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BENEFITS AND BARRIERS TO EVIDENCE-BASED BEHAVIORAL HEALTH SERVICES FOR CHILDREN WITH ADHD: NATIONAL SURVEY DATA, PARENT & PROVIDER PERSPECTIVES, AND PROMISING PRACTICES

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RESEARCH OBJECTIVE

The American Academy of Pediatrics (AAP) recommends behavioral therapy as first-line treatment for young children with attention-deficit/hyperactivity disorder (ADHD), but findings from national surveys suggest a misalignment between current practice and best practice for ADHD treatment. This study characterizes perceived benefits and barriers to receiving behavioral treatment among parents of young children and their health care providers and discusses lessons learned from implementing model programs across the country.

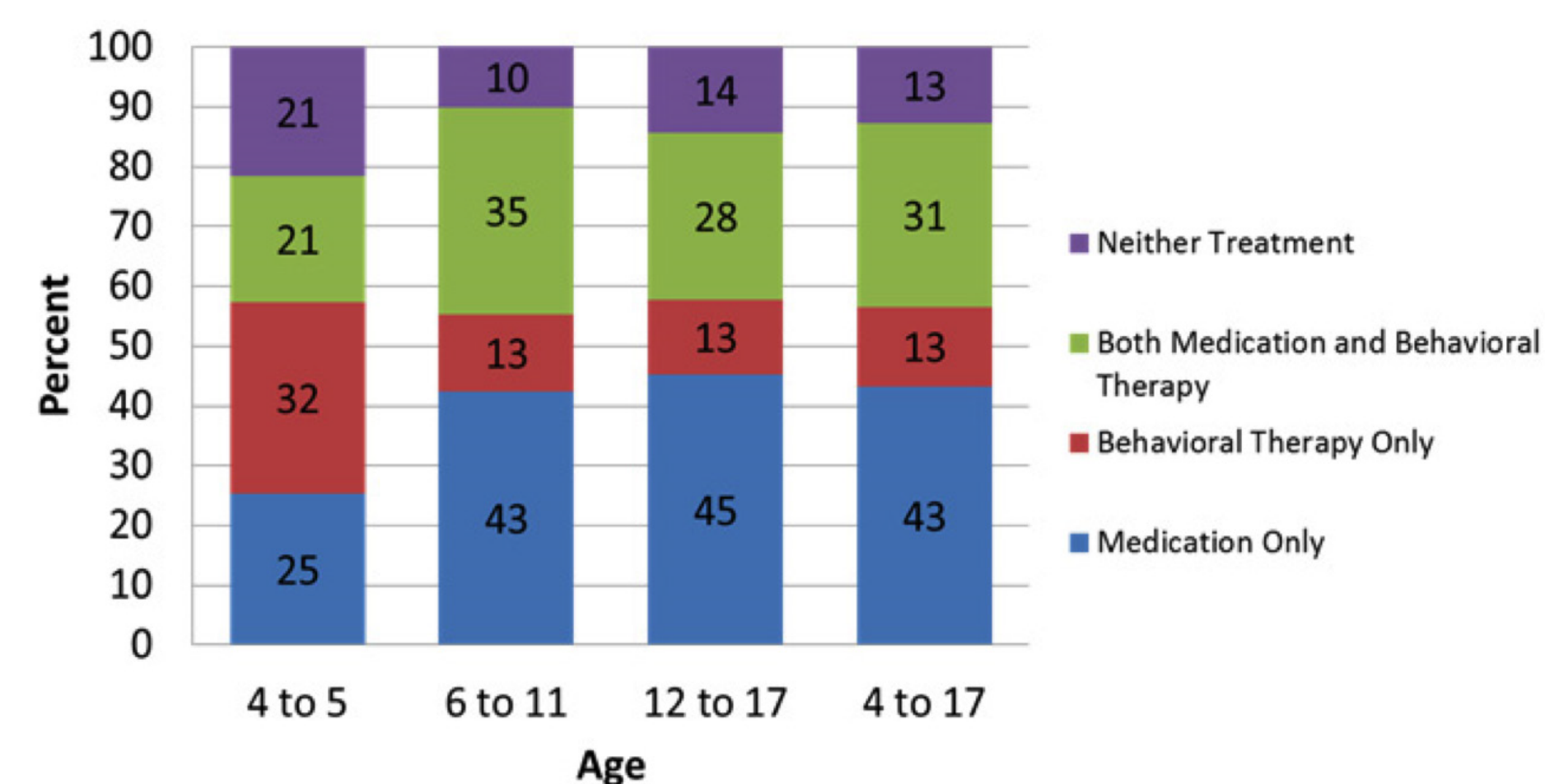
STUDY DESIGN

The study team utilized national survey data and claims data to produce prevalence estimates of ADHD, ADHD medication usage, and receipt of behavioral treatment. These quantitative data are complemented with in-depth qualitative data (interviews and focus groups) on parental and provider perceptions of barriers and benefits to behavioral treatment for young children with ADHD and information on model programs. All qualitative data were transcribed and analyzed for common themes.

POPULATION STUDIED

Data were collected via a series of structured focus groups with parents of young and recently diagnosed children and a series of structured interviews with primary care and behavioral health providers treating these children. Structured interviews were also performed with representatives from model programs across the country implementing innovative approaches to expand the reach of three evidenced-based practices (Incredible Years, Triple P, and Parent-Child Interaction Therapy).

Medication and Behavior Therapy for ADHD, 2009-2010

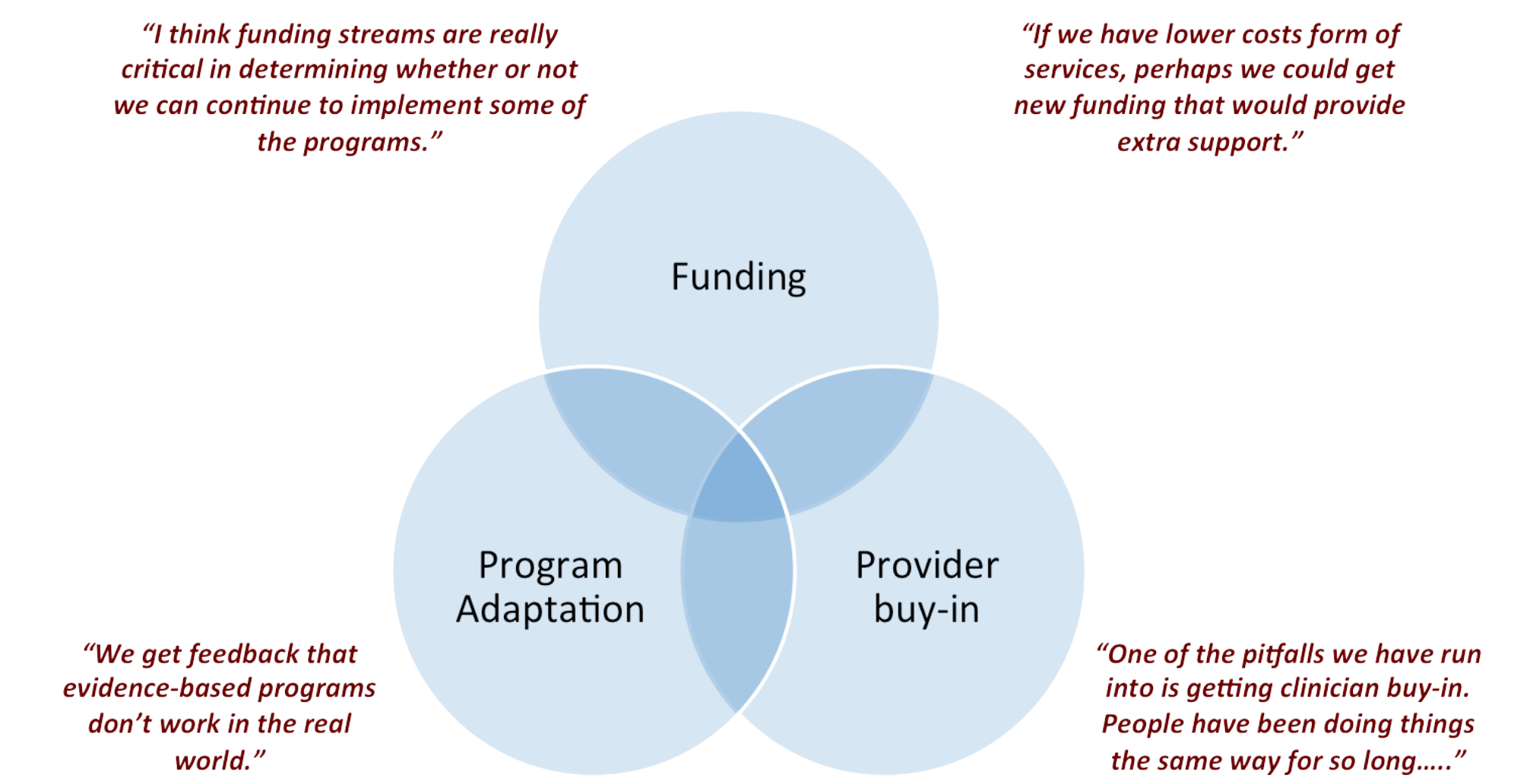


Visser, Bitsko, Danielson et al. (2015). J Pediatrics 166(6):1423-30. Data source: National Survey of Children with Special Health Care Needs

PRINCIPAL FINDINGS

Parents noted exploring a variety of interventions to address their children's ADHD behavior, including behavioral therapy; medication treatment; and alternative therapies such as diet/nutrition, physical activity, and increased sleep. A key challenge noted by parents in obtaining services was the lack of a comprehensive view of the child by most health care professionals. Additional barriers to behavioral treatment included cost, time lost at work, stigma, varied quality of therapists, and difficulty obtaining behavioral treatment through schools.

Similar themes emerged from primary care and behavioral health provider interviews including stigma, lack of knowledge/awareness of services, parent preferences for medication/dedication to behavioral therapy, lack of insurance coverage/low reimbursement rates, differing levels of parent engagement with school systems, and integrative care between health care providers.



Several promising practices were identified through analysis of the model program interviews. Funding from federal and/or state agencies was a key feature in leveraging buy-in and statewide implementation of evidence-based behavioral therapy and parenting programs. Integrating with existing programs that had mutual interest and served young children and their families was integral to successful implementation.

CONCLUSION

Despite clear evidence and recommendations by AAP to use behavioral therapy as first-line treatment for ADHD, parents are still experiencing difficulties obtaining behavioral services when needed and providers continue to experience barriers to providing and linking parents to appropriate services. Of key concern is a lack of coordinated care for children with health care professionals often working in silos, and factors such as cost for families and reimbursement for providers as well as the availability of providers trained in evidence-based behavioral therapy.

IMPLICATIONS FOR POLICY OR PRACTICE

Several programs are creatively leveraging resources and partnerships to increase access to behavioral therapy for young children. These strategies can serve as examples for other states who seek to build their capacity to scale up and deliver evidence-based parenting programs.

For more information, please contact the Georgia Health Policy Center at 404.413.0314 or visit us online at www.gsu.edu/ghpc.



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