
Preparing Families for Evidence-Based Treatment of ADHD: Development of Bootcamp for ADHD

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Many families of children with attention-deficit/hyperactive disorder (ADHD) do not initiate evidence-based treatments (EBTs), placing these children at risk for poor outcomes. Bootcamp for ADHD (BC-ADHD) is a novel, four-session, group intervention designed to prepare parents as informed consumers to engage in multimodal EBTs for ADHD. This paper describes the theory of change and the development of BC-ADHD, outlines its components, and provides an initial proof of concept of the program. Participants were 11 families of children with ADHD (ages 5–11; 55% male; 91% non-Hispanic; 55% White, 27% Black, 18% more than one race) who were the initial participants receiving BC-ADHD during a small-scale, randomized controlled trial. Parent-report outcome measures assessed parental empowerment, treatment preferences, affiliate stigma, intention to pursue treatment, and treatment initiation at baseline, posttreatment, and 6-week follow-up. Parent engagement was high, as indicated by an 86% session attendance rate and high ratings of program satisfaction. Parents reported an increase in empowerment to access systems of care. Ratings of acceptability for behavior therapy increased at posttreatment and follow-up with minimal or no concerns about feasibility. The acceptability of medication was high at each assessment, although parents expressed increased concerns about stigma and adverse effects of medication at posttreatment and follow-up. Nonetheless, there was a marked increase in parental intention to use medication at posttreatment and follow-up. Accounting for ceiling effects, parents reported substantial increases in intention to use medication, behavioral parent training (BPT), and school services. Changes in treatment initiation were in the expected direction. BC-ADHD has the potential to promote family empowerment in seeking services and increase their intent to initiate EBTs, as well as actual initiation of these treatments.

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