict at baseline, but not adolescent ODD severity or parent ADHD severity. Several patterns of treatment non-response were detected through visual examination of weekly conflict scores during the STP-A. Discussion suggests that intensive, parent-involved treatment programs may be necessary to improve home-conflict in adolescents with ADHD.

BILAG 100

Chronis-Tuscano, Andrea & Stein, Mark A., *Pharmacotherapy for Parents with Attention-Deficit Hyperactivity Disorder (ADHD)*, *CNS Drugs*, Volume 26, Issue 9, pp 725-732, 2012.

ABSTRACT:

Given the high heritability of the disorder, attention-deficit hyperactivity disorder (ADHD) is common among parents of children with ADHD. Parental ADHD is associated with maladaptive parenting, negative parent-child interaction patterns and a diminished response to behavioural parent training. We describe our previous research demonstrating that stimulant medications for mothers with ADHD are associated with reductions in maternal ADHD symptoms. Although limited beneficial effects on self-reported parenting were also found in our study, the impact of ADHD medications on functional outcomes related to parenting and family interactions may not be sufficient for many families. Many questions remain with regard to how best to treat multiplex ADHD families in which a parent and child have ADHD. In particular, future studies are needed: (1) to evaluate how best to sequence pharmacotherapy, psychosocial treatment for adult ADHD and behavioural parenting interventions; (2) to determine the best approach to maintaining treatment effects over the long term for both parents and children; and (3) to identify individual predictors of treatment response.



## BILAG 3 OVERSIGT 1, DELINITIATIV I – FORÆLDREINDSATSER

### BILAGSTABEL B2

#### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ ni
1	Enhancing Traditional Behavioral Parent Training for Single Mothers of Children with ADHD, <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 2009	A. Chacko, B.T. Wymbs, F.A. Wymbs, W.E. Pelham, M.S. Swanger-Gagne, E. Girio, L. Pirvics, L. Herbst, J. Guzzo, C. Phillips & B. O'Conner	Sammenligning af effekten af forældreprogrammerne Behavioral Parent Training (BPT) og Strategies to Enhance Positive Parenting (STEPP) hos single mødre med børn med ADHD i alderen 5-12 år. Det konkluderes, at STEPP-programmet er en fordel for udsatte familier, da studiet viser, at STEPP-programmet resulterer i en forøget gennemførelsesprocent.	Randomiseret forsøg	1
2	Evaluating a comprehensive strategy to improve engagement to group-based behavioral parent training for high-risk families of children with ADHD, <i>Journal of Abnorm Child Psychology</i> , 2012	A. Chacko, B.T. Wymbs, F.A. Wymbs, W.E. Pelham & A. Chimiklis	Sammenligning af BPT og STEPP-programmet i "high risk families" – single mødre med børn med ADHD i skolealderen. STEPP-programmet viste en øget deltagelsesevne til behandlingen over tid samt mindre rate af dropout, samt at forældrenes engagement blev forbedret.	Randomiseret forsøg	1
3	Evaluating Clinically Significant Change in Mother and Child Functioning: Comparison of Traditional and Enhanced Behavioral Parent Training, <i>Journal of Abnormal Child Psychology</i> , 2014	E. Rajwan, A. Chacko, B. Wymbs & F. Wymbs	Forsøg, som bygger videre på tidligere undersøgelser, der påpeger de positive effekter af Behavioral Parent Training og STEPP hos single mødre til børn med ADHD på gruppeplan. Dette forsøg undersøger effekten af programmernes indflydelse på single mødre til børn med ADHD, når det foregår på individniveau. Begge programmer har positiv effekt, STEPP kun en smule bedre end BPT.	Bygger videre på et tidligere randomiseret forsøg med BPT og STEPP hos single mødre.	1

### BILAGSTABEL B2 FORTSAT

#### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ ni
4	Treatment for single-mothers of children diagnosed with ADHD: a comparison between a traditional and an enhanced behavioral parenting program, <i>Dissertation Abstracts International</i> , 2007	A. Chacko	Undersøgelse af effektforskelle mellem traditionel og udvidet Behavioral Parenting Program til enlige mødre til børn med ADHD. Konklusionen var at det udvidede forældreprogram viste størst effekt for enlige mødre, selvom der også var en effekt ved det traditionelle program.	Randomiseret forsøg.	1
5	Does intensive multimodal treatment for maternal ADHD improve the efficacy of parent training for children with ADHD? A randomized controlled multicenter trial, <i>Journal of Child Psychology &amp; Psychiatry</i> , 2015	T. Jans, C. Jacob, A. Warnke, U. Zwanzger, S. Gross-Lesch, S. Matthies, P. Borel, K. Hennighausen, B. Haack-Dees, M. Rösler, W. Retz, A. von Gontard, S. Hänig, E. Sobanski, B. Alrn, L. Poustka, S. Hohmann, M. Colla, L. Gentschow, C. Jaite	Det første randomiserede forsøg, der vil undersøge effekten af to behandlinger målrettet mødre med ADHD for derpå at undersøge behandlingernes indflydelse på forældre-barn-træning. Forsøget viser, at der ikke er nogen forskel på behandlingerne for moderligt ADHD, dog viser de begge en effekt i forhold til barnets udadreagerende adfærd.	Randomiseret forsøg	1

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
6	Lessons Learned in Enhancing Behavioral Parent Training for High-Risk Families of Youth with ADHD, <i>The ADHD report / Russell A. Barkley &amp; Associates</i> , 2013	A. Chacko, J.Z. Uderman & A. Zwilling	Undersøgelse, der afdækker forskellen mellem BPT og STEPP-programmet med henblik på at forbedre fremmødet og gennemførselsprocenten for single mødre i højrisikofamilier med børn med ADHD. Det klassiske STEPP-program blev udvidet med fx en forbedret inklusionsproces, løbende problemløsnings- og håndteringsprogrammer, som kunne forbedre muligheden for, at mødrene forblev i programmet. Undersøgelsens konklusion var, at flere single-mødre gennemførte det forbedrede STEPP-program i forhold til traditionelle forældretræningsprogrammer.	Randomiseret forsøg	1
7	Development and Preliminary Evaluation of an Integrated Treatment Targeting Parenting and Depressive Symptoms in Mothers of Children With Attention-Deficit/Hyperactivity Disorder, <i>Journal of Consulting and Clinical Psychology</i> , 2013	A. Cronis-Tuscano, T.L. Clarke, K.A. O'Brien, V.L. Raggi, A.D. Mintz, M.E. Rooney, L.A. Knight, K.E. Seymour & S.R. Thomas	I dette forsøg kombinerer man traditionel forældretræning (BPT) med et program målrettet depression (CWDC) - Integrated-Parenting-Intervention for ADHD (IPI-A) og sammenligner effekten mod en kontrolgruppe, der udelukkende har fået BPT med henblik på at udvikle programmer målrettet forældre (mødre) med depressive symptomer, som har børn med ADHD. Konkluderer med præliminær støtte for den integrerede indsats, som involverer mødre.	Randomiseret forsøg	1
8	Paternal influences on treatment outcome of behavioral parent training in children with attention-deficit/hyperactivity disorder, <i>European Child &amp; Adolescent Psychiatry</i> , 2014	B.J. van den Hoofdakker, P.J. Hoekstra, L. van der Veen-Mulders, S. Sytema, P.M.G. Emmelkamp & R.B. Minderaa	Kontrolleret forsøg, som vil afdække effekten af BPT-programmer i sammenligning med rutinemæssig klinisk omsorg (routine clinical care RCC) for børn med ADHD hos deres fædre. Viser, at BPT er bedre end RCC alene, når faderen har høj grad af ADHD eller høj forældre self-efficacy.	Kontrolleret forsøg	1

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
9	Does maternal ADHD reduce the effectiveness of parent training for pre-school children's ADHD?, <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 2002	E.J.S. Sonuga-Barke, D. Daley & M. Thompson	Artiklen undersøger, hvorvidt graden af mødres ADHD påvirker effekten af forældretræningen. Det konkluderes, at forældretræning ikke har nogen effekt/skaber forbedring, hvis mødrene har for høj grad af ADHD, og dermed er det kun, når mødre har lav grad af ADHD, at der skabes en effekt på barnets ADHD.	Før/efter-intervention, hvor forældretræning blev givet til forældre med fødselsbørn med ADHD, hvor forældres grad af ADHD også blev målt.	1
10	Treating Parents with Attention-Deficit/Hyperactivity Disorder: The Effects of Behavioral Parent Training and Acute Stimulant Medication Treatment on Parent-Child Interactions, <i>Journal of Abnormal Child Psychology</i> , 2014	D.E. Babinski	Undersøgelse af effekten af Behavioral Parent Training (BPT) hos forældre med ADHD. Artiklen konkluderer, at der er forbedringer i både forældre og børns opførsel hvilket betyder, at forældre med ADHD har gavn af BPT.	Baselinestudie på 12 forældre med ADHD og deres børn i alderen 6-12 år med ADHD.	1
11	Engagement and effectiveness of parent management training (incredible years) for solo high-risk mothers: A multiple baseline evaluation, <i>Behaviour Change</i> , 2008	K.R. Ronan & D.G. Lees	Artiklen vil undersøge effekten af The Incredible Years for højrisiko single-mødre (oplevet depression, arbejdsløshed, alkoholmisbrug) med henblik på at kunne målrette et program med færre dropouts. Alle gennemfører forløb, og der er meget positive resultater for både mødre og børn.	Et baselineforsøg i public clinic setting med et sample på 4 højrisiko single-mødre.	1

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
12	Testing the interactive effect of parent and child ADHD on parenting in mothers and fathers: A further test of the similarity-fit hypothesis, <i>British Journal of Developmental Psychology</i> , 2007	L. Psychogiou, D. Daley, M.J. Thompson & Sonuga-Barke Edmund	Et forsøg som undersøger sammenhængen mellem børns og forældres ADHD ud fra similarity-fit-hypotesen. Undersøgelsen konkluderer at mødre med ADHD støtter similarity-fit-hypotesen - dvs. at mødre med ADHD formidler børnenes ADHD, mens fædre med ADHD støtter similarity misfit-hypotesen - dvs. at fædres ADHD forværrer børnenes ADHD.	Spørgeskemaundersøgelse, som blev besvaret af 278 mødre og 85 fædre med ADHD samt børn med ADHD i skolealderen	1
13	Are parental ADHD problems associated with a more severe clinical presentation and greater family adversity in children with ADHD? , <i>European Child and Adolescent Psychiatry</i> , 2013	S. Shameem & A. Stanley	Undersøgelse af hvilken indflydelse forældres ADHD har på børn med ADHD. Undersøgelsen konkluderer, at der er flere konflikter og mindre samhørighed når moderen har ADHD, end når faderen har ADHD. Således sætter artiklen fokus på de negative konsekvenser forældres ADHD kan have på børn med ADHD.	Undersøgelsen baserer sig på spørgeskemaer	1
14	A small-scale randomized controlled trial of the revised new forest parenting programme for pre-schoolers with attention deficit, hyperactivity disorder, <i>European Child and Adolescent Psychiatry</i> , 2009	M.J.J. Thompson, C. Laver-Bradbury, M. Ayres, E.L. Poidevin, S. Mead, C. Dodds, L. Psychogiou, P. Bitsakou, D. Daley, A. Weeks, L.M. Brotman, H. Abikoff, P. Thompson & E.J.S. Sonuga-Barke	Undersøger effekten af det reviderede New Forest Parenting Programme (NFFP), som er målrettet til førskolebørn. Undersøgelsen viste høj positiv effekt på ADHD symptomerne, som stadig bestod efter 9 uger, men mindre effekt på ODD symptomer. Der var ingen effekt på moderens mental health eller på hendes forældreadfærd.	Randomiseret forsøg	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
15	One-year follow-up of combined parent and child intervention for young children with ADHD, <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 2013	C. Webster-Stratton, M.J. Reid & T.P. Beauchaine	Undersøger effekten af Incredible Years intervention 1 år efter endt forløb (blandt 4-6-årige børn og deres forældre). Signifikante forbedringer er stadig at finde 1 år senere.	Randomiseret forsøg	2
16	An efficacy study of a combined parent and teacher management training programme for children with ADHD, <i>Nordic journal of psychiatry</i> , 2012	M. Ostberg & A.-M. Rydell	Evaluering af en kombineret indsats fra både forældre og lærere ('Strategies in Everyday Life') ml. interventionsgruppe og kontrolgruppe. Reduktion i ADHD-symptomer ved interventionsgruppen (mest på hjemmefronten).	Randomiseret forsøg	2
17	Efficacy of the Incredible Years Basic parent training, programme as an early intervention for children with conduct problems and ADHD, <i>School of Psychology, University of Wales</i> , 2007	K. Jones, D. Daley, J. Hutchings, T. Bywater & C. Earnes	Måler effekten mellem interventionsgruppe, der modtager the Incredible Years Basic, og en kontrolgruppe. Her ses tydelige forbedringer hos interventionsgruppen.	Randomiseret forsøg	2
18	Parent training for pre-school ADHD: A randomized controlled trial of specialized and generic programs, <i>Journal of Child Psychology &amp; Psychiatry</i> , 2015	H.B. Abikoff, M. Thompson, C. Laver-Bradbury, N. Long, R.L. Forehand, L.M. Bortman, R.G. Klein, P. Reiss, L. Huo & E. Sonuga-Barke	Evaluerer kortsigtet og langsigtet effekt af New Forest Parenting Program sammenlignet med en klinisk-baseret forældreintervention til behandling af 'ulydige' børn på 3-4 år (Helping Noncompliant Children, HPC). Forældrerateringerne tyder på forbedringer ift. børnenes adfærd samt forældrepraksis i forhold til kontrolgrupperne. Dog understøttes dette ikke af lærernes ratings samt objektive ratings. Således konkluderes det, at NFFP ikke entydigt adresserer dysfunktioner hos børn med ADHD.	Randomiseret forsøg	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
19	A waitlist-controlled trial of behavioral parent training for fathers of children with ADHD, <i>Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, 2012</i>	G.A. Fabiano, C.E. Cunningham, J. Yu, B. Gangloff, M. Buck, S. Linke, M. Gormly & S. Gera	Undersøger effekten af COACHES-programmet til fædre med børn med ADHD. På baggrund af objektive observationer af forældrenes adfærd samt forældres ratings over børnenes adfærd viser forsøget, at fædrenes negative adfærd reduceres, samt at fædrenes ros til børnene øges relativt til kontrolgruppen efter COACHES.	Randomiseret forsøg	2
20	Et felteksperiment med kærlighed i kaos, <i>SFI – Det Nationale Forskningscenter for Velfærd, 2015</i>	C. Præstgaard Christensen & C. Scavenius	Undersøger effekten af det frivilligt-drevne forældreprogram Kærlighed i Kaos. KiK styrker forældrekompetencer, tilfredshed med forælderollen og tiltro til egne evner som forælder. Derudover forbedrer KiK forældrenes opdragelse af barnet – også et år efter første kursusdag. Derudover har KiK effekt på børnene, da der stilles færre krav til barnet i hjemmet, som er mindre præget af konflikter.	Randomiseret ventelisteeksperiment	2
21	Children With Conduct Problems and Co-occurring ADHD: Behavioral Improvements Following Parent Management Training, <i>Child &amp; family behavior therapy, 2015</i>	G. Bjørnebekk, J. Kjøbli & T. Ogden	Undersøger effekten af parent management training Oregon model m.l. to forældregrupper med børn med og uden ADHD i Norge. Undersøgelsen viser, at både grupperne med og uden ADHD havde tæt på den samme forandring i adfærdsmæssig status som følge af behandlingen. ADHD diagnosen gjorde således ingen forskel.	Kontrolleret forsøg	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
22	Parental influence on children with attention-deficit/hyperactivity disorder: II. results of a pilot intervention training parents as friendship coaches for children, <i>Journal of Abnormal Child Psychology, 2010</i>	A.Y. Mikami, M.D. Lerner, M.S. Griggs, A. McGrath & C.D. Calhoun	Undersøger effekten af parental Friendship Coaching (PFC) på børn med ADHD's udvikling af sociale kompetencer. Modtagerne af PFC viste forbedringer i børnenes sociale evner og kvalitet af venskaber i legeaftaler. Desuden medførte PFC en reduktion i kritik af barnets gruppeinteraktioner, hvad der førte til en forbedring af børnenes grupperelationer. Der blev ikke fundet nogen effekt på antallet af afholdte legeaftaler.	Randomiseret, kontrolleret forsøg	2
23	A problem solving training program for parents of children with attention deficit hyperactivity disorder, <i>Canadian Journal of School Psychology, 1993</i>	B. Blakemore, S. Shindler & R. Conte	Undersøger effekten af Problem Solving Training Program for forældre med børn med ADHD. Studiet viser, at programmet er effektivt ift. at reducere forældres stress, forbedre forældrenes opfattelse af barnet samt bevirke en forbedring af forældrenes problemløsevner. Disse fund er stærkere for individuel terapi end i gruppebaseret terapi.	Før/efter/opfølgning måling af forældreprogrammet, kontrolleret forsøg	2
24	Are parental autism spectrum disorder and/or attention-deficit/Hyperactivity disorder symptoms related to parenting styles in families with ASD (+ADHD) affected children?, <i>European Child Adolescent Psychiatry, 2013</i>	D.J. van Steijn, A.M. Oerlemans, S.W. de Ruiter, M.A.G. van Aken, J.K. Buitelaar & N.N.J. Rommelse	En undersøgelse af den kombinerede effekt af forældre med ADHD og børn med ADHD i forhold til forældrestil. Undersøgelsen viser, at det har negativ indflydelse på børn med ADHD, hvis deres fædre har ADHD. Derfor fremhæves det, at forældretræning i denne slags familier kan være løsningen.	Kvantitativ undersøgelse på baggrund af udfyldte spørgeskemaer	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
25	Effects of parental social support, unsupportive spouse behavior and marital satisfaction on parenting behaviors, <i>Dissertation Abstracts International</i> , 2002	J.L. Shlaes	Undersøgelse af, hvilke kontekstuelle faktorer der kan påvirke forældretræning. Det sker ved at se på baggrundsvariable såsom ægteskabstilfredsstillelse, social støtte, støtte fra ægtefælle. Undersøgelsen konkluderer at effekten af Positive Parenting og Problem Solving er påvirket af forældrenes sociale støtte, ægteskabstilfredsstillelse og ægtefællestøtte.	Multivariat analyse	2
26	Behavioral parent training as an adjunct to routine care in children with attention-deficit/hyperactivity disorder: moderators of treatment response. <i>Journal of pediatric psychology</i> , 2010	B.J. van den Hoofdakker, M.H. Nauta, L. van der Veen-Mulders, S. Sytema, P.M.G. Emmelkamp, R.B. Minderaa & P.J. Hoekstra	Måle effekten af behavioral parent training (BPT). Tog bl.a. også højde for forældrevariable såsom depression, forældre med ADHD osv. Størst positiv effekt var at finde blandt børn med ingen eller kun en enkelt form for komorbiditet.	Randomiseret forsøg	2
27	Evaluation of a psychoeducation programme for parents of children and adolescents with ADHD: immediate and long-term effects using a blind randomized controlled trial, <i>European child &amp; adolescent psychiatry</i> , 2014	M. Ferrin, J.M. Moreno-Granados, M.D. Salcedo-Marin, M.R. Veguilla, V. Periz-Ayala & E.Taylor	Evaluering af psykoedukation-program for forældre med børn og unge med ADHD. Det konkluderes, at psykoedukationsprogrammet er en værdifuld behandlingsmetode for forældre til børn/unge med ADHD, som bør overvejes som en komplementær behandlingsmetode til medicinske behandlingsmuligheder.	Randomiseret, kontrolleret forsøg	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
28	A growth curve analysis of parent training outcomes: Examining the influence of child risk factors (inattention, impulsivity, and hyperactivity problems), parental and family risk factors, <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 2003	R.R. Hartman, S.A. Stage & C. Webster-Stratton	Undersøger, hvorledes forskellige variable kan påvirke effekten af forældreprogrammer. Studiet viser, at forældretræning er lige så effektivt for drenge med adfærdsvanskeligheder og opmærksomhedsvanskeligheder som for drenge kun med adfærdsvanskeligheder, samt at variable som stress, depression og socioøkonomisk status ikke var signifikante bidragydere, hverken med hensyn til børnenes adfærdsvanskeligheder eller med hensyn til forældreinteraktioner.	Følger mødre og drenge, der deltager i forældreprogram	2
29	Parenting Early Intervention Programme Evaluation, <i>Department of Education (UK)</i> , 2011	G. Lindsay, S. Strand, M.A. Cullen, S. Cullen, S. Band, H. Davis, G. Conlon, J. Bartow & R. Evans	Evaluering af igangværende forældreprogrammer (PEIP) i UK til forældre med børn med bekymringer om adfærdsproblemer. Konkluderende opsummeres det, at alle fire PEIP-programmer er effektive i forhold til at forbedre forældreevner samt forældrenes mentale velvære. Desuden viser det en reduktion i børnenes adfærdsvanskeligheder. Disse resultater gælder over hele landet og var stadig gældende, et år efter at programmet var afsluttet.	Før/efter effekt hos interventionsgruppe (kvalitativ og kvantitativ)	2
30	The outcome of group parent training for families of children with attention-deficit hyperactivity disorder and defiant/aggressive behavior, <i>Journal of Behavior Therapy and Experimental Psychiatry</i> , 2006	J.S. Danforth, E. Harvey, W.R. Ulaszek & T.E. McKee	Evaluering af forældreprogrammet Behavior Management Flow Chart (BMFC) hos forældre med børn med ADHD. Forældretræningsprogrammet BMFC reducerer børnenes hyperaktivitet samt udfordrende og aggressive adfærd samt forbedrer forældrenes adfærd og reducerer forældrenes stress. Disse data er kompatible med tidligere forskning, der evaluerer effekten af forældretræning med MBFC.	Før/efter måling blandt deltagerne af forældreprogrammet	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
31	Utviklingen i barns utagerende atferd og mødres oppdragelsespraksis etter foreldretrening, <i>Tidsskrift for Norsk Psykologiforening</i> , 2010	S. Fossum, B.H. Handegård, M.B. Drugil & W.-T. Mørch	Undersøger, hvorledes komorbide vanskeligheder hos barnet og forhøjet stress blandt mødre påvirker behandlingen med DUA i Norge. Programmet viser positive resultater, men ikke alle børn får samme udbytte af behandlingen. Det konkluderes således, at DUA-programmet er en behandlingsform, som er særligt passende til behandlingen af adfærdsmæssige problemer, når yderligere risikofaktorer (såsom stress hos mødre, internaliserede/eksternaliserede problemer samt komorbiditet) er til stede.	Før/efter effekt af forældreprogrammet	2
32	Parent-Child Interaction Therapy With Emotion Coaching for Preschoolers With Attention-Deficit/Hyperactivity Disorder, <i>Cognitive and Behavioral Practice</i> , 2014	A. Chronis-Tuscano, E. Lewis-Morrarty, K.E. Woods, K.A. O'Brien, H. Mazursky-Horowitz & S.R. Thomas	Undersøger, hvorvidt programmet PCIT-ED (Parent-child interaction therapy - emotion development) kan justeres og adapteres til brug ved forældre med børn med ADHD. Der kan vises en effekt af brugen af PCIT med parent emotion coaching til børn med ADHD, men der mangler videre forskning i relation til den standardiserede version af PCIT.	Før/efter/opfølgning effekt af programmet	2
33	A Comparison of Behavioral Parent Training Programs for Fathers of Children With Attention-Deficit/Hyperactivity Disorder, <i>Behavior Therapy</i> , 2009	G.A. Fabiano, A. Chacko, W.E. Pelham Jr., J. Robb, K.S. Walker, F. Wymbs, A.L. Sastry, L. Flammer, J.K. Keenan, H. Visweswarajah, S. Shulman, L. Herbst & L. Pirvics	Undersøger effekten af to programmer blandt fædre, en almindelig Behavioral Parent Training (BPT) og et program, COACHES, som var udvidet med sport til træning af barnet og af forældre barn relation. Efter endt behandling udviste fædre tilknyttet COACHES mere engagement og positiv vurdering.	Randomiseret forsøg	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
34	The severely impaired do profit most: Differential effectiveness of a parent management training for children with externalizing behavior problems in a natural setting, <i>Journal of Child and Family Studies</i> , 2011	C. Hautmann, P. Stein, I. Eichelberger, C. Hanisch, J. Plück, D. Walter & M. Döpfner	Undersøger differentieringen af forældretræning til forældre med børn på 3-10 år med udadreagerende adfærd. De mest udsatte og udadreagerende opnår bedst effekt af forløbet.	Kontrolleret forsøg med måling af før/efter/opfølgning effekter	2
35	The Effectiveness of Mindfulness Training for Children with ADHD and Mindful Parenting for their Parents, <i>Journal of Child and Family Studies</i> , 2012	S. van der Oord, S.M. Bögels & D. Peijnenburg	Afdækker effektiviteten af mindfulnessstræning for forældre med børn med ADHD. Signifikant reduktion af ADHD-symptomer, vurderet af forældrene, samt forældre-stress.	Kontrolleret forsøg med måling af før/efter/opfølgning effekter	2
36	Parent Training for ADHD: Parental and Child Outcome, <i>Journal of Clinical Psychology</i> , 1999	H.A. Weinberg	Måler effekten af gruppe forældreprogram, hvor der blev konkluderet positive ændringer bl.a. ift. reduktion af forældre stress, men ikke forbedring af børnenes adfærd.	Før/efter målinger blandt forældrene	2
37	Effects of 8-Session Behavioral Parent Training Group for Parents of Children With ADHD on Child Impairment and Parenting Confidence, <i>Journal of Attention Disorders</i> , 2015	R.E.A. Loren, A.J. Vaughn, J.M. Langberg, J.E.M. Cyran, T. Proano-Raps, B.H. Smolyansky, L. Tamm & J.N. Epstein	Undersøger kort forældretrænings forløb af 8-sessioner i grupper, som viser positive resultater efter forældrenes vurdering, både i barnets adfærd, barn forældre forhold, og betydningen af barnets adfærd for familien. Forældrene fik også større tillid, til at de kunne mestre barnets adfærd.	Før/efter målinger blandt forældre	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
38	An Intensive Summer Treatment Program for ADHD Reduces Parent-Adolescent Conflict, <i>Journal of Psychopathology &amp; Behavioral Assessment</i> , 2012	M.H. Sibley, J.M. Ross, E.M. Gnagy, L.J. Dixon, B. Conn & W.E. Pelham Jr.	Undersøger effekten af et intensivt sommerbehandlingsprogram for unge med ADHD målrettet en reduktion af forældre/unge-konflikter. 70-85 pct. af de unge på sommerskolen viste forbedringer ift. forældre/unge-konflikter fra baseline til efter behandlingen. Studiet påpeger, at intensive, forældreinvolverende behandlingsprogrammer er nødvendige for at forbedre konflikter på hjemmefronten hos unge med ADHD.	Før/efter måling blandt forældre og unge	2
39	A medication-free parent management program for children diagnosed as ADHD, <i>Ethical Human Sciences &amp; Services</i> , 1999	D.B. Stein	Undersøger virkningen af Caregivers Skills Program (CSP) med positive resultater ift. ADHD-symptomer hos barnet. Efter at forældrene begyndte implementeringen af CSP, blev 11 af 12 af de negative adfærdsmønstre dramatisk forbedret eller helt elimineret. Kun aggressiv adfærd blev ikke ændret. Efter en follow-up-undersøgelse 1 år efter viste alle resultaterne sig at være stabile. Efter interventionen levede ingen af børnene op til DSM-IV-kriterierne for ADHD.	Før/efter effekt af forældreprogrammet	2
40	The Alliance in a Friendship Coaching Intervention for Parents of Children With ADHD, <i>Behavior Therapy</i> , 2011	M.D. Lerner, A.Y. Mikami & B.D. McLeod	Undersøger effekten af forældre-terapeut-alliancen på resultatet af forældretræning. Finder frem til, at alliance tidligt i forløbet har en positiv påvirkning.	Randomiseret forsøg	2
41	Does Parent Management Training for Children with Externalizing Problem Behavior in Routine Care Result in Clinically Significant Changes?, <i>Psychotherapy Research</i> , 2009	C. Hautmann, P. Stein, C. Hanisch, I. Eichelberger, J. Plücker, D. Walter & M. Döpfner	Afdækker effekten af Prevention Program for Externalizing Problem Behavior (PEP) med positive resultater efter endt forløb. 3 måneder efter afslutning havde 25-60 pct. af børnene forbedret resultat, set i forhold til, at 33-61 pct. i udgangspunkt var blevet behandlet som klinisk dysfunktionelle tilfælde på tre skoler.	Før/efter måling hos interventionsgruppen	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
42	Predicting Treatment Dropout in Parent Training Interventions for Families of School-Aged Children With ADHD, <i>Child &amp; Family Behavior Therapy</i> , 2013	B.W. Schneider, A.C. Gerdes, L.M. Haack & K.E. Lawton	Undersøger faktorer, der kan bevirke dropout, og finder, at etnicitet, enlige forældre, niveauet af adfærdsproblemer samt medicin-status spillede ind.	Kvalitativ og kvantitativ undersøgelse af deltagerne	2
43	Measuring parental treatment adherence in a multimodal treatment program for children with ADHD: A preliminary investigation, <i>Child &amp; Family Behavior Therapy</i> , 2010.	C. Springer & L.A. Reddy	Sammenligner effekten fra 3 forskellige interventioner, hvoraf den sidste intervention (blanding af 3 tiltag) viser mest positivt resultat. Advokerer for en multimodel som behandling.	Sammenlignende forsøg	2
44	Mindfulness-based psychoeducation for parents of children with attention-deficit/hyperactivity disorder: an applied clinical project, <i>Journal of Child and Adolescent Psychiatric Nursing</i> , 2015	S.B. Anderson & A.M. Guthery	Effekten af mindfulness-baseret psykedukation til stressede forældre med børn med ADHD. Undersøgelsen viser, at forældrenes stressniveau dalede signifikant efter 8 uger med mindfulness. Der gives ikke resultater for børnene.	Før/under/efter målinger blandt deltagerne	2
45	Comparison of parent education and functional assessment ' based intervention across 24 months for young children with attention deficit hyperactivity disorder, <i>School Psychology Review</i> , 2013	G.J. DuPaul, L. Kern, R. Volpe, G.I.L. Caskie, N. Sokol, L. Arbolino, J. Van Brakle & M. Pipan	Sammenligner effekten mellem to forskellige interventioner. Konkluderer, at forældretræning alene er meget effektiv, og foreslår, at en differentieret tilgang ift. interventionen kan give det mest optimale resultat.	Før/under/efter målinger blandt deltagerne	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
46	Health and Disability Assessing the effectiveness of the 'Incredible Years parent training' to parents of young children with ADHD symptoms – a preliminary report, <i>Scandinavian Journal of Psychology</i> , 2014	T. Trillingsgaard, A. Trillingsgaard & C. Webster-Stratton	Undersøger effekten af det danske DUA program. Viser, at DUA-programmet med fordel kan implementeres tidligt hos familier, der har børn med ADHD eller mistanke om ADHD.	Før/efter/opfølgning effektmåling af programmet	2
47	Community-Clinic-Based Parent Intervention Addressing Noncompliance in Children With Attention-Deficit/Hyperactivity Disorder, <i>Cognitive and Behavioral Practice</i> , 2011	W.H. Canu & S.K. Bearman	Afdækker effekten af en forkortet version af et forældretræningsprogram udført på en lokal klinik. Forsøget viser stor behandlingsmæssig effekt på samtlige parametre med undtagelse af CD (conduct disorder).	Før/efter måling af forsøget	2
48	Predicting Parenting Stress in Families of Children with ADHD: Parent and Contextual Factors, <i>Journal of Child and Family Studies</i> , 2011	J. Theule, J. Wiener, M.A. Rogers & I. Rogers	Et studie, der undersøger forældremæssige forhold samt kontekstuelle faktorer, som determinerende for stress i familier med børn med ADHD, hvor det konkluderes, at ADHD hos forældre er en af de stærkeste indikatorer for stress hos forældre til børn med ADHD.	Et kontrolleret forsøg, der er udarbejdet på baggrund af et sample bestående af 95 familier med et barn i alderen 8-12 med eller uden ADHD. Undersøgelsen baserede sig på spørgeskemaer.	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
49	Mindfulness training for parents and their children with ADHD increases the children's compliance, <i>Journal of Child and Family Studies</i> , 2010	N.N. Singh, A.N. Singh, G.E. Lancioni, J. Singh, A.S.W. Winton & A.D. Adkins	En undersøgelse af mindfulness-træning for forældre til børn med ADHD samt børnene gennem et 12 ugers forløb. Forsøget konkluderer, at børnenes lydhørhed øges som følge af, at deres mødre modtager mindfulness-træning, og øges yderligere, når barnet selv modtager mindfulness-træning.	En før/eftermåling på baggrund af en interventionsgruppe	2
50	Paternal ADHD symptoms and child conduct problems: is father involvement always beneficial? <i>Child: Care, Health and Development</i> , 2014	A. Chronis-Tuscano & A.M. Romirowsky	Undersøgelse, der vil afdække, hvorvidt forældres ADHD har betydning for forældrenes opdragelsesstil, og hvorvidt fædre har positiv eller negativ indflydelse herpå. Konklusionen er, at tilstedeværelsen af forældres ADHD muligvis har betydning for, om fædres involvering i børneopdragelse er positivt eller negativt for barnets ADHD. Fars ADHD smitter kun, hvis far engagerer sig i barnet.	En add-on-undersøgelse, der gennem spørgeskemaer har til formål at afdække fædres betydning i børneopdragelsen. Metodiske usikkerheder.	2
51	Drop out from behavioral management training programs for ADHD: A prospective study, <i>Journal of Child and Family Studies</i> , 2007	P.M. Friars & D.J. Mellor	Undersøger dropouts fra forældreprogrammer og finder, at det generelt er forældre med børn med tunge adfærdsproblemer, højere stressniveau. Deres subjektive forståelse af deres børn og deres tro på, at programmet kunne forbedre forholdet til dem påvirkede også gennemførelsesprocenten.	Kvalitativ og kvantitativ undersøgelse af deltagerne på BMT-program	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ ni
52	En empirisk undersøgelse af forældrenes oplevelse af forældreprogrammer De Utrolige År målrettet ADHD, <i>Kandidatafhandling, Psykologisk Institut, Aarhus Universitet, 2014</i>	A. Ryberg & C.M. Wiede	Kvalitativ undersøgelse af effekten af DUA ud fra forældres perspektiv. DUA medfører en oplevet positiv effekt hos forældrene til børn med ADHD i henhold til børnenes adfærd og ADHD-symptomer samt forældrenes egen adfærd.	Interviews med forældre, der har deltaget i DUA	2
53	Overcoming barriers to effective early parenting interventions for attention-deficit hyperactivity disorder (ADHD): parent and practitioner views, <i>Child: Care, Health and Development, 2015</i>	E. Smith, J. Koerting, S. Latter, M.M. Knowles, D.C. McCann, M. Thompson, E.J. Sonuga-Barke	Kvalitativ undersøgelse af low 'take-up' og high 'drop-out' ved forældreprogrammer. Et gennemgående ønske om større fokus på forældres psykologiske barrierer.	Interviews med forældre og de udøvende fagfolk (UK)	2
54	Parent training interventions for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 5 to 18 years, <i>The Cochrane Library, 2011</i>	H. Zwi, C. Thorgaard, A. York., J. A. Dennis & M. Jones	En metaanalyse, der har til formål at afdække effekten af forældreprogrammer baseret på gruppebaserede interventioner målrettet forældre til børn med ADHD i alderen 5-18. Gennemgående positive resultater, dog viste individuelt forløb sig at være mere fordelagtigt for mødre, mens fædre har mere fordel af korte gruppeinterventioner.	Metaanalyse, der bygger på 54 randomiserede forsøg med forældreprogrammer	1

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
55	Is Parental ADHD Related to Child ADHD Treatment Response?, <i>The ADHD Report</i> , 2015	C.H. Wang, H. Mazursky-Horowitz & A. Chronis-Tuscano	Metaanalyse på baggrund af evalueringer, der afdækker, hvilken indvirkning forældre med ADHD har på effekten af forældreprogrammer til børn med ADHD. Påpeger hvorledes forældre med ADHD kan være hindrende faktor for effektive resultater ved forældretræning. Foreslår en kombineret indsats, hvor forældrerens ADHD bliver behandlet først.	Metaanalyse af evalueringer af forældreprogrammer med henblik på forældre med ADHD	1
56	ADHD: Forældretræning har effekt, <i>Psykolog Nyt</i> , 2015	L.M. Sletting	Gennemgang af erfaringer med forældreprogrammet De Utrolige År for familier med børn mellem 2 og 8 år i dansk kontekst. Positive resultater i form af reduktion af ADHD-symptomer og stressniveau, samt positiv effekt på opdragelsesstil og forældrekompetencer.	Oversigtsartikel. Erfaringer med DUA i Danmark i 2010, underbygget med forskning på området	1
57	Are self-directed parenting interventions sufficient for externalising behaviour problems in childhood? A systematic review and meta-analysis, <i>European Child &amp; Adolescent Psychiatry</i> , 2014	J. Tarver, D. Daley, J. Lockwood & Kapil Sayal	Metaanalyse af forskellige forsøg med fokus på effekten af Self-Directed forældreprogrammet (SD), som er et selvstyret program med varieret støtte/kontakt med terapeut til forældre med børn, der har udadreagerende adfærd.	Metaanalyse af forsøg med SD	2
58	Editorial: Attention-deficit/hyperactivity disorder: a continuing challenge to researchers, practitioners and carers, <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 2015	K.-P. Lesch	Metaanalytisk diskussion af forskningen på ADHD-området, som fremhæver, at flere evalueringer af programmer viser positiv effekt, når de er foretaget på baggrund af forældrevurderinger, men ikke gør sig gældende i lærervurderinger.	Metaanalyse af evalueringer af forældreprogrammer i sammenligning med forældre og lærere	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
59	The efficacy of parent training programs for ADHD children: A fifteen-year review, <i>Developmental Disabilities Bulletin</i> , 2004	C.S. Kohut & J. Andrews	Til trods for overordnede positive resultater på tværs af studier, advokerer denne metaevaluering for, at programmerne kan udvikles til at give bedre resultater på alle områder. Der må mere fokus på et differentieret udbytte af programmet (ml. mor og far) samt større indsigt i, hvorvidt forældremæssige problemer kan hindre positive resultater.	Metaevaluering af 15 års forskning indenfor forældreprogrammer ud fra 6 fokuspunkter; type af forældreprogram, forældres velvære, forældres involvering, kontekst, medicin og opfølgning.	2
60	Child : Attention deficit hyperactivity disorder in pre-school children : current findings , recommended interventions and future directions, <i>Child: Care, Health and Development</i> , 2009	D. Daley	Et artikelreview over den videnskabelige udvikling af ADHD-forskningen som bl.a. nævner, at forældreprogrammerne Triple-P, Incredible Years er mest anvendelig for børn med komorbid ADHD, samt at New Forest Parenting Program er fordelagtigt for førskolebørn	Et artikelreview med udviklingen over ADHD-forskning	2
61	Behavior management for preschool-aged children, <i>Child &amp; Adolescent Psychiatric Clinics of North America</i> , 2014.	A.P. Williford & T. L. Shelton	Artikel, der på baggrund af eksisterende forskning på området, advokerer for, at førskolebørn med høj risiko for ADHD har brug for både forældre- og lærertræning i form af Behavior Management Training (BMT).	Sekundær forskning i forældreprogrammer til på baggrund af eksisterende litteratur på området.	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
62	Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder, <i>Clinical Psychology Review</i> , 2006	A. Chronis, J. Heather & V. Raggi	En oversigt over litteratur om ADHD-behandling med særligt fokus på de empirisk validerede behandlinger målrettet forældre til børn med ADHD som Behavioral Parent Training (BPT) og Behavioral School Treatment (BST). Argumenterer for en multimodal behandlingsindsats, samt et ønske om større belysning af forsømte områder med manglende indsats (bl.a. unge med ADHD).	Metaanalyse	2
63	Parent Management Training – Oregon og ADHD. En studie av hvilke faktorer som påvirker behandlingseffekten for familier som har barn med både ADHD og alvorlige adfærdsproblemer. <i>Oslo Universitet</i> , 2011	A. Forsell	Undersøger faktorer der kan påvirke effektiviteten ved PMTO (Parent Management Training Oregon). Resultater: jo højere grad af vanskeligheder hos barnet, desto større udbytte. Jo højere grad af uddannelsesniveau og indkomstniveau blandt forældrene, desto større udbytte. Derudover rummede resultaterne også kønsdifferentieret effekt.	Undersøges ud fra data ml. 2 grupper; børn med ADHD og adfærdsproblemer og børn kun med adfærdsproblemer	2
64	Parenting Teens With Attention-Deficit/Hyperactivity Disorder: Challenges and Opportunities, <i>Clinical Pediatrics</i> , 2014	M. Chaplin, V. Godsay & Victoria Soovajian	Sammenligning af interventioner for forældre med teenagere med ADHD med fokus på Behavioral Parent Training (BPT) og Mindfulness Training (MT). BPT er ikke ligeså egnet til unge med ADHD som børn med ADHD. Belønning/konsekvens-metoden virker ikke – der skal i stedet skabes større grad af supervision fra forældrenes side. Argumenterer for større fokus på forældrenes velvære, da dette i sidste ende vil give mere positiv opdragelsesstil og bedre interaktion mellem forælder og den unge.	En metaanalyse	2

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### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
65	ADHD hos børn i førskolealderen – er svaret forældretræning ?, <i>Aarhus Universitet</i> , 2013	L. Møller	Evaluering og sammenligning af the Incredible Years og New Forest Parenting Program. IY mest egnet til gruppeforløb, NFPP er mere til komplekse sager og med individuel indsats	Sekundær forskning. Sammenligning og teoretisk og metodisk diskussion af styrker og svagheder ved de to programmer.	2
66	Beyond symptom control for attention-deficit hyperactivity disorder (ADHD): What can parents do to improve outcomes?, <i>Child: Care, Health and Development</i> , 2014	J. Tarver, D. Daley & K. Sayal	Et narrativt litteraturreview på forældretræningsprogrammer for forældre til børn med ADHD, som diskuterer effekten af familieprogrammer fra 1998-2013. Argumenterer for, hvorledes forældreprogrammer giver unikke positive resultater, som medicinen ikke kan give.	Narrativt litteraturreview	2
67	Role of parent training in the effective management of attention-deficit/hyperactivity disorder, <i>Disease Management &amp; Health Outcomes</i> , 2012	T.J. Power, H.F. Russell, S.L. Soffer, J. Blom-Hoffman & S.M. Grim	Et review på litteraturen på forældreprogrammer til forældre med børn med ADHD, som særligt fremhæver Defiant Children og Family School Success, som hensigtsmæssige familieprogrammer.	Litteraturreview	2
68	Behandlingen af børn med ADHD – Stimulerende medicin og forældretræning i et udviklingspsykologisk perspektiv, <i>Psykologisk Institut Aarhus Universitet</i> , 2013	S.G. Andersen	En vurdering af effekten af New Forest Parenting Program målrettet forældre til børn med ADHD på baggrund af tidligere forskning. Fremhæver styrker og svagheder ved forældreprogrammer og medicinering ift. børn med ADHD.	Sekundær forskning af effekten af NFPP	2

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## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
69	Forældretræning som intervention til børn med ADHD og komorbid adfærdsforstyrrelse, <i>Psykologisk Institut, Aarhus Universitet, 2014</i>	M. Kristoffersen	En sammenfattende analyse af studier vedrørende børn med ADHD og komorbide adfærdsforstyrrelser, hvor forældreprogrammer fremhæves som robust og effektiv intervention.	Sekundær forskning i forældreprogrammer på baggrund af eksisterende forskning på området.	2
70	Enhancements to the Behavioral Parent Training Paradigm for families of children with ADHD: Review and future directions, <i>Clinical Child and Family Psychology Review, 2004</i>	A. Chronis, A. Chacko, G.A. Fabiano, B.T. Wymbs & W.E. Pelham Jr.	Et review over forskningen på Behavioral Parent Training (BPT) på baggrund af varierende parametre og faktorer, som opstiller forslag til fremtidig research. Fremhæver bl.a., hvordan forældremæssige problemer skal adresseres inden forældretækningsprogram, samt påpeger, at individuelt forløb er det mest fordelagtige i bestemte og mere sårbare cases.	Et forskningsreview	2
71	Management strategies for attention-deficit/hyperactivity disorder: a regional deliberation on the evidence, <i>Journal of Postgraduate Medicine, 2015</i>	S.K. Emond	The New England Comparative Effectiveness Public Advisory Councils (CEPAC) evaluering af indsatser overfor børn med ADHD, som advokerer for, at forældretræning er og bør være en vigtig bestanddel af behandling af ADHD-symptomer.	Baseret på en gennemgang af kliniske og økonomiske analyser	2
72	Summer Treatment programs for Youth with ADHD, <i>Child and Adolescent Psychiatric Clinics of North America, 2014</i>	G.A. Fabiano	En artikel, der afdækker og beskriver et sommerprogram, Summer Treatment Program, der har været implementeret i USA siden 80'erne, til unge med ADHD og deres forældre. Programmet har stærk evidens-baseret effekt.	Sekundær, redegørende artikel som præsenterer sommer-skoleprogrammet	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
73	Behavior Management for School-Aged Children with ADHD, <i>Child and Adolescent Psychiatric Clinics of North America, 2014</i>	L.J. Piffner	Beskrivelse af Behavior Management-interventioner for forældre til børn med ADHD, hvor talrige studier understøtter en evidens-baseret positiv effekt.	Sekundær, redegørende artikel, der præsenterer Behavior Management-interventioner.	2
74	Family Therapy for Adolescents with ADHD, <i>Child and Adolescent Psychiatric Clinics of North America, 2014</i>	A.L. Robin	Artiklen redegør for The Defiant Family Intervention (DT) ud fra 11 steps til både forældre og teenagers som effektiv intervention på baggrund af Barkleys forskning.	Sekundær forskning, som redegør for effektive interventionsformer for forældre til teenagere med ADHD.	2
75	Assessment of the Parent-Adolescent Relationship in Teens with ADHD, <i>The ADHD Report, 2009</i>	A.L. Robin, T. Koepke, A. Moye & R. Gerhardtstein	Redegørelse af Parent Adolescent Relationship Questionnaire (PARQ) som metode til fagfolk til at vurdere behovet for intervention ift. forældre og deres teenagere med ADHD.	Artikel, der belyser et måleinstrument, PARQ	2
76	Attention deficit hyperactivity disorder: diagnosis and management of ADHD in children, young people and adults, <i>The British Psychological Society &amp; The Royal College of Psychiatrists, 2009</i>	National Collaborating Centre for Mental Health	National klinisk praktisk guideline til diagnoser og håndtering af børn og unge med ADHD målrettet klinikere udarbejdet af NICE.	BOG. Guidelinen baserer sig på evidensbaseret forskning, som er indsamlet på baggrund af en systematisk metodisk fremgang	1

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
77	Learning and attention disorders in adolescence and adulthood: assessment and treatment, <i>John Wiley &amp; Sons</i> , 2011	S. Goldstein, J.A. Naglieri & M. DeVries	Vedrører opmærksomhedsforstyrrelser hos unge og voksne i relation til læring. Dele af bogen foreslår et integreret program til forældre til børn med adfærdspøblematikker, der kombinerer medicin, adfærdsmæssig intervention og læringsstrategier.	BOG. Bogens forslag til interventioner bygger på eksisterende forskning og evalueringer	1
78	Behavioral Approaches for Children and Adolescents - Challenges for the next century, <i>Plenum Press</i> , 1995	H.P.J.G van Bilsen, P. Kendall & J.H. Skavenburg	Integreret analyse af eksisterende og ny forskning inden for kognitiv adfærdsterapi til børn og unge med henblik på at påpege nye tilgange.	BOG. Integration af gammel og ny evidens-baseret forskning	2
79	The ADHD Workbook for Parents - a guide for parents of children ages 2-12 with attention-deficit/hyperactivity disorder, <i>Speciality Press</i> , 2005	H.C. Parker	En guide til forældre med børn med ADHD i alderen 2-12 år med udgangspunkt i traditionelle forældretræningsprogrammer.	BOG. Baserer forslag til programmer på baggrund af evalueringer af eksisterende forskningsprogrammer	2
80	Treating childhood psychopathology and developmental disabilities, <i>Springer</i> , 2009	J.L. Matson, F. Andrasnik & M.L. Matson	Forfatterne præsenterer varierende måder at træne børn med udviklingsmæssige vanskeligheder og gennemgår forskellige typer af forældreprogrammer.	Baseret på empiriske undersøgelser af effekten af de præsenterede forældreprogrammer	2

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
81	Parental Psychiatric Disorder – distressed parents and their families, <i>Cambridge University Press</i> , 2015	A. Reupert, D. Maybery, J. Nicholson, M. Göpfert & M.V. Seeman	Bogen beskæftiger sig med forældre, der har en psykiatrisk diagnose og dennes indflydelse på bl.a. familielivet. Præsenterer The Family Model (TFM), som opstiller seks måder, hvorpå forældrenes sygdom præger familiens samt børnenes mentale velfærd, som der kan arbejdes med.	Baseret på eksisterende forskning på området	2
82	Defiant teens: a clinician's manual for assessment and family intervention, <i>The Guilford Press</i> , 2014	R.A. Barkley & A.L. Robin	Klinisk manual for familieinterventioner baseret på tidligere forskning og klinisk arbejde med Barkleys forældretræningsprogram Defiant Children i kombination med problem solving communication training (PSTS).	Videreudvikling af Barkleys Defiant Children på baggrund af klinisk erfaring og forskning i programmet	2
83	Attention deficit hyperactivity disorder; Concepts, Controversies, New directions, <i>Medical Psychiatry Series</i> , 2008	K. McBurnett & L. Pfiffner	En bog om ADHD med det formål at integrere eksisterende forskning på ADHD-området med avanceret forskning, der har et snævrere og mere specifikt fokus, også med fokus på forældretræning og ADHD's betydning i familier.	BOG. Sammenligner og kombinerer programmer og interventioner med baggrund i forskning og tidligere erfaringer på området. Dog ingen eksplicit metodisk fremgang	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
84	The practitioner guide to skills training for struggling kids, <i>The Guilford Press</i> , 2013	M.L. Bloomquist	Revision af Skills Training for Children with Behavior Problems fra 2006, som introducerede et skills-building-program til barn og familie, som udbygges i denne bog.	BOG. Viderudviklingen af Skills Training sker på baggrund af gode erfaringer med Skills Training for Children with Behavior Problems, 2006	2
85	Wild Child: how you can help your child with attention deficit disorder and other behavioral disorder, <i>Haworth Press</i> , 2001	D. Mordasini	Step-by-Step manual målrettet forældre til børn med ADD/ADHD.	BOG. Bygget på tidligere erfaringer med strategier til håndtering af børn med ADD/ADHD	2
86	Step by step help for children with ADHD; a self-help manual for parents, <i>Jessica Kingsley Publishers</i> , 2010	C. Laver-Bradbury, M. Thomson, A. Weeks, D. Daley & Edmund J. S. Sonuga-Barke	Selvhjælpsguide til forældre med udgangspunkt i Six-Step-Program udviklet af New Public Forrest Parenting Group	BOG. Klinisk testet program. Metoden er ikke eksplícit beskrevet	2
87	Oppositional defiant disorder and conduct disorder in childhood, <i>Wiley-Blackwell</i> , 2010	W. Matthys & J.E. Lochman	Gennemgår adfærdsreguleringsproblematikker hos børn. Dele af bogen vedrører behavioral parent training, hvor følgende programmer gennemgås: Parent Management Training Oregon, Parent Management Training, Parent-Child Interaction Therapy, Incredible Years, Positive Parenting Program	BOG. Programmerne introduceres på en teoretisk gennemgang snarere end metodisk	2

## BILAGSTABEL B2 FORTSAT

## Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
89	Delivering Evidence-Based Treatments for Child Attention-Deficit/Hyperactivity Disorder (ADHD) in the Context of Parental ADHD, <i>Current Psychiatry Reports</i> , 16:474, 2014	C.H. Wang, H. Mazursky-Horowitz & A. Chronis-Tuscano	Review paper: Giver en oversigt over litteraturen om evidensbaseret adfærds- og medikamentel behandling af børns ADHD i lyset af forældres ADHD. Samt litteraturen om effekterne af at behandle forældres ADHD symptomer på forældreskab (parenting) og barnets adfærd. Resultat: hvis både børn og voksne har ADHD, skal begge behandles.	Review paper	1
90	A Pilot Study of Stimulant Medication for Adults with Attention-Deficit/Hyperactivity Disorder (ADHD) Who Are Parents of Adolescents with ADHD: The Acute Effects of Stimulant Medication on Observed Parent-Adolescent Interactions, 2014	D.E. Babinski, J.G. Waxmonsky, D.A. Waschbusch, H. Humphrey, A. Alfonso, K.I. Crum, M. Bernstein, J.N. Augustus & W.E. Pelham	Undersøger virkningen af medikamentel behandling af ADHD hos forældre set i forhold til placebo behandling, på deres ageren i forældrerollen. Behandlingen fører til et signifikant mindre antal kommandoer. Men der er ingen ændring i indholdet, fx hvad angår negative udsagn eller ros.	Eksperiment med fem forældre, som sammenligner placebo periode og LDX periode for hver af dem	1
91	Do Phenotypic Characteristics, Parental Psychopathology, Family Functioning, and Environmental Stressors Have a Role in the Response to Methylphenidate in Children With Attention-Deficit/Hyperactivity Disorder?: A Naturalistic Study From a Developing Country, <i>Journal of Clinical Psychopharmacology</i> , 2011	R. Chazan, C. Borowski, T. Pianca, H. Ludwig, L.A. Rohde & G. Polanczyk	125 børn med ADHD behandles efter standard kliniske metoder med metylphenidat og følges i 6 måneder. ADHD symptomer måles med Swanson-Nolan-Pelham skalaen. Mors ADHD giver dårlig prognose, kun uønsket graviditet giver en værre. Kombineret ADHD og comorbiditet giver ligeledes dårlig prognose.	Longitudinalt studie, som er kvasi eksperimentelt, idet fordelingen på grupper ikke er tilfældig	1

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
92	The Relation Between Maternal ADHD Symptoms & Improvement in Child Behavior Following Brief Behavioral Parent Training is Mediated by Change in Negative Parenting, <i>Abnorm Child Psychol. Author manuscript; available in PMC</i> , 2013	A. Chronis-Tuscano, K.A. O'Brien, C. Johnston, H.A. Jones, T.L. Clarke, V.L. Raggi, M.E. Rooney, Y. Diaz, J. Pian & K.E. Seymour	Undersøger virkningen af kort adfærdstræning for forældre til børn med ADHD. Viser, at mors ADHD forudsiger barns adfærdsproblemer efter behandlingen. Denne relation medieres dog af forandring i mors negative parenting. Konkluderer derfor, at der er brug for mere forældretræning, når mor har ADHD.	Før-efter undersøgelse af 70 mødre med 6-10 år gamle børn med ADHD	1
93	Effects of Maternal Stimulant Medication on Observed Parenting in Mother-Child Dyads With Attention-Deficit=Hyperactivity Disorder, <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 2010	A. Chronis-Tuscano, M. Rooney, K.E. Seymour, H.J. Lavin, J.P.A. Robb, L. Efron, C. Conlon & M.A. Stein	Forældre-barn interaktioner iagttages før og efter 5 ugers medikamentel behandling af mødrene. Skønt der var en dramatisk effekt på mødrenes ADHD symptomer, var der ikke nogen effekt på mor-barn interaktioner. Konkluderer, at adfærdskorrekturen er nødvendige for at ændre disse.	Dobbelt blindt pilot study af 23 mødre	1
94	Parental ADHD Predicts Child and Parent Outcomes Parental Friendship Coaching Treatment, <i>J Am Acad Child Adolesc Psychiatry</i> , 2011	M.S. Griggs & A.Y. Mikami	Forældres uopmærksomhed giver dårligere peer-accept for børnene i både forsøgs- og kontrolgruppe. Men behandlingen gør forskellen større for nogle forhold, og mindre for andre. For eksempel kom der mindre kritik fra forældrene uanset ADHD symptomer. Konkluderer, at forældres ADHD skal tages i betragtning ved behandling af børn.	RCT forsøg med 62 børn med ADHD, heraf 42 drenge. I forsøgsgruppen får forældrene 3 måneders træning angående barnets kammerat relationer	1

## BILAGSTABEL B2 FORTSAT

### Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
95	Relationship Between Response to Methylphenidate Treatment in Children With ADHD and Psychopathology in Their Families, <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 2006	N. Grizenko, B. Kovacina, L.B. Amor, G. Schwartz, M. Ter-Stepanian & R. Joober	For de 74 af de 118 børn, der viste stor forbedring ved methylphenidat behandling i forhold til placebo, er der signifikant større risiko for, at første række familie har ADHD, og signifikant større risiko for at anden række slægtninge har antisocial personlighedsforstyrrelse.	RCT forsøg, dobbelt blindt, placebo kontrol, med 118 børn på 6-12 år med ADHD diagnose. Oplysninger om 342 første række og 1151 anden række familie	1
96	Hyperactivity Disorder (ADHD): The role of parental ADHD symptomatology, <i>Journal of Attention Disorders</i> , 2003	E. Harvey, J.S. Danforth, T.E. McKee, W.R. Ulaszek & J.L. Friedman	Viser, at forældres ADHD symptomer betyder meget for deres adfærd. Der er forskel på, om det er fædres eller mødres ADHD, og forskel på, om det er før eller efter forældretræning.	Før-efter undersøgelse af 46 mødre og 26 fædre til børn med ADHD	1
97	Does the treatment of maternal attention deficit and hyperactivity disorder (ADHD) enhance the efficacy of a behavioural parent training for the treatment of their children's ADHD? Study protocol of a randomized controlled multicentre trial, <i>ADHD Attention Deficit and Hyperactivity Disorders</i> , 2009	T. Jans, A. Philipsen, E. Graf, G. Ihorst, M. Gerlach & A. Warnke	Planen for dette forsøg er at give forsøgsgruppen af mødre med ADHD en medikamentel behandling og kontrolgruppen en placebo og derefter give begge grupper en manual BPT. Dernæst skal betydningen for barnet måles.	Der er tale om et planlagt RCT forsøg, men vi ved ikke, om det er blevet gennemført	?

## BILAGSTABEL B2 FORTSAT

Oversigt 1, delinitiativ I – forældreindsatser.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relativ
98	Parenting in adults with attention-deficit/hyperactivity disorder (ADHD), <i>Clinical Psychology Review</i> , 2012	C. Johnston, E.J. Mash, N. Miller & J.E. Ninowski	Fokuserer på kognitive processer, mangler i selvregulering og motivationsmæssige mangler, og ser på, hvordan disse forhold kan lede til mangler i parenting og emotionel responsivitet hos forældrene. Konkluderer, at der må forskes mere i, hvordan de vigtigste ADHD-mangler leder til mangler i parenting.	Teoretisk artikel om betydningen af forældres ADHD for deres parenting.	1
99	An Intensive Summer Treatment Program for ADHD Reduces Parent-Adolescent Conflict, <i>Journal of Psychopathology &amp; Behavioral Assessment</i> , 2012	M.H. Sibley, J.M. Ross, E.M. Gnagy, L.J. Dixon, B. Conn & W.E. Pelham Jr.	8 ugers program med 320 timers behandling af unge, 15 timers adfærdstræning af forældre og daglig feedback til forældre på implementering af adfærds kontrakt. 70-85 pct. af de unge fik forbedring ift. ung-forældre konflikt	Før-efter undersøgelse af 20 unge og deres forældre, som gennemfører et intensivt sommerprogram	2
100	Pharmacotherapy for Parents with Attention-Deficit Hyperactivity Disorder (ADHD), <i>CNS Drugs</i> , 2012	A. Chronis-Tuscano & M.A. Stein	Medikamentel behandling af ADHD hos forældre får dem til at opleve sig som bedre forældre, men giver ikke tilstrækkelig forbedring af deres funktion. Mere forskning er nødvendig.	Oversigt over tidlige forskning	3
101	Does Pharmacological Treatment of ADHD in Adults Enhance Parenting Performance? Results of a Double-Blind Randomized Trial, <i>CNS Drugs</i> , 2014	J.G. Waxmonsky, D.A. Waschbusch, D.E. Babinski, H.H. Humphrey, A. Alfonso, K.I. Crum, M. Bernstein, J. Slavec, J.N. Augustus & W.E. Pelham	LDX behandlingen af forældrenes ADHD giver bedre forældre-barn relationer. I fase 1 ser man reduktion i forældres negative tale og reduktion af barnets negative adfærd hjemme. I fase 2 mere ros og mindre kommando fra forældrene samt bedre opførsel fra børnene.	RCT forsøg med 30 forældre med ADHD og deres børn med ADHD. Forældrene får lisdexamfetamin (LDX) eller placebo i 2 uger (fase 1) og 1 efterfølgende måned (fase 2)	1

## BILAG 4 OVERSIGT 2, DELINITIATIV III – MENTORORDNINGER

### BILAGSTABEL B3

Oversigt 2, delinitiativ III – mentorordninger: indsatser og litteratur.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relevans
1	The relative effects of classwide peer tutoring and peer coaching on the positive social behaviors of children with ADHD, <i>Journal of Attention Disorders</i> , 2005	P.J. Plumer & G. Stoner	Studie, der undersøger effekten af Classwide Peer Tutoring (CWPT) og peer coaching på social gruppeadfærd hos børn med ADHD og påpeger positive resultater.	Et singlesubjekt multipelt baseline design på tre folkeskoleelever i 3. og 4. klasse	1
2	Cross-age peer coaching: enhancing the peer interactions of children exhibiting symptoms of ADHD, <i>Child and Family Behavior Therapy</i> , 2013	B.A. Vilaro, G.J. DuPaul, L. Kern & R.J. Hojnoski	Studie, der undersøger effekten af cross-age gruppecoaching hos 1.-klasser-elever med signifikante ADHD-symptomer, som får mentorer fra 3. eller 4. klasse uden ADHD. Forsøget viste, at cross-age-programmet førte til mindre negativ social adfærd og var velanset hos de deltagende.	Multipelt baseline design	1
3	Efficacy of ADHD Coaching for Adults With ADHD, <i>Journal of Attention Disorders</i> , 2004	S.J. Lane & S. Reynolds	Det første studie af effekten af coachinginterventioner for voksne med ADHD på længere sigt. Viser en positiv effekt på voksne, når mentorinterventionen skaber rammer for at forstå hverdagsproblematikker relateret til ADHD-symptomer.	Sammenligning af målinger før og efter interventionen	1
4	A coaching intervention for college students with attention deficit/hyperactivity disorder, <i>Psychology in the Schools</i> , 2005	S.K. Swartz, F. Prevatt & B.E. Proctor	Teksten beskæftiger sig med coaching som intervention for unge med ADHD med det formål at støtte i håndteringen af både hverdagsliv og academia. I teksten beskrives både procedurer til coaching af ADHD samt et case-study.	Beskrivelse af et 8-ugers coachingforløb med beskrivelse af casestudieforløb	1

### BILAGSTABEL B3 FORTSAT

Oversigt 2, delinitiativ III – mentorordninger: indsatser og litteratur.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relevans
5	The effectiveness of coaching for children and teens with AD/HD, <i>Pediatric nursing</i> , 2007	J. Sleeper-Triplett	En artikel, der beskriver, hvornår coaching til børn og unge med ADHD er mest effektiv. Advokater for forskellige tilgange alt efter barnets alder, men understreger, at mentorprogrammer altid vil have en positiv virkning på barnets såvel som familiens velvære.	Rådene baserer sig på tidligere forskning på ADHD-området	1
6	The learning leaders mentoring program for children with ADHD and learning disabilities, <i>Preventing School Failure</i> , 2006	N.K. Glomb, L.D. Buckley, E.D. Minskoff & S. Rogers	En beskrivelse af udviklingen og implementeringen af et skolebaseret mentorprogram, hvor børn og unge med opmærksomhedsforstyrrelser og/eller indlæringsvanskeligheder bliver matchet med universitetsstuderende, der haft lignende erfaringer.	En diskussion af de personlige erfaringer med programmet	1
7	Evaluation of a School-Based Treatment Program for Young Adolescents With ADHD, <i>Journal of Consulting and Clinical Psychology</i> , 2015	S.W. Evans, J.M. Langberg, B.K. Schultz, A. Vaughn, M. Altaye, S.A. Marshall & A.K. Zoromski	Studie, der sammenligner to skolebaserede træningsinterventioner for unge med ADHD med hinanden samt med Community Care (CC). Programmerne er hhv. The Challenging Horizons Program-after school program (CHP-AS) og Challenging Horizons-Program-mentoring version (CHP-M). Konklusionen er, at CHP-AS-programmet leder til signifikante fordele for unge med ADHD i sammenligning med CHP-M og CC.	Kontrolleret forsøg	1
8	Recognizing and treating attention-deficit/hyperactivity disorder in college students, <i>Journal of College Student Psychotherapy</i> , 2014	F. Prevatt & J.L. Young	Review, der diskuterer, hvordan ADHD-symptomer leder til forringet akademisk præstation, hvortil interventioner (herunder mentorprogrammer) har en positiv indvirkning på akademiske præstationer.	Review	2

## BILAGSTABEL B3 FORTSAT

Oversigt 2, delinitiativ III – mentorordninger: indsatser og litteratur.

Nummer & abstract	Navn & årstal	Forfatter	Type	Metode	Relevans
9	Effekten af mentor- og fritidsindsatser for unge i risiko. En systematisk kortlægning. <i>Det Kriminalpræventive Råd</i> , 2012	H.N. Christiansen	Finder mentorindsatser lovende for forebyggelse af kriminalitet. Mest sikre resultater af mentorindsatser for 11-14-årige med mindre risiko i storbyområder med problemer. Bedst med intensiv mentorindsats i mindst et år, med en støttende, tillidsfuld relation, mens indsats i mindre end 3 måneder kan være kontraproduktiv. Oversigten indeholder knap 100 siders referater af 50 mentor- eller fritidsprojekter og godt 100 siders samlet oversigt.	En systematisk litteraturoversigt. Omfatter studier af mentorindsatser og fritidsindsatser 1980-2011, effekten om kriminalitet eller faktorer herfor, og mindst halvdelen af deltagerne drenge	1
10	The impact of mentoring adolescents with ADHD on life satisfaction in adulthood	K.B. Harrison	Undersøger sammenhængen mellem mentoring i ungdomsårene, ADHD og livstilfredshed i voksenalderen i et udvalg på 1.353 deltagere fra den nationale forløbsundersøgelse "Add Health". Viser, at ADHD giver vanskeligheder på mange områder, men viser ikke direkte effekt af mentorindsats. Denne spiller dog sammen med andre forhold på flere måder.	Universitetsopgave, FIELDING GRADUATE UNIVERSITY. Survey-analyse	1
11	A mentoring program through play therapy for children with Attention Deficit Hyperactivity Disorder: A grant proposal	D.L. Parker	Formålet med opgaven har været at skrive et projekt forslag om en mentorordning og et uddannelsesprogram for familier med ADHD-børn, som kunne give dem mere viden om ADHD, således at de fik strategier og alternative midler ud over medicin til at tackle deres problemer, samt at identificere en kilde til finansiering af et sådant projekt.	Universitetsopgave, projektudvikling	2