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L'Encéphale 48 (2022) 354–358

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Clinical case

Adapting a parent training program to the COVID-19 crisis in a mental health care setting in France

Adaptation d'un groupe de guidance parentale en ligne dans le cadre du confinement dû à la crise sanitaire COVID-19 dans un service de pédopsychiatrie en France

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ARTICLE INFO

Article history:
Received 18 February 2021
Accepted 12 June 2021
Available online 23 September 2021

Keywords:
Parent Training Program
ADHD
COVID-19 lockdown

Introduction

Attention-deficit/hyperactivity disorder (ADHD) is a common, early-onset, persistent neurodevelopmental disorder of childhood and adolescence, with a worldwide population-based prevalence of approximately 5% [1]. Beyond the core symptoms of inattentiveness, impulsivity, and hyperactivity, behavioral problems constitute a common reason for referral to Child/Adolescent Mental Health Services (CAMHS) [2,3]. In particular, emotional dysregulation, including reduced tolerance to frustration, irritability, lack of motivation and delay aversion, contribute to oppositional behaviors, causing further impairment in psychosocial functioning [4–7]. Behavioral Parent Training (BPT) programs are effective in reducing defiant and disruptive disturbances in children with ADHD, promoting appropriate child-rearing behaviors, enhancing positive family interactions [8–12] and leading to improved psychosocial functioning and self-confidence, both in affected children and their parents [13–17]. Based on this evidence, The Barkley's Parent Training Program has been run since 2008 in the CAMHS of the University Hospital of Montpellier (Montpellier-Saint Eloi). The program is based on cognitive behavioral therapy techniques, combining psychoeducation and coping strategies, such as training in reinforcement and problem-solving skills and promotion of positive parent–child interactions [10,18,19].

With the Coronavirus Disease 2019 (COVID-19) outbreak and the lockdown measures adopted worldwide, children with ADHD had to face significant challenges dealing with major changes in their daily routine, interruption of social interaction and activities reduction [20,21]. Parents of children with a diagnosis of ADHD also experienced a high burden facing the child disruptive behaviors while struggling to maintain consistent rules and were at risk of displaying worsened parental practices, such as coercive and ineffective discipline [20,22]. This context was suggested to cause worsening of ADHD symptoms and behavioral disturbances [21,23] while school shutdown and worries related to health and economic problems further added stress on both children and their parents [20]. Given this increased risk, the European ADHD Guidelines Group (EAGG) recommended that mental health care provision continue via telephone or appropriate online video technology [24]. Web-based cognitive behavioral treatment has been previously found useful for childhood anxiety [25], depression [26] and obsessive-compulsive disorder [27], while several studies found positive effects for internet-delivered BPT for children with autism

Abbreviations: ADHD, Attention-deficit/hyperactivity disorder; BPT, Behavioral Parent Training; CAMHS, Child/Adolescent Mental Health Services; COVID-19, Coronavirus disease 2019; EAGG, European ADHD Guidelines Group.

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https://doi.org/10.1016/j.encep.2021.06.012
0013-7006/

in terms of parent stress, treatment acceptability, and child behavior [28,29]. For children with ADHD, a few studies have examined videoconferencing delivery of BPT [30,31]. Franke et al. [32] evaluated the efficacy of an online self-help program for parents of preschoolers with ADHD symptoms and found significant improvements for maternal ratings of child ADHD-related behavior and parenting stress, mood, and self-efficacy. However, the children did not explicitly meet diagnostic criteria for ADHD and outcomes were not compared to a traditional face-to-face BPT group. More recently, a pilot randomized controlled trial comparing face-to-face and online BPT for preschool aged children with ADHD reported that both treatment delivery formats were associated with high levels of parent engagement and acceptability, significant increases in parent knowledge of and fidelity with recommended intervention strategies and decrease in parent stress. Further, both formats led to similar rates of improved child behavior [33]. Other studies assessing self-help and telephone assisted BPT also support the efficiency of these types of interventions for children with ADHD [34,35].

In the event of the COVID-19 outbreak in France and the consequent lockdown established by the French Government in March 2020, care delivery had to be adapted in many French mental health settings in order to ensure continuing access to mental health care according to patients' needs since face-to-face support was no longer possible [36]. Child practitioners had to reorganize their units and interventions to meet new demands, while specific recommendations were provided by the hospitals of Montpellier and Robert-Debré in Paris for families with children with a diagnosis of ADHD [37,38]. In this article, we aim at describing the online adaptation of the Barkley's Parents Training Program by the CAMHS of the Saint Eloi University Hospital of Montpellier and its clinical implications, while assessing its acceptability among parents, in order to suggest clinical guidance for future online practices.

Online adaptation of the Barkley's parent training program

The Barkley program is usually provided in our department through a package of ten sessions of one hour each, at the rate of one session per week, or in an adapted format of two full days once a month. The regular face-to-face BPT program is usually attended by 10 to 30 parents, and is run jointly by a psychiatrist and a psychologist. Children of participants have a formal diagnosis of ADHD that is previously established by a psychiatrist, and their age ranges from 6 to 16 years old.

With the beginning of the lockdown, the program had to be stopped since face-to-face support was no longer possible. During initial follow-up consultations over the phone, parents raised various concerns regarding their children's difficulties: "How can we handle problematic behaviors? How can we deal with homework? How can we compensate interruption of leisure and sport activities? How do we mediate sibling interactions? How do we adjust to changes in daily routine?" Given this observed need for guidance among families during the confinement and in line with the EAGG recommendations [24], we aimed at the CAMHS of Saint Eloi to ensure an online daily intervention for parents of children with a diagnosis of ADHD, adapted from our usual Barkley's PTP. The online version included psycho-education sessions on ADHD and coping strategies (training in reinforcement, problem-solving skills, positive parent–child interactions promotion, emotional communication) as well as a specific component on issues experienced by families during lockdown. The adapted program comprised home assignments and frequent discussions, with the aim of giving personalized tools adjusted to the lockdown context. The Barkley's strategies were also tailored to each unique family situation (single-parent family, parents working from home, small housing versus large space at home or presence of a garden). This online BPT program was provided over daily videoconference sessions co-animated by a child psychiatrist (Agnès Didillon) and a psychologist (Virginie Maurice), trained to lead regular BTP programs.

The online BPT program consisted of the following 10 steps:

- step 1: Introducing ADHD main symptoms and presenting an overview of general information about the diagnosis (Genetic and biological causes, comorbidities, treatment,. . .);
- step 2: Improving parental positive attention skills and enhancing child acceptance;
- step 3: Organizing daily special moments to strengthen the connection with the child;
- step 4: Using emotions labelling for negative and positive emotions to help enhance the child's emotion self-regulation;
- step 5: Improving praising and creating a coupon-based economy at home (rewards, compliments, and touch to encourage desired behavior);
- step 6: Learning to deal with the child' video-games/TV habits;
- step 7: Learning how to implement easy-to-follow routines in the child's household;
- step 8: Using timeout for defiant behaviors;
- step 9: Managing children's behaviour in public places;
- step 10: Managing school challenges (homework and parent/child-teachers interactions);
- step 11: Learning general information about medical treatment of ADHD.

Parents had free access to the sessions by simple registration on *Teams*, after being referred by a psychiatrist or a psychologist. Previous participation to a face-to-face BPT was not mandatory. Sessions were scheduled every day from Monday to Friday, from 2 to 3 PM. Parents were free to attend any session at any time and as soon as they were registered on *Teams*, they had an access to the program handouts (online version). Pictures of time-timer, fidgets, mobility cushions, jar of rewards, videos, and other supports, such as motivational charts, were also accessible and downloadable by parents on *Teams*. Participants had the possibility to share experiences and tips via the *Teams* chat outside the online session schedule, and created further groups using applications such as *WhatsApp* to increase peer-to-peer support. The sessions' daily frequency aimed at meeting the families' needs through dedicating sufficient time for experience sharing and contingencies restructure, encouraging constructive exchanges between parents and providing therapeutic information in ways that is easy to understand and assimilate.

Implication for clinical practice: the case of Léo[1]

Léo is an 8-year-old boy who was diagnosed with ADHD in October 2019 in our unit. His parents had previously participated in the face-to-face BPT program at the end of 2019. Léo has 5-year-old twin sisters and lives with his family in a house with a medium-sized garden. Both parents started to work at home at the beginning of the national lockdown (March 17, 2020). Léo had daily home assignments imposed by his primary school while his sisters did not have any schoolwork requirement since they were preschoolers.

At the beginning of the lockdown, Léo's parents initially had phone consultations with his psychiatrist but were soon facing significant difficulties in handling Léo's behavior in this particular context, which probed them to ask for additional support. They were addressed to the online parent management training program on March 26th, and they attended the sessions from April 6 to May 20, 2020, without any interruption.

[1] The name has been changed for the purpose of this article

The initial request of Léo's parents concerned the increasing oppositional and disruptive behaviors of their son. They mainly asked for help in implementing practical strategies to organize Léo's daily school assignments in parallel with their own professional tasks. Since the Barkley program includes strategies to improve parental efficiency, we suggested concrete tips such as the use of a time-timer and a visual timetable to structure Léo's homework, play time and other home tasks. The use of a "motivational chart" was also recommended in order to motivate Léo to start and finish his homework without resorting to tantrums.

Léo's parents also had to face recurrent conflicts between Léo and his twin sisters. A daily "special moment" dedicated to one child at a time was strongly advised and Léo's parents were able to organize 15 minutes of playtime per day for each child alone. Moreover, a special place dedicated to "calm down" was also identified with Léo and used as a place he could go to every time he felt overwhelming emotions such as anger, frustration or excitement.

The daily sessions were an opportunity for Léo's parents to precisely describe problematic situations they experienced on a day-to-day basis, and to adjust their response with efficient parental strategies. Their interaction with other parents facing similar difficulties was also mentioned as a great source of support. Léo's parents ended up having a better understanding of ADHD symptoms. For example, they could associate Léo's frequent and intense emotions with emotional dysregulation and were able to identify "insults" or bad expressions, as potential verbal impulsivity. Both parents attended all online sessions during the timeframe mentioned above and implemented the strategies recommended by the online BPT.

In summary, Léo's parents started by organizing a daily "special moment" with Léo alone. The special moment took place in his room while the other parent could take care of their other children somewhere else in the house. During this 15-minute period, each parent could spend a one-on-one quality time with Léo, while being emotionally available and doing an activity chosen by Léo. He often asked to play with little cars and construction blocks. As discussed in the BPT session, this moment was integrated and labeled as "special moment" in the daily planning and took place at the same time everyday day to provide consistency and predictability for the child, according to Barkley's specific method. Léo's parents made this effort to be fully present with Léo during this special moment while positively commenting what he was doing.

Second, after they had worked on their connection with their child through the "special moment", Léo's parents tried to improve the way they gave commands to Léo by giving short and simple directives, one at a time, while keeping an eye-contact with him, asking him to repeat back the request, and making sure he goes through the command. That enhanced Léo's acceptance and significantly improved parents-Léo relationship. Léo's parents reported that Léo showed collaboration with them without resorting to a power struggle for the first time.

Moreover, Léo's parents used a reward chart in order to help Léo accept commands such as "Go shower" or "Turn the TV off".

Finally, Léo's parents made many efforts to name their sons' negative and positive emotions whenever Léo was complaining, crying, screaming, which validated Léo's emotions instead of arguing with him constantly as they were used to. They also identified a "calm-down" spot in the house that really helped him self-regulate his emotions in a positive way.

Assessment of the online version acceptability

In order to assess the relevance and acceptability of the online-BPT, we submitted to all participants at the end of each session a pilot survey exploring their level of satisfaction. The survey consisted of an anonymous questionnaire in French that we specifically designed to evaluate perceived parental satisfaction in this context. Annexes 1 and 2 detail the type of questions included in the survey.

Out of a total of 31 parents of children with ADHD aged between 6 and 15 years old who participated in the sessions, twelve parents filled the survey. Parents who refused to participate to the online BPT said they were not available due to personal or professional constraints. None of them dropped out of the BPT online program once they started the sessions. Parents who did participate were globally satisfied with the Online-BPT format. Sessions' time did not suit all participants, as six parents did not find the schedule practical. A large majority of participants found videoconference duration sufficient, and daily frequency was satisfying for 8 people out of 12. The choice of Teams as a platform was satisfying for 9 out of 12 participants; 3 people had technical problems and were unable to easily access the videoconferences. Eleven out of 12 parents found that the content met their expectations and most participants felt comfortable talking about their difficulties with the group; ten out of 12 participants were satisfied with the group facilitators' listening skills. Seven parents felt that they did not have sufficient knowledge about ADHD before their participation in the online-BPT and eleven parents answered they had a better understanding of ADHD core symptoms after their participation to the group. However, 5 out of 12 parents found that the Online-BPT did not meet their personal needs while half of parents felt that they were not sufficiently trained through the program to handle their child's problematic behaviors.

Discussion

In this article, we describe how the BPT program was adapted to an online group format at Saint Eloi Hospital of Montpellier, to ensure continuity of care for parents of school aged children with a diagnosis of ADHD in the context of the Covid-19 crisis, a setting that is suggested to cause worsening of ADHD symptoms and behavioral disturbances [21,23]. This experience highlighted the importance of an alternative to typical face-to-face BPT where parent engagement may be challenged by logistic constraints (e.g., transportation, childcare, family schedule) and barriers such as fear of stigmatization [39,40]. Even when families have access to BPT, evidence suggests that engagement with intervention is usually limited by low rates of session attendance [41] and minimal or inconsistent parent fidelity with prescribed intervention strategies [42].Web-based BPT may overcome some of these barriers while being effective on ADHD symptoms and behavioral disturbances [32–35]. In our group, 31 parents participated in the Barkley Online group format. Twenty-three among them were attending BPT for the first time even though their participation had been suggested several times before the lockdown but was defeated by personal and professional constraints. Participation of both parents of the child was possible for six families, which is more frequent than face-to-face BPT. This suggests that online BPT may promote higher engagement among parents especially in a high-risk context where there is an increased need of parental support, provided the schedule is adapted to suit the parents' professional and personal constraints. While it was set from 2 to 3 p.m. during lockdown, the timing could certainly be changed to fit the parents' schedule once they are back to their regular workplaces. Likewise, the sessions' frequency may have been too high for some parents for similar reasons.

The survey assessing the acceptability of the Online-BPT showed that most participants were satisfied with the videoconferences in terms of content, perceived support, and group benefits. Likewise, the majority of parents felt their knowledge of their child's

condition and global functioning improved. Eight parents were attending for the first time a parental guidance group using the Barkley method and felt they did not have prior sufficient knowledge about their child's diagnosis of ADHD. However, half of the participants reported that despite this increased theoretical knowledge, they did not feel equipped enough to manage their child's problematic behaviors. This may have been due to the lack of therapist contact between Internet sessions and probably because of an incomplete participation to the full online program.

It is possible that the addition of a between-session individual online coaching component could lead to additional increases in parental skills [43]. Likewise, adding individual phone calls with a therapist where parents are able to ask questions about intervention procedures may also increase engagement and fidelity to the strategies suggested [33]. This finding highlights the need for individual follow-up consultations, whether online or face-to-face, as we believe the online group format cannot replace individual consultations in a mental health care setting. Some sessions were led in the presence of 8 families simultaneously and may have not allowed personalized responses to each particular family issue, even though the group format did not seem to constitute an obstacle for the majority of parents to share their experiences and benefit from peer-to-peer support.

To date, the most documented and efficacious psychosocial intervention for ADHD in preschool and school aged children is BPT [33,44]. Further, recent research indicates that beginning intervention for ADHD with BPT is superior to doing so with psychostimulant medication in terms of child outcomes and parent engagement with intervention [45] Online delivery of BPT has the potential to increase access and engagement with treatment while not compromising intervention impact on parent knowledge of and fidelity with prescribed behavioral strategies [32,33]. Since the Covid-19 Crisis imposed on mental health professionals to find efficient alternatives to the traditional face-to-face BPT format - especially given the high-risk nature of the lockdown on children with ADHD [21] - Online-BPT using videoconference sessions seems to be a promising treatment according to the survey results and our clinical experience. The principles of the Barkley methods and contents were rigorously respected while leaving the possibility to parents to talk about specific issues within the lockdown situation. This format was chosen in order to improve parent(s)-child interactions and to promote the wellbeing of children with ADHD during the lockdown which involved a significant change in routine.

In conclusion, the Online-BPT seems to allow continuity of care while being compatible and complementary with existing health care services and would be maintained after the health crisis. Given the potential for web-based treatment delivery to increase access for families who encounter challenges in completing face-to-face sessions, it is crucial to investigate the feasibility, acceptability and efficacy of online BPT in large randomized controlled trials. More importantly, our experience with the Online-BPT highlights the importance of addressing new challenges specific to the Covid-19 outbreak, as well as studying the impact of this program on parenting practices and core ADHD symptoms among school-aged children. The recent resurgence of Covid-19 cases in France and the re-initiation of a lockdown on October 30, 2020 by the French government, further assert the need of an online valid alternative to face-to-face BPT, in an unprecedented context of social distancing and perpetuated health crisis.

The aim of this case study was to present an online adaptation of the Barkley's Parent Training and to examine its effectiveness according to participants. The program was designed to ensure continuity of care and parental behavioral training during the COVID-19 outbreak in order to support parents in managing their child's ADHD-related difficulties. The online version was perceived by most parents as tailored to their needs and efficiently enhancing positive family interactions during this particular period.

The study's main limitation is the absence of short to long-term follow-up to explore the outcomes in children's ADHD behavioral symptoms following their parents' participation to the online Barkley's BPT. Another limitation is the small sample size of the survey. This only indicates the need for further research to understand the benefits of online PBT, and examine differences in efficacy between the face-to-face Barkley's BPT program and the online format.

Disclosure of interest

The authors declare that they have no competing interest.

Annex 1. Questions exploring satisfaction level (ranging within a scale from 1 to 4)

How did you find the online format?
Was the sessions' schedule practical?
How do you evaluate the duration of the session? (1 hour)
How do you evaluate the daily frequency of the sessions?
How do you evaluate the choice of the platform Teams?
What do you think of the accessibility to online sessions?
Was the content adapted to your expectations?
Did you find the content personalized enough?
How did you find the facilitators' listening skills?
Do you feel more equipped now to deal with and accompany your child on a daily basis?
Did you feel comfortable talking about your difficulties in the online group?
How did you find the online format?

Annex 2. Questions with a yes or no answer.

Have you ever participated in a BPT program before?
Do you think you had enough knowledge on ADHD prior to attending Online Barkley?
Do you think you have a better understanding now of your child's condition?
Do you feel you have a better understanding now of your child?
Do you want to keep contact with other parents from the group?

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