



## Identifying Common Elements of Parent Training Programs for Children with ADHD: An Initial Effort to Develop an Element Approach in Iran

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### Dear Editor-in-Chief

The gap in the provision of mental health care is remarkable in low-and-middle-income countries (LAMICs) (1). The experts have cast doubt on the use of Evidence-Based Treatments (EBTs) in LAMICs due to its low scale-up. Recently, they have started to focus on delivery frameworks, Common Elements (CEs). The unique advantage of CEs in LAMICs is the simplification of training, monitoring and funding, due to its special focus on certain selected issues learned and practiced, and its flexibility which makes comorbidity possible, through cultural backgrounds (2).

The purpose of this study was to bring CEs approach to attention. We applied Garland et al method to describe the process of identifying CEs of parent training programs (PTP) for Iranian children with ADHD.

PTP studies, carried out in 2008-2017 were selected. Those programs lacking evidence were excluded. The final list included the six following titles: Positive Parenting Program (Triple P), The Incredible Years (TIY), Helping Noncompliant Child (HNC), Parent-Child Interaction Therapy (PCIT), New Forest Parenting Programme (NFPP), Defiant Children (DC). In coding pro-

cess, broad definition was used and the initial list was analyzed through a couple of sessions.

In 2017, in consistent with the Delphi technique ten Iranian experts, were surveyed. We asked them to rate whether they agreed with the selection of each element as a CE of PTP for this population and asked them to add any elements that they believed may have been missing (Table 1). We required that elements be endorsed as valid by at least eight of the ten (80%) respondents to remain on the final list. The study provided 18 CEs that correspond to approximately half of the identified elements (3-5). The overlap, observed during four separate attempts, provides primary credit (5). The unique features of the study are remarkable: A) well-established level of psychosocial-intervention (PT) was chosen for the preschool ADHD. B) In line with DBDs' guideline PTPs list covered both ADHD (DC & NFPP) DBDs programs (TIY, Triple P, HNC, and PCIT). C) The most outstanding characteristic was prioritization and novelty which lied in consideration of cultural backgrounds. D) Identification of certain elements. For instance, the authors, considered self-regulation a turning point



in this study which reflects the application of the above-mentioned points.

The list can be used in evaluating the quality indexes and function as a guideline for new interventions based on the existing research. The CEs-based trainings improve the therapists' competences and promote task-shifting in mental health field in case of early interventions, reduce the costs and, as a result, facilitate access to ser-

vices (2). In the study, these issues will probably work as such: identifying the CEs in PTP brings about the training of the existing programs, provides a PTP for Iranian families who have an ADHD child along with DBDs. This program can be carried out through task-shifting and also enjoys an efficient secondary support system, i.e. training, consistency and observation skills.

**Table 1:** Common elements of parent training programs for children with ADHD

<i>Content</i>	<i>Parent</i>	<i>Child</i>
Self-regulation	√	√
Parent-child relationship	√	
Anticipating and planning	√	√
Problem-solving	√	√
Behavior Management	√	
Children's Skills	√	
Outside situations	√	
Delivery		
Reward	√	
Homework	√	√
Attend	√	
Monitoring	√	√
limit-setting	√	
Role-playing	√	
Modeling	√	√
Psychoeducation	√	√
Effective Command	√	
Providing materials	√	√
Quality time	√	

### Conflict of interest

The authors declare that there is no conflict of interest.

### References

- Murray LK, Dorsey S, Skavenski S et al (2013). Identification, modification, and implementation of an evidence-based psychotherapy for children in a low-income country: the use of TF-CBT in Zambia. *Int J Ment Health Syst*, 7(1):24.
- Michelson D, Patel V (2017). Commentary: Distillation and element-based design of psychological treatments in global mental health—a commentary on Brown et al.(2017). *J Child Psychol Psychiatry*, 58(4):525-7.
- Chorpita BF, Daleiden EL (2009). Mapping evidence-based treatments for children and adolescents: application of the distillation and matching model to 615 treatments from 322 randomized trials. *J Consult Clin Psychol*, 77(3):566-79.
- Garland AF, Hawley KM, Brookman-Frazee L et al (2008). Identifying common elements of evidence-based psychosocial treatments for children's disruptive behavior problems. *J Am Acad Child Adolesc Psychiatry*, 47(5):505-514.
- McLeod BD, Sutherland KS, Martinez RG et al (2017). Identifying common practice elements to improve social, emotional, and behavioral outcomes of young children in early childhood classrooms. *Prev Sci*, 18(2):204-213.