Method. – MEDLINE, Cochrane CENTRAL, EMBASE, PsycINFO, and ERIC were searched through 31st May, 2010. Included were comparative studies that examined interventions for clinically significant disruptive behavior, and/or ADHD in children less than 6 years old. Study internal validity was assessed by more or equal to two raters. Parent behavior training (PBT), methylphenidate use (MPH), and combined home and school/daycare interventions were interventions examined. Meta-analyses evaluated pooled outcomes where possible; Q test and I-square statistics examined heterogeneity. Other data were synthesized qualitatively. Strength of Evidence (SOE) was evaluated using GRADE approach.

Results. – Fifty-three studies were examined. Eight good studies examined PBT, and outcomes pooled statistically, n = 424; SOE was high for improved child behavior. Standardized Mean Difference (SMD) = −0.68 (95% CI: −0.88 to −0.47), with minimal heterogeneity: One good study evaluated MPH, SOE for MPH was low, n = 114, SMD = −0.83 (−1.21 to −0.44); Combined home and school/daycare interventions showed inconsistent results. Adverse effects were reported for MPH but not for PBT.

Conclusion. – For preschoolers with disruptive behavior disorders, including ADHD, evidence for effectiveness is greater for PBT than for MPH.

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Tu-S-404

Parent–child interaction therapy for preschoolers with ADHD

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Objectives. – This study examines effects of Parent–Child Interaction Therapy (PCIT) for preschoolers with ADHD with and without comorbid ODD randomized to individual or group PCIT.

Methods. – Analysis included 80 children (4 to 6 years old) who completed PCIT. Pre and post-treatment measures included:

– Child Behavior Checklist: o parent and teacher ratings of the Swanson, Nolan and Pelham, Version 4, o the Eyberg Child Behavior Inventory, o Columbia Impairment Scale (CIS);
– observations from the Dyadic Parent Child Interaction Coding System.

Results. – For both PCIT treatment formats significant post-treatment reductions of symptoms and functional impairment were found on most parent-reported measures, including ADHD-specific ratings and CIS scores, and significant improvements were noted on observational measures of parent–child interactions. None of the teacher-reported measures showed symptom reductions in either the individual or group PCIT format.

Conclusions. – ADHD symptom reduction is not a specific goal of children’s treatment in PCIT, yet significant improvements occurred in both hyperactive/impulsive and inattentive symptoms, for children with ADHD with and without comorbid ODD, based on parent report measures. These findings suggest that PCIT may be an effective treatment for the behavioral and attentional symptoms of ADHD in preschoolers that it merits further study as a promising intervention for preschoolers with ADHD.

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The new forest parenting programme, a tailored, timely programme for children with preschool type ADHD problems

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The New Forest Parenting Programme was developed in the early 1990s by professionals from The NHS based in the New Forest and by psychologists from the University of Southampton as a parenting programme for preschool children with ADHD. The programme is tailored to the child and family presenting so

addresses also speech and learning problems; or a parent who is depressed or has ADHD. The principles behind the programme were to help the parents understand why their young child behaved the way they do (psycho-education about ADHD); to work with the parent to become the child’s trainer, understanding behaviour principles matched to their child’s profile; to work on the parent–child relationship; and uniquely to tackle attention and executive functioning deficits if present. The NFPP has been subjected to three trials in the UK and Guernsey; one in New York, USA; and is about to be trialled in Denmark.

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The indicated prevention program for preschoolers with disruptive problem behavior

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The efficacy of parent and teacher trainings for prevention or treatment of disruptive behaviour problems in children has been demonstrated in randomized controlled trials. Only few studies document the effectiveness of these interventions under routine care conditions. This presentation reports two studies on the effectiveness of indicated prevention in routine care in a sample of children at risk for development of disruptive disorders. Both studies use a within-subject control group design starting with a baseline-interval with no intervention which was compared to a following interval of either parent training or teacher training according to the German Prevention Program for Externalizing Problem Behaviour (PEP). In the PEP-Teacher study 114 teachers in 90 kindergartens participated. Each teacher focused on one child (3–6 years old) indicated by herself as “at risk for externalizing behaviour problems”. In the PEP-Parent study 270 children aged 3–10 years with externalizing behaviour problems were included. Outcome measures included child behaviour problems (oppositional and ADHD symptoms) and parenting/educational behaviour of the teachers. Comparison of the 3-month waiting period and the subsequent treatment periods revealed significant treatment effects on all outcome measures. Effectiveness of both the parent and the teacher training under routine care conditions could be shown. The results complement the randomized controlled studies and show that the results can be generalized to real world settings.

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The association of children mental health problems and learning difficulties at school in a contrasted European primary school children sample

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In a way, emotional and behavioral problems tend to impede learning. In the other way, several theories suggested that Learning Difficulties, low academic competence plus conflict with parents and teachers about school failure led to emotional and behavioral disturbances. If this association is well known it’s difficult to chronologically know which came first. And most of the surveys did not use the same instruments and results varied according to the interviewee: the parent, the teacher, the children themselves. With the SCMHE project, children’s mental health and school learning difficulties were assessed with the Strength and Difficulties Questionnaire parents and teachers (Goodman, 1997) in a large sample based on seven countries (Bulgaria, Germany, Italy, Lithuania, Netherlands, Romania and Turkey).