

Critical Analysis of the Total Transformation Program (TTP) of Legacy Parenting for Helping Behavior Disordered Children and Teens

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Over the last decade, pediatricians have been diagnosing and treating increasing numbers of children with behavioral problems. These children with behavior disorders make up approximately 15 percent of the children seen by pediatricians, but these physicians do not always feel sufficiently trained to fill this new role. They, as well as the families they serve, are in need of a structured program to aid in their work with behavior disordered children and teens. The Total Transformation Program (TTP) by James Lehman, MSW, LCSW, is a program designed to address this need.

In an attempt to provide an objective assessment of the TTP, I will undertake to address several questions in three areas (need/effectiveness/accessibility). These include:

- What is the need for a behavioral management program for children and teens with ADHD and disruptive behaviors?
- How can the TTP meet the need of providing a behavior management program to children and teens with ADHD and disruptive behavior disorders?
- What are the underlying premise and the goals of the TTP?
- What is the quality of the materials? Are they useful? Do they deliver what is promised?
- What is the scientific evidence for the effectiveness of such a program?
- Lastly, what is the reputation of Legacy Parenting; and what is their ability to deliver such a service?

What is the need for a behavioral management program for children and teens with ADHD and disruptive behaviors?

ADHD remains the behavioral problem most often diagnosed by pediatricians. Research has established that disruptive behavior disorders are commonly seen with ADHD. From 30% to 50% of children with ADHD in a community sample, and 50% of children in a clinically referred sample, are likely to have another externalizing, disruptive behavior disorder. (Wilens et al., 2002; Busch et al., 2002) In clinical practice, children with ADHD often have behavioral problems including ODD/CD. The presence of these externalizing behavior disorders significantly complicates the acute presentation of ADHD and is associated with more severe ADHD symptoms and overall impairment and a worse overall long-term prognosis. Considering this negative prognosis, early identification and treatment of behavior and conduct problems in children and teens with ADHD cannot be overemphasized.

The American Academy of Pediatrics in their Guidelines for the Assessment and Treatment of ADHD, recommend that pediatricians assess for coexisting conditions in addition to ADHD symptomatology. They are then urged to begin treatment of diagnosed children with "stimulant medications and/or behavioral treatment" after "negotiating target outcomes." (AAP, 2001) Stimulant medications have long been known to be safe and effective in the treatment of ADHD and should be considered the first line of treatment for children and teens with ADHD and coexisting ODD/CD. However, if ADHD symptoms respond but ODD/CD symptoms persist after medication intervention, psychosocial treatment should then be added to the treatment regime. If symptoms associated with ODD/CD are extreme at the time of diagnosis, multimodal treatment is often needed from the beginning.

The role of psychosocial interventions alone or in combination with medication for the treatment of ADHD have been studied extensively. The NIMH MTA study (MTA Cooperative Group, 1999; MTA Cooperative Group, 2004) and the Multimodal Psychosocial Treatment study (MPT, also known as the New York/Montreal study) (Klein et al., 2004) have examined the effects of pharmacological and behavioral treatments on ADHD symptoms when used alone or in multimodal treatment programs. These large-scale, long-term, randomized clinical trials have greatly contributed to the field as to the efficacy of long-term medication treatment and the role of psychosocial interventions in ADHD.

How can TTP meet the need of providing a multimodal treatment program to these children and teens with ADHD and disruptive behavior disorders?

While most pediatricians can say that they understand the need for a multimodal program for the treatment of children with ADHD and coexisting conditions, they are at a loss of how to assist parents in acquiring the skills necessary to carry out such a program. The behavior management component of the MTA program has been shown to be an ideal program for obtaining positive outcomes for children with ADHD and coexisting behavioral disorders, but few communities offer the support received in this program to parents and their children with ADHD. Most parents must then "go it alone" or seek out expensive mental health support within the community knowing the majority of these services are not covered by health insurance.

Given the limited time available to clinicians to interact with patients and their parents, how can professionals teach parents to more effectively deal with their children with ADHD and ODD/CD and provide these services in a way that is both cost and time effective? An "at home" training program like the TTP program seems ideal. Through a series of compact disks, DVDs and an interactive parent workbook, the TTP can be used by parents and professionals to decode a child's behavior and understand why a child or teen is acting in a dysfunctional way. The main focus of this non-judgmental structured program is on teaching parents exactly how to react to and better understand their children or teens with behavior disorders such as ODD/CD and then effectively empower them to change.

What are the underlying premise and goals of the TTP?

The Total Transformation Program is a guided training program for parents that utilizes cognitive learning theory and behavioral management techniques to alter dysfunctional family interaction patterns. The underlying premise of the TTP is that behaviorally disordered children and teens need to be empowered with skills to manage their daily functioning and social/behavioral interactions. TTP is an accountability based treatment program that empowers parents to deal with their child's inappropriate responses. It offers them a means to decode and understand their child's behavior. It places parents in the training and coaching role and offers them a concrete plan that they can actualize in the home.

What is the quality of the materials?

Overall, the TTP is extremely well organized and structured. Materials are presented using a step-by-step approach. Once the child's behavior is understood, scripts are provided to empower the parent's response. The Parent Workbook is very well done and provides checklists to help the parent determine what skills need to be worked on at that time (target behaviors) and provides excellent explanations of why a child acts in a certain way.

The TTP was also found to have several features not found in other programs. This includes Parenting Style self-assessments that allow parents to look at their role in the interactive process. I especially liked the age appropriate consequences and rewards charts, as I find this is a particularly difficult concept for many parents. In addition to providing tools for acute behavior management, the TTP also focuses on teaching parents exactly how to have a problem-solving discussion with their child utilizing an interview format thus placing the parent in a coaching role.

What is the scientific evidence for the effectiveness of such a program?

The current findings regarding the outcomes of ADHD and disruptive behavior disorders indicate that all children presenting with symptoms of ADHD and ODD/CD need to be assessed and treated with a view of targeting both the ADHD and the disruptive behaviors. The link between behavioral disorders and poorer psychosocial outcomes only reinforces the need to treat these disorders aggressively with both psychosocial and pharmacologic interventions. In addition, these children are difficult to live with and parents need to understand that they do not need to deal with their ADHD and ODD/CD child alone. Programs that teach parents acute, simple behavior management strategies (Parent Training) and those that help build and reinforce cognitive, problem-solving skills (Collaborative Problem-Solving) have both been shown to be effective.

Parent Training (PT) has been shown to be effective for treating oppositional and defiant behaviors. Standardized parent training programs are short-term interventions that teach parents specialized strategies-including positive attending, ignoring, the effective

use of rewards and punishments, token economies, and time-out to address clinically significant behavior problems. (Farley et al., 2005)

The long-term maintenance of changes following parent-child interaction therapy (PCIT) for young children with oppositional defiant disorder (ODD) and associated ADHD has been shown to be good. Three to 6 years after treatment, the mothers of children with these disorders indicated that the significant changes found in their children's behavior and their own feelings of control at the end of treatment were maintained at long-term follow-up. Child behavior reported at the post-treatment assessment and the length of time since treatment were strong predictors of long-term outcome. Mothers' reports of disruptive behavior decreased with time after treatment. (Hood & Eyberg, 2003)

Collaborative Problem Solving (CPS) has also been shown to be effective for children with ADHD and ODD. (Green et al., 2004) CPS is a cognitive-behavioral model of intervention. The CPS model proposes that challenging behavior should be understood and handled in the same manner as other recognized learning disabilities. In other words, difficult children and adolescents lack some crucial cognitive skills essential to handling frustration and mastering situations requiring flexibility and adaptability. The goal of intervention is to teach these skills. In the CPS model, this is accomplished by helping adults and challenging children work toward mutually satisfactory solutions to the problems underlying behavioral difficulties.

In my opinion, the TTP incorporates both aspects of these psychosocial treatments and does it in a way that educates and supports parents as they learn to understand and deal with their child's behaviors. The materials are also reinforcing and available for parents to review as necessary, as opposed to a session that may provide few written materials and concrete examples for the parent.

Lastly, what is the reputation of Legacy Parenting?

Legacy Parenting: Established was in 2004. While relatively new to the field of ADHD, they seem to have hired experts well versed in behavioral theory to handle the curriculum development.

Mission Statement: "Our mission is to provide families with life-changing programs that empower them to solve the complex problems they face on a daily basis."

Ability to deliver a quality product: Over 85,000 units of the TTP have been sold to date with about 1000 currently being sold per week. A 10-15% return rate reported which indicates overall satisfaction.

Testimonials/Approvals: In August 2006, the National Association of Social Workers approved the Total Transformation Program for 6 CEU's under the long-distance learning for social workers. Testimonials from parents and professionals are available for the TTP and appear positive in the acceptance of the program and its usefulness for some even after having tries other methods and therapy programs.

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