Attention Deficits and Differences in Risk Factors and Response to PCIT

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ADHD is one of the most commonly diagnosed mental health conditions among children; and psychiatric drugs are frequently prescribed to treat the symptoms (Le Fever & Arcona, 2003). ADHD has been found to be comorbid with other mental health diagnoses (e.g., oppositional defiant disorder, conduct disorder, affective disorders, autism, developmental disorders; Advokat et al., 2007). Symptoms of ADHD include lack of concentration, dissociation, hyperactivity, and fidgeting; which are also symptoms commonly seen in children with a history of trauma (Briere, 2001). Research has shown that behaviorally oriented treatments have been successful in reducing symptoms of ADHD (Bradley et al., 2000), including research which has found PCIT to be effective in reducing attention problems in children diagnosed with ADHD (Bateni & Timmer, 2008). Although attention problems within a group of children may appear to be the same, the cause of these symptoms or their associated mental health issues may affect children's responsiveness to treatment.

The purpose of this study is to examine the population of children who entered the Parent-Child Interaction Therapy (PCIT) with clinically significant levels of attention problems. Participants included 120 children whose caregivers' responses on the Child Behavior Checklist (CBCL) indicated that the children had difficulties with attention or hyperactivity. Results of analyses showed that although eighty-four children had symptoms consistent with ADHD (based on the CBCL responses), only three children were diagnosed with ADHD. Pre to Post CBCL measures showed an improvement for all children displaying attention problems except those children who were diagnosed with Post-Traumatic Stress Disorder (PTSD).

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