

Reducing Disparities in Behavioral Health Treatment for Children With ADHD in Primary Care

Statement of Problem

Attention deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders in children. It can have an impact on many aspects of a child's life including school success and relationships with peers and family. We can treat ADHD effectively using behavior therapy; however, families of children with ADHD often have difficulty accessing these services. Challenges with access are even more pronounced for low-income, racial/ethnic minority families of children with ADHD, who may face increased barriers related to logistics, finances, and stigma around behavioral health conditions and treatment.

Description

This project seeks to determine whether integrating enhanced behavior therapy into primary care practice can improve access to treatment and patient-centered outcomes for low-income, racial/ethnic minority families of children with ADHD. We will conduct the study within the primary care network of Children's Hospital of Philadelphia (CHOP) where research suggests that 7.5% of patients ages 5 to 11 have a diagnosis of ADHD.

Our team will compare enhanced behavior therapy integrated into primary care to usual course of treatment for ADHD, which is informed by American Academy of Pediatrics (AAP) guidelines. Patients in usual care can also access Healthy Minds, Healthy Kids services, if the families elect to do so. Providers from CHOP's Healthy Minds, Healthy Kids program, which integrates behavioral health providers within primary care teams, will deliver the enhanced behavior therapy that will include components to address the unique needs of low-income families of racial/ethnic minority status.

There are several differences between usual Healthy Minds, Healthy Kids treatment of ADHD and the enhanced intervention. First, families in the enhanced intervention have access to a Community Health Partner, who helps them remember to practice strategies they learn in the program plus supports their regular attendance at sessions. Second, clinicians who deliver the enhanced intervention receive supervision with performance feedback. Third, sessions in the enhanced intervention are longer, and families likely will attend more sessions.

The study is designed to improve family use of services for ADHD, reduce children's symptoms of ADHD, and improve children's academic achievement, behavioral compliance, interpersonal relationships and life satisfaction. Parents of children with ADHD and the clinicians who serve them identified these outcomes as critical targets for intervention.

Next Steps

We can treat ADHD effectively, but access to high-quality behavior therapy is essential for successful patient outcomes. This study seeks to shed light on an approach to enhanced behavior therapy that could improve access to services for low-income families and produce outcomes that are important to patients and their caregivers. In addition, the study will identify which families respond best to this intervention to better understand the optimal approach to treat children with ADHD, taking into account feedback from parents and other stakeholders. In the future, this project may also help us understand whether this particular model of delivering behavioral health services could increase access and improve outcomes for other behavioral health conditions.

PCORI is an independent, non-profit organization authorized by Congress in 2010 to fund comparative

effectiveness research that will provide patients, their caregivers, and clinicians with the evidence needed to make better-informed health and healthcare decisions. PCORI is committed to seeking input from a broad range of stakeholders to guide its work.

For study recruitment information, click here.

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Related Tools & Publications

Research to Practice: Implementation of Family School Success for Parents of Children With ADHD
 <u>Article</u>
 Aug 2019

 Behavioral Health Screening: Validation of a Strength-based Approach Article
Jun 2020

 Reducing Disparities in Behavioral Health Treatment in Pediatric Primary Care: A Randomized Controlled Trial Comparing Partnering to Achieve School Success (PASS) to Usual ADHD Care for Children Ages 5 to 11 – Study Protocol Article
Jun 2024

Related Projects

<u>Interprofessional Behavioral Health Training for Integrated Primary Care Practice Behavioral Health</u>