

Family Therapy for Adolescents with ADHD



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KEYWORDS

- Family therapy • Defiant teens • Individuation • Behavior management
- Problem solving • Communication training • Attention deficit hyperactivity disorder

KEY POINTS

- Adolescents with attention deficit hyperactivity disorder have increased family conflict because their diminished self-control impedes individuation from their parents and handling responsibility in an age-appropriate manner.
- The intervention in this article improves family relationships by (1) educating families about attention deficit hyperactivity disorder, (2) providing principles for parenting an adolescent with attention deficit hyperactivity disorder, (3) fostering realistic beliefs about the parent-teen relationship, (4) preparing the adolescent for medication, (5) breaking negativity through one-on-one time and praise, (6) teaching parents to use positive incentives before punishments, (7) teaching parents and adolescents the steps of problem solving for resolving disagreements, and (8) replacing negative with positive communication.
- Research supports the effectiveness of the original version of this intervention in reducing family conflict, but the clinical significance of the results is modest.

INTRODUCTION/BACKGROUND

Adolescence is a developmental period of exponential change as teenagers individuate from their parents, establish their identities, explore deeper same- and opposite-sex relationships, and make career and higher-education plans. All families experience increased parent-adolescent conflict, coercive interchanges, negative communication, and extreme thinking as adolescents pursue these developmental tasks. Because of the neurobiologically based executive function deficits inherent in attention deficit hyperactivity disorder (ADHD) and the common comorbid conditions such as oppositional defiant disorder (ODD) and conduct disorder (CD), these conflicts

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Abbreviations	
ADHD	Attention deficit hyperactivity disorder
BMT	Behavior management training
CD	Conduct disorder
DT	Defiant teen
MTA	Multimodal treatment study of ADHD
ODD	Oppositional defiant disorder
PSCT	Problem solving communication training
SFT	Structural family therapy

are more intense and frequent for teenagers with ADHD and their parents than for teenagers without psychiatric problems and their parents.¹ Their conflicts take the form of seemingly endless cycles of coercive interchanges regarding a variety of issues—homework, chores, sibling and peer relationships, family responsibilities, and several other topics. In a typical coercive interchange, the parent commands the adolescent to engage in a particular behavior (eg, “turn off the video game and start your homework”), but the adolescent ignores the command and continues playing video games. The parent escalates the intensity of the command (“You turn that game off now or else!”) while the teenager escalates his or her defiant behavior (“In a moment,” or “you can’t make me”). Eventually, 1 of 2 outcomes occurs: (1) the parent makes the teenager turn off the video game and get started on the homework, or (2) the adolescent makes the parent back off and avoids homework. A lot of shouting, arguing, name calling, negative communication, and ineffective problem solving accompany such coercive interchanges. These negative interactions pervade the daily lives of families with adolescents who have ADHD, impairing family relationships, interfering with the developmental tasks of the adolescents, and spurring rage, hopelessness, and depression.

Coercive interchanges and the associated parent-adolescent conflicts are the primary treatment targets of the intervention described in this article.

INTERVENTIONS

Theoretic Overview

The defiant teen (DT) family intervention^{2,3} is the approach used by this author to change coercive interactions between parents and adolescents with ADHD. It follows from Barkley’s 4-factor model of family interactions,² which explains how the normal coercive interchanges that most families sometimes experience escalate to clinical proportions. The 4 factors are the adolescent’s characteristics, the parents’ characteristics, the family environment/stresses, and parenting practices. The adolescent’s characteristics refer to genetics, temperament, psychiatric diagnoses such as ADHD, ODD, CD, mood disorders, substance use, chronic illnesses, or physical disabilities. The parents’ characteristics include all of the items listed for the adolescents, with particular emphasis on depression, substance use, personality disorders and parental ADHD. The environment/stresses refer to items such as financial stresses, socioeconomic status, single versus 2-parent status, family structure problems, joblessness, unsafe neighborhood, the available peer group for the adolescent. Parenting practices include warmth/hostility, structure/chaos, monitoring the adolescent, consistency in administering rules, and behavior management skills. To these parenting practices are added problem-solving communication skills and belief systems.

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