

ADHD SIG Parent Management Training Workshop 2025



Co-Chairs: Anne Arnett, PhD, & Veronica Meneses, MD, MSHS

Disclosures

- We have no relevant financial relationships to disclose.

-AND-

- We will not discuss off label use or investigational use in this presentation.

Overview

- Behavioral Management Basics
- Caregiver Buy-In
- Special Interests
- Group Debrief



Overview

- Parent training modules or courses generally share certain principles^{1,2}:
 - Utilize *positive reinforcement* to promote *positive behaviors*
 - *Ignore* behaviors that are *low-level, provocative*
- Response to **unacceptable behaviors** should be:
 - Clear*
 - Consistent*
 - Safe*



Evidence-Based ADHD Parent Management Training Programs

- Incredible Years (ages 2-6)³
- New Forest (ages 2-6)³
- Parent-Child Interactive Therapy (ages 2-7)⁴
- Behavioral Therapies targeting adolescents have also shown promise^{5,6} - collaborators include parents, teachers, school counselors, peers -greater benefit seen for academic and organizational skills



Research Supports Behavioral Therapies

- Therapeutic gains may continue even after therapy is finished⁷ (vs. stimulants which are “on/off”)
- Developmental trajectory does present challenges, calling for “tune ups”
- Need a longitudinal approach to management, “growing with the child,” and helping family buy into *lifespan needs*⁸



+/- Medication Management

- 58% of parents prefer to avoid medications⁹
- 10-30% of children will not respond to stimulants⁹
- 10% of children will have bad enough side effects to avoid stimulants⁹
- Can enhance outcomes when used in conjunction with medication where possible^{9,10}





**BE READY TO
SLOW DOWN
AND STOP**

TRAFFIC SIGNAL AHEAD

Behavioral Management Basics

Heather Potts, PhD
Elizabeth Diekroger, MD

The ABC's of Behavior

Antecedent: What happens before behavior

Distant Antecedents (Setting/Environment): time, place, people, previous history, developmental characteristics

Immediate Antecedent (Immediate): What happens immediately before the behavior,

Behavior: Anything that the child does. This is the action that you are trying to understand, to monitor, and/or to change.

Consequence: anything that occurs directly after the behavior in response to that behavior.

- This is an important clue that can help you identify the “function” or the why of the behavior.
- Consequences are often grouped into the following categories:
Sensory, Escape, Attention, or Tangible,

Setting	
Antecedent	
Behavior	
Consequence	



Practice Scenario

A 7-year-old-child is in the grocery store with his mother. When they get to the checkout counter, he sees the candy bars, and starts asking for one as “a treat.” When mom says “No,” he begins to scream. “You’re so mean! What’s the point of being good if I don’t get anything out of it?” The child starts to whine louder when the mom ignores the behaviors. Mom is so embarrassed by his behavior that she eventually just grabs the candy bar in hopes that it will quiet him down.

Setting	
Antecedent	
Behavior	
Consequence	



Building the Relationship with One-On-One Time

- What is One-on-One Time ?
 - Dedicated time for the parent to provide focused attention on their child in child-directed activity
- Why?
 - Builds stronger parent-child relationship
 - Boosts child self-esteem
 - Improved communication
 - Parental positive role modeling
 - Builds a history of positive interactions (“bank” of positive experiences) 1, 2





Building the Relationship with One-On-One Time

Activities:

- Non-competitive, interactive, child chosen

What to do?

- Follow the child's lead
- Be present
- PRIDE skills
 - **P**raise
 - **R**eflections
 - **I**mitations
 - **D**escriptions
 - **E**njoyment

What NOT to do?

- Commands, Questions, and Criticism 1





Question

What challenges/barriers have you or parents experienced with One-on-One Time?

Any tips?





Labeled Praise

What is Labeled Praise?

- Provide positive attention to desired behaviors, increasing the likelihood that they will happen again
- Consequence: Attention

How to:

- Labeled – Describe exactly what you see
- Positive behaviors - What they are doing
- Authentic and genuine
- Immediate – within 5-10 seconds

Tips for challenging behaviors

- Praise “successive approximations to the target behavior” 1, 2



I like the way you...

Thank you for...

*I really appreciate
when you...*

*You worked so hard on
that project. Great
job!*



Let's Practice: Labeled Praise



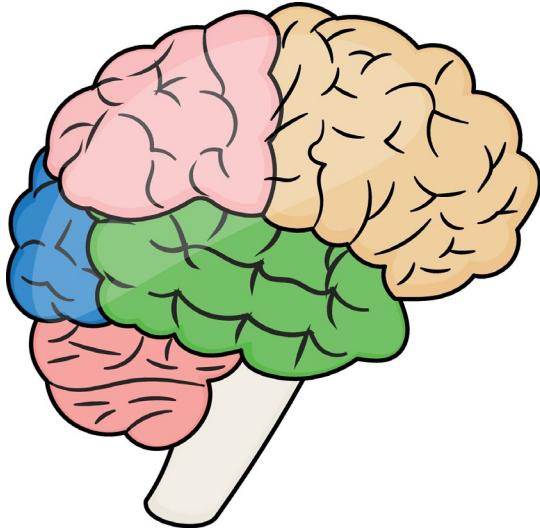


Positive Reinforcement

Used to increase positive behaviors.

Key element of PMT that works with the other techniques.

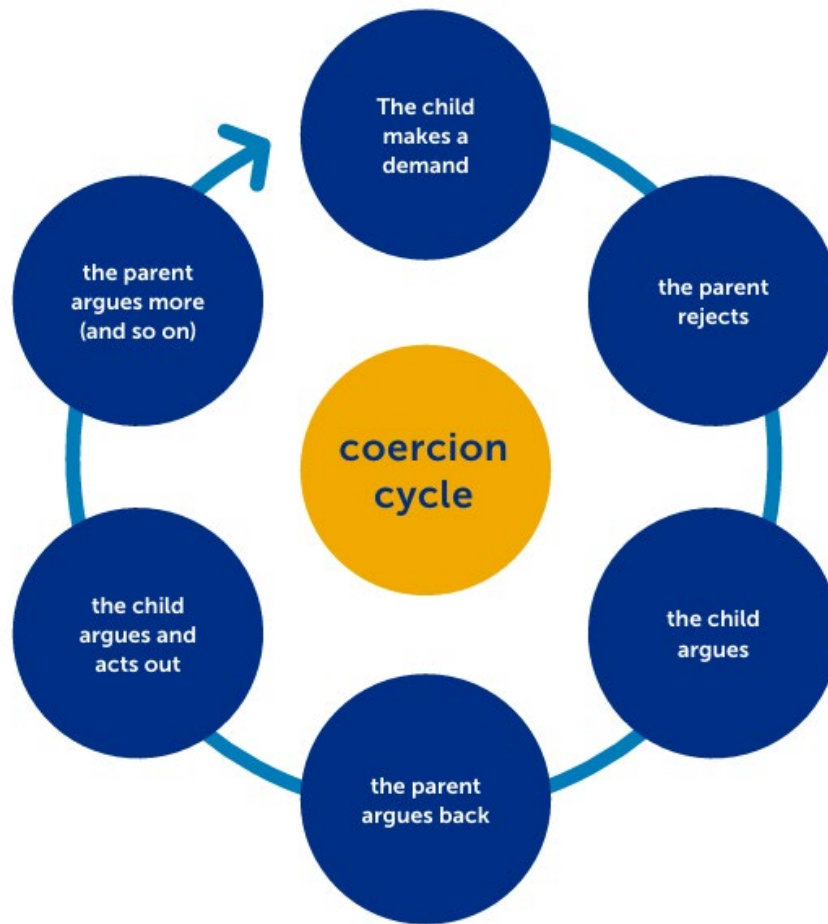
****ADHD brains are highly sensitive to positive reinforcement (and punishment) 3,4**



Reward Systems

- Positive reinforcement systems in which a child *earns* a tangible reward contingent upon completing a desired behavior
- Token economies (sticker charts) can help practice waiting (delaying the reward)
 - Token serves as immediate reward that they can save and cash out later
 - Chore chart, behavior chart, point system...
- Labeled praise is a social reward (that's free!) AND helps to link the behavior with the tangible reward
- Visual reward systems help to keep track of earned rewards
- Immediate rewards are better than delayed ones
- For Preteen/Teen—can use privileges as rewards





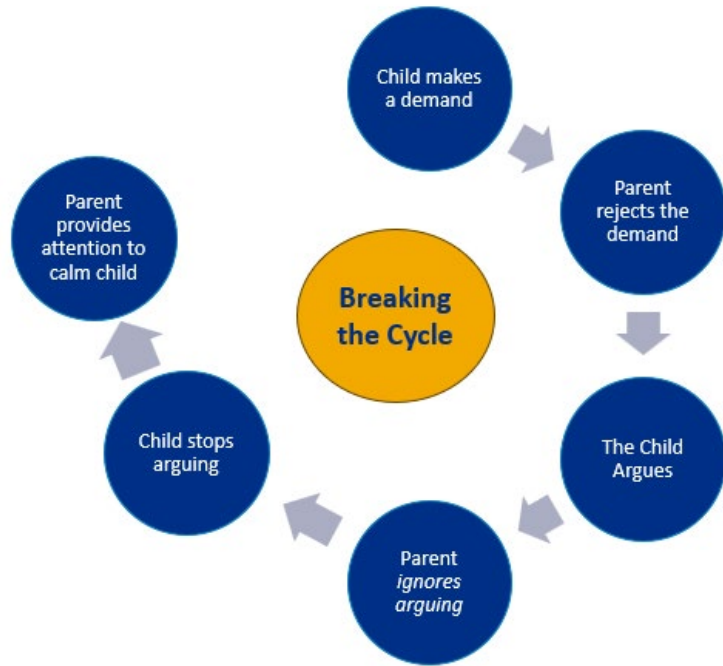
Planned Ignoring

(Active ignoring or Selective Attention)

- Attention can unintentionally reinforce behavior
 - Choose behaviors carefully
 - *Mild* misbehavior
 - Function of attention
- *make sure behaviors don't need an intervention or consequence



Use planned ignoring to break negative cycles



- Keep yourself calm!
 - Model Self-Regulation!
- Stay consistent
- Give attention when desired behaviors return
- Stay strong through the extinction burst

Video Examples

-bluey uncorse episode just after intro

Addressing concerns and misconceptions

Ignoring will damage my relationship with my child.	<ul style="list-style-type: none">-Ignore behavior, not the child-Planned ignoring should be paired with other strategies e.g. positive reinforcement.
Planned ignoring doesn't teach skills.	<ul style="list-style-type: none">-Planned ignoring doesn't teach skills, but it is a tool that can be selectively paired with other tools that do.
Ignoring is equivalent to neglect	<ul style="list-style-type: none">-Planned ignoring is used selectively for a specific behavior.
Behavior is communication	<ul style="list-style-type: none">-Behavior is communication. It is important to carefully choose behaviors to ignore.

Other Resources for Parents

Seattle Children's Behavior Basics Asynchronous Course

<https://www.seattlechildrens.org/health-safety/classes-events/behavior-basics-class/>

CDC info on What to Expect in PMT for ADHD (also in Spanish)

<https://www.cdc.gov/adhd/treatment/behavior-therapy.html>



Caregiver Buy-In

Jason Fogler, PhD
Tyler Lackey, MD
Evelyn Law, MD
Carina Vecchi, PsyD
Marie Trace, MD

Emotional Literacy

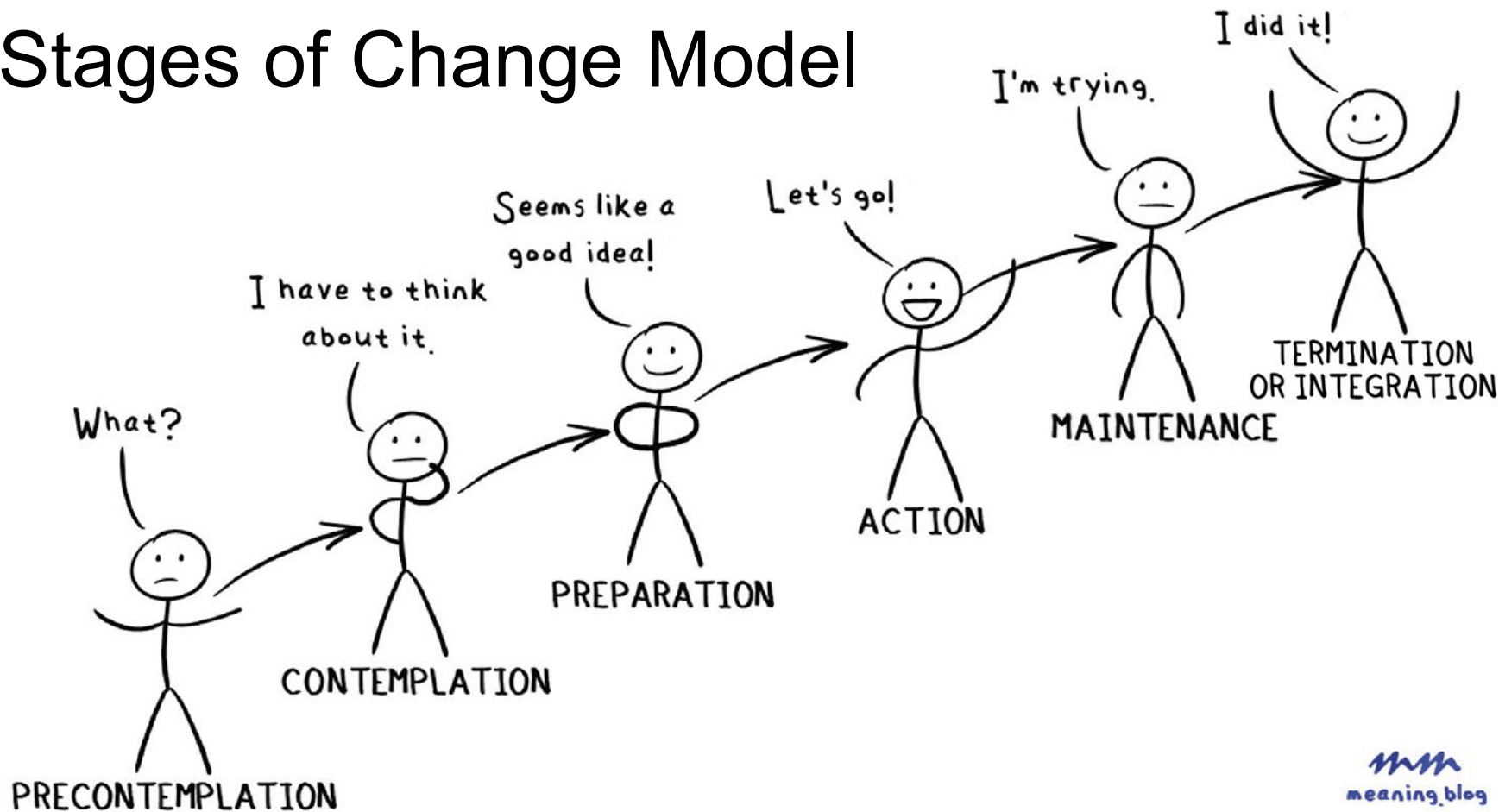
Marie Trace, MD

Jason Fogler, PhD

Improving Emotional Literacy

- Awareness of the caregiver's current emotional state, in conjunction with motivation to change/readiness to learn, is an important first step.
 - Necessary to implement change from the status quo.
 - Helps to set (their and our) expectations and pace interventions.
 - Through talking with (not at) families, we discover a starting place for the therapy – from attitude to intent to behavior.

Stages of Change Model





Listen For Change Talk (a concept in motivational interviewing¹)

DESIRE: “I want to try something new.”

ABILITY: “I think I can do this.”

REASONS: “It could help my child and this isn’t working.”

NEEED: “We really need to improve things.”

COMMITMENT: “I will give this a chance.”

ACTIVATION: “I am willing to start.”

TAKING STEPS: “I tried labeled praise and my daughter loved it.”



Responses to Change Talk

- **Precontemplation**

- In what ways have these behaviors been affecting your family?

- **Contemplation**

- What factors are causing this decision to be hard?

- **Preparation**

- What steps need to be completed in order for your family to be ready for this change?
- What would be a single starting step?

- **Action**

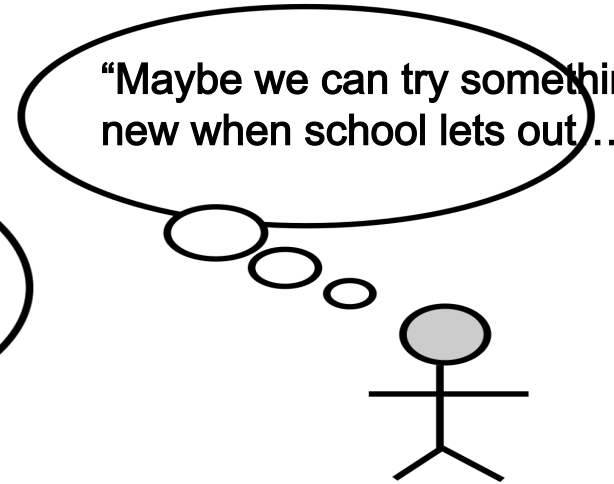
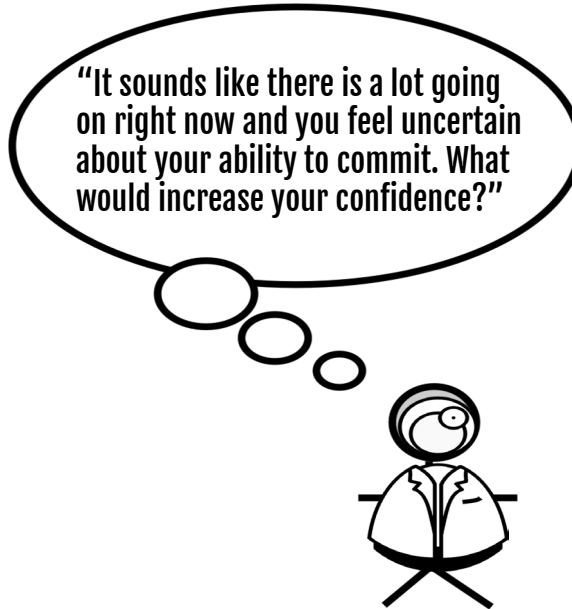
- What positive changes have you seen since starting behavioral therapy?

- **Maintenance**

- What are some warning signs that things are getting off track?

Respect and Be Ready for Sustain Talk Too

- Sustain talk reflects a person's motivation to maintain the status quo. Some families may not be in a state of mind to discuss their own emotions and/or their impact on parenting.
- Strategies to respond include
 - Acknowledge and Reflect
 - Emphasize Autonomy
 - Reframing
 - Cultivate Collaboration



Help families and children “Name it to Tame It”

- The ability to **recognize, understand, and manage** one’s own emotions - as well as the emotions of others - plays a critical role in **mental health, wellbeing, and resilience**.
- Caregiver emotional literacy directly impacts a child’s emotional literacy.
- Parents need to be able to name and understand their own emotions in order to properly address them.
- Children learn through modeling and will model their caregiver’s emotional regulation.

		
Happy	Angry	Upset
		
Silly	Nervous	Surprised
		
Frustrated	Hungry	Affectionate
		
Sleepy	Thoughtful	Sick

Flexibility within Fidelity

Evelyn Law, MD

Jason Fogler, PhD



Flexibility within Fidelity

- **Prevent drift** from core principles while **being conscious** of caregiver preferences, cultures, and contexts
- Practice **curious and authentic, open-ended questioning**

Family values

Parental expectations
of their child

Parenting styles

Upbringing

Physical punishment
is the norm



Audience Participation: Role Play!!

- 4-year-old son
- Many externalizing symptoms, defiant and aggressive

Sheldon
(Child)



- Chinese immigrant
- Exhausted housewife
- Uses threat, then feels guilty, resorts to screens to take a break
- My child is a “monster” if I take it away

Ling
(Mom)



- White (secular Jewish) American
- My child is just like me when I was young
- Wife needs help with stopping screens

Joshua
(Dad)



Both in **CONTEMPLATION** stage for different reasons.



Let's Bring Out This Couple to Hear their Main Concern



Ling



Joshua

1. What have you heard that demonstrate that they are **contemplating change**?



We Need Someone to Play the Clinician...

2. Your mission should you choose to accept it...

Use open-ended questions & MI strategies to **identify cultural and family dynamics** that might necessitate pivots and/or modifications in PMT.

You Are Not Alone: A volunteer may elicit audience support or receive help from workshop facilitators

- 4-year-old son
- Many externalizing symptoms, defiant and aggressive

Sheldon
(Child)



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Joshua
(Dad)





Discussion on Approach

- Are there times when you have observed “Ask instead of tell”?
- Did you observe that through questioning that one of the parents came up with a solution?
 - “Hmmm, do you think it worked?”
 - “What happens if you _____”
 - “Can you tell me what happened?”
 - “I wonder if you would use this choice again.”



Strengthening the Therapeutic Alliance & Enhancing Caregiver Engagement

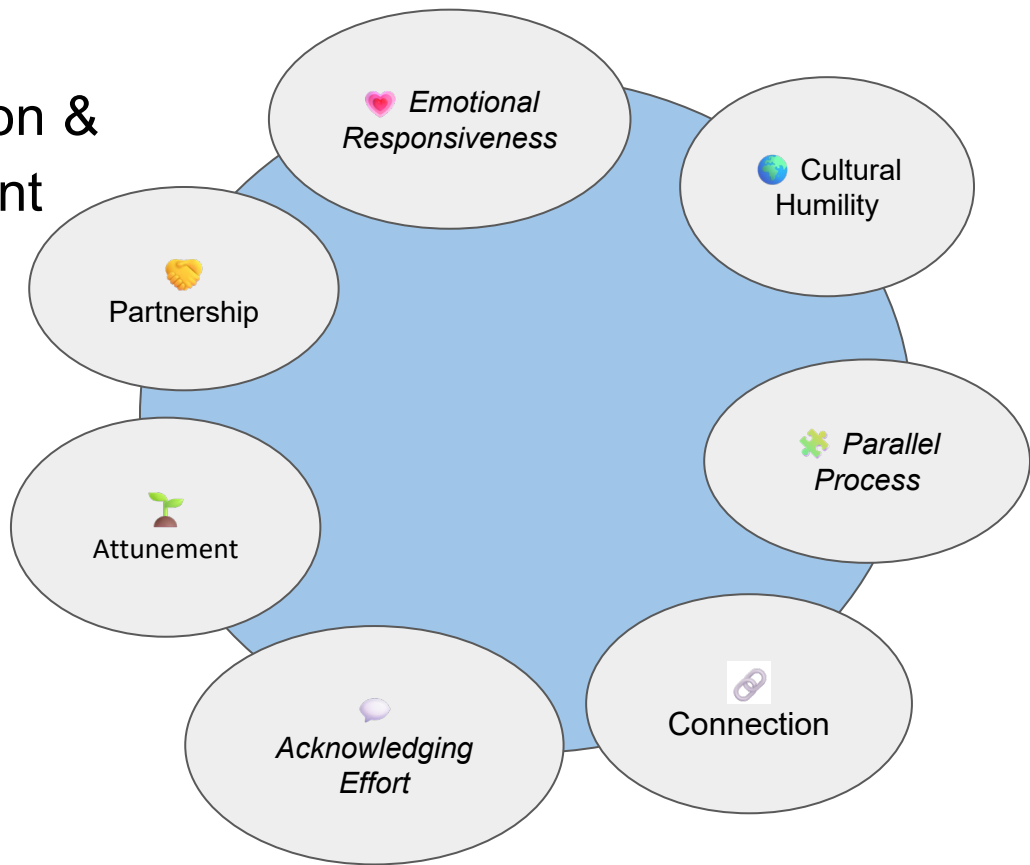
Tyler Lackey, MD
Carina Vecchi, PsyD

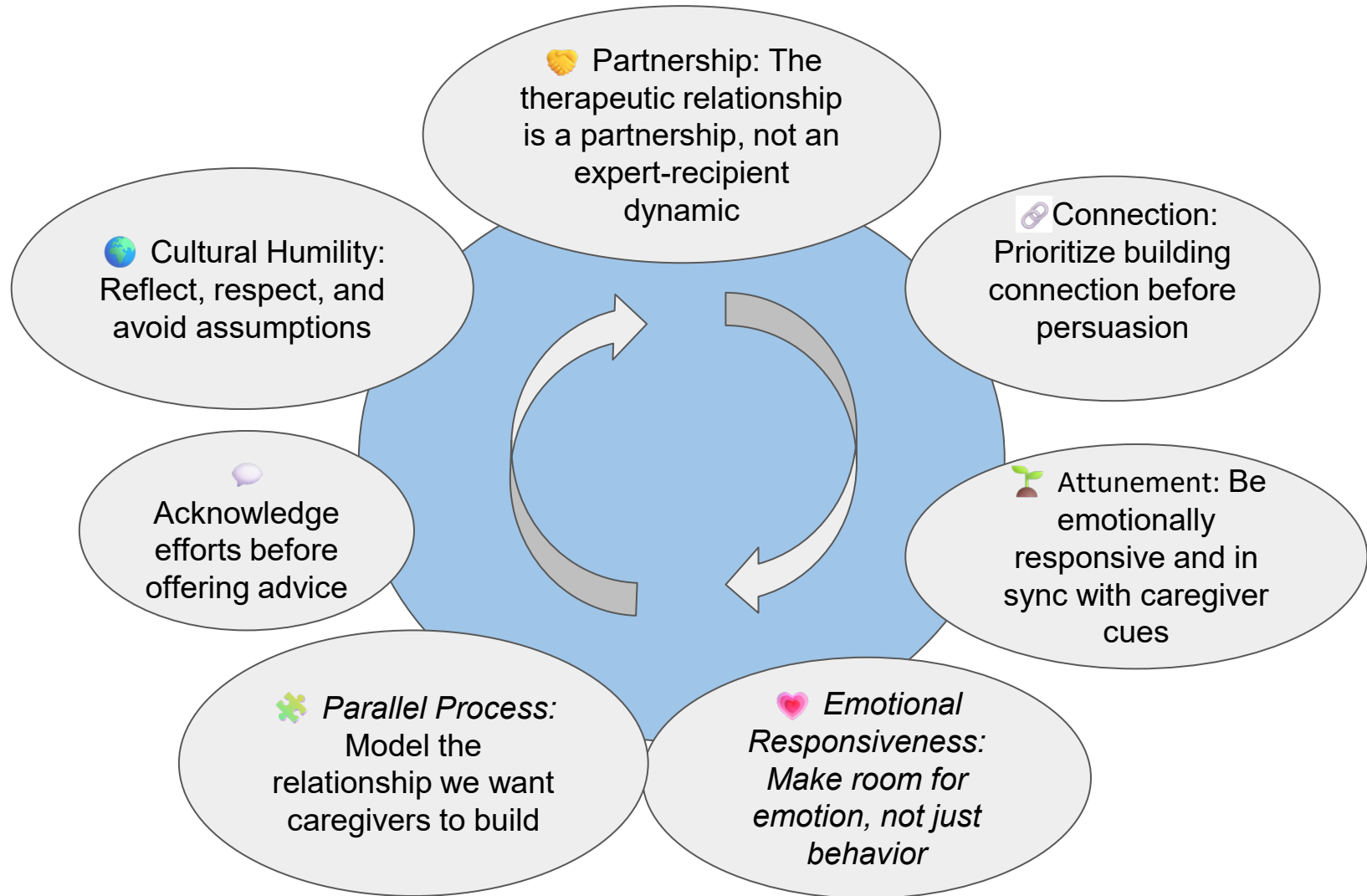


1. Strengthening Therapeutic Alliance

Bolstering the parent-provider relationship is the **FIRST** intervention & foundation for caregiver engagement

How can I build better relationships with my patients?







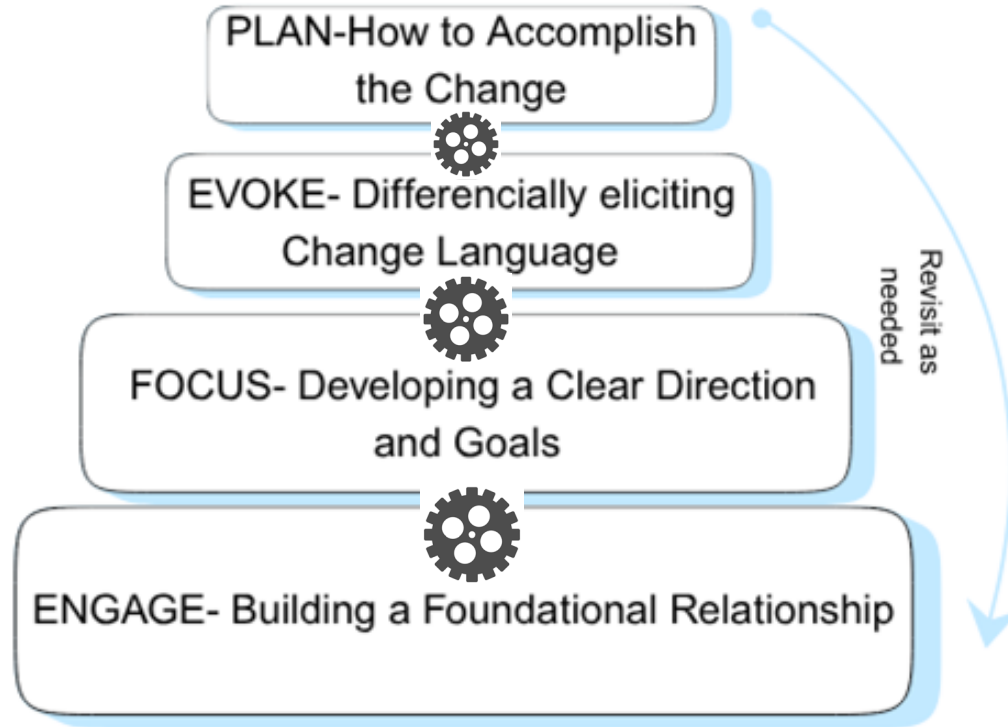
Responses to Develop Relationship & Connection

Compassion, Acceptance, AND Evocation

- **Compassion**: “It sounds overwhelming. I want to help you find ways that work for you.”
- **Acceptance**: “I hear that you’ve been feeling overwhelmed, and it makes sense given everything you’re managing.”
- **Evocation**: “What do you think would be different if things changed? What matters most to you about



2: Motivational Interviewing (MI)²: A client-centered directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.



Using MI to Strengthen Caregiver Engagement

✗ **Fixing** pushes solutions before there's buy-in.

✓ **MI** supports readiness for change and shared decision-making.

Fixing ✗

"You just need to be more consistent"

"You need to use behavior charts every day"

"You have to ignore them every time he has a tantrum"

"The first step is to set strict rules and stick to them"



Motivating ✓

"How have you managed this before?"

"It sounds like you want to respond differently but also want to comfort your child when they're upset"

"What parts of the plan feel doable right now? What might get in the way?"

"You're committed to making positive changes, even when it feels overwhelming"

💡 *MI is not about telling caregivers what to do — it's about helping them talk themselves into change.*

3: Engaging Caregivers in Behavioral Therapies

The Challenge – Caregiver Skepticism

Many caregivers feel frustrated, hopeless, or doubtful about parenting trainings

"We've tried everything already"

"Rewards don't work for my kids"

"I don't want to bribe them to behave"

*"I just don't see how this is going to help **him** — he's the one with the problem"*

Past Failures

Stigma

Burnout

Fear of judgment

Helplessness

Lack of trust

Caregiver Engagement Tips

- To ease caregiver anxiety, give overview of what will be expected of them and what behavioral therapy can or will look like
- Ask for parents initial thoughts so you can ease skepticism
- Use simple language and start with just one small step
- Use affirmations to highlight child and family strengths
- Elicit the caregiver's "reason why" and focus on shared goals
 - Great goals to start with: good relationships with children & decreased parenting stress
- End with realistic hope





Summary of Engaging Caregivers in Parent Training

01

**Strengthen the
therapeutic
alliance**

02

**Utilize
Motivational
Interviewing**

03

**Engage
caregivers in
PMT**

Bonus (time permitting) Role Play Case #2

To practice motivational interviewing, ascertain the mother's stage of motivation

- Open questions, roll with resistance (acknowledge their perspectives, explore reasons that their behaviors differ from personal goals)
- The goal will be to elicit audience suggestions of “what to say or do next”.
- Discuss language use for each stage of motivation



Special Interests

10:00am-10:45am

Jason Fogler, PhD
Julie Gocey, MD
Virginia Peisch, PhD



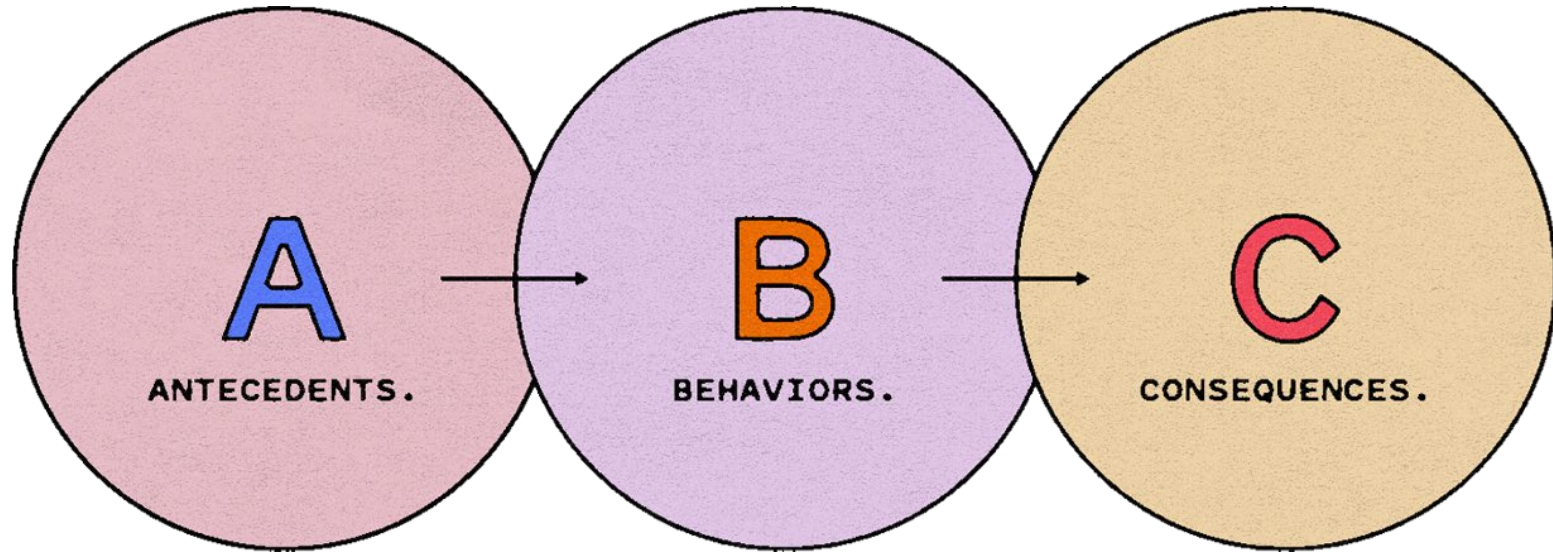
Consequence Strategies to Support Child Functioning

Goal: In this section, we will review behavioral principles, particularly consequence strategies, and help you apply them to common problems that families face.

How we will achieve this goal: Review material and then apply it (practice, practice, practice!).



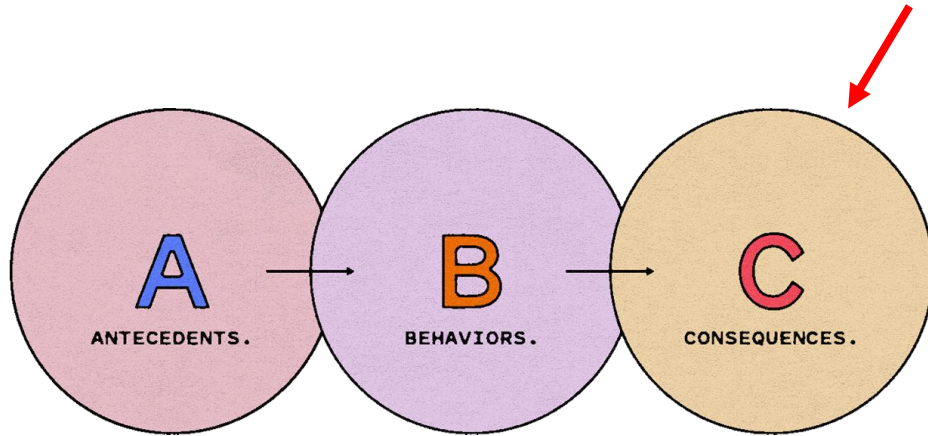
Review: the “ABC” Model



Consequence Strategies to Support Child Functioning

Two consequence strategies:

1. Behavioral rewards to *increase frequency* of desirable behavior
2. Loss of privilege to *decrease frequency* of undesirable behavior



Consequence Strategies to Support Child Functioning

The “ABC” Model should be viewed in the context of the child’s:

- Age
- Developmental level (e.g., language; cognition)
- Cultural background
- Socioeconomic status
- Parental functioning

What are some of the most common **problematic child behaviors** that you hear about from your patients?

What are some of the most common **problematic child behaviors** at home?

Screen time

Bedtime routine

Getting ready for school in the morning

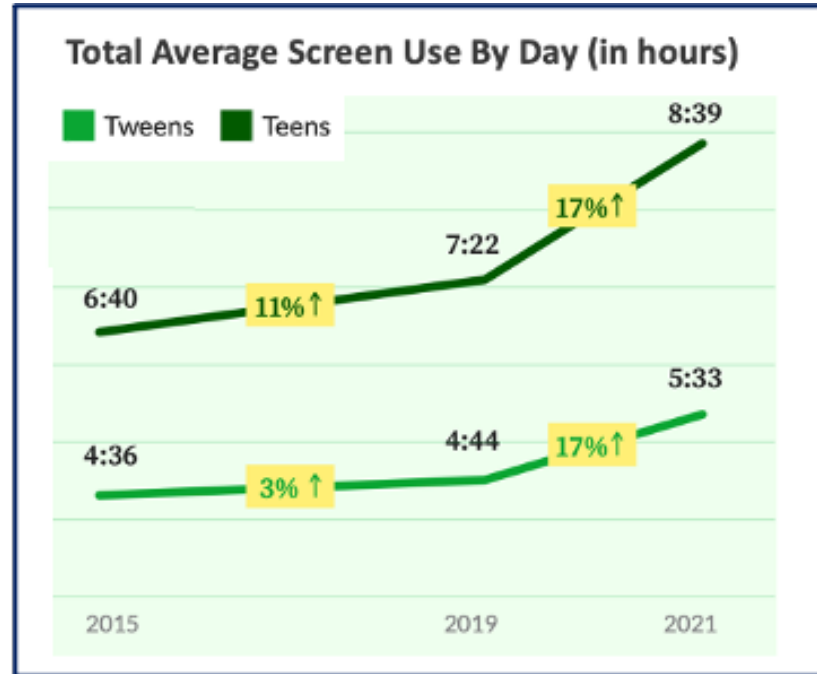
Completing chores

Completing homework

Sibling conflict

“Picky” eating

Example: Child Screen Time

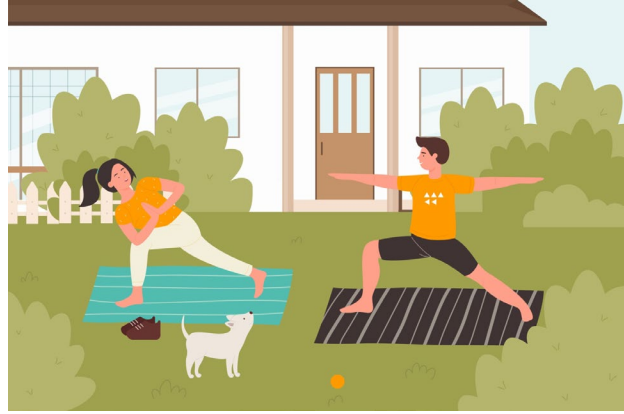


The Common Sense Census: Media Use by Tweens and Teens, 2021



Child Screen Time – Role Play





Practice!



Instructions:

- Form small groups
- Pick a “problem behavior” of choice (e.g., bedtime)
- Role play (1 caregiver; 1 clinician)

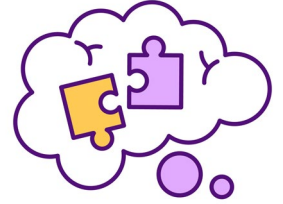
Facilitators can provide assistance, if needed.



Group Debrief

What worked well?

What was hard?



Summary and Synthesis



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Overview

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Caregiver Buy-In

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Thank you for joining us today!

Brought to you by the ADHD SIG
Join us at our meeting 9/20/2025: 5:45-6:45 PM