



From the President

AD/HD, Conduct, and the Justice System

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Prevention and Early Intervention Make “Common Sense”

“Common sense often makes good law.”

—William O. Douglas, 1898-1980

It's 1:30 a.m. and the phone is ringing. You wake up in a panic—your heart is racing. You are more than a little disoriented. You know that the news can't be good. Good news comes later in the day, not at 1:30 a.m.

The local police chief is on the phone. Your 22-year-old daughter, who has attention-deficit/hyperactivity disorder (AD/HD), has been arrested for disorderly conduct and drug possession. Your nightmare has just begun, or more than likely, it has taken the latest spiral into deeper darkness.

Now, for most parents of children with AD/HD, problems this serious do not occur. But perhaps someone you know or someone in your neighborhood faces this sort of trouble. How could the events described above unfold as they have—when did things become unglued?

Parents of some children with severe AD/HD may notice issues that began early. In addition to hyperactivity, there were early signs of oppositional defiance, of uncontrolled anger, of peer problems, of poor school adjustment. These were huge challenges, but parents always hope things will get better. A new year, a new friend, a new teacher—maybe all the support would help. Surely all the hard work invested in learning techniques for dealing with challenging behaviors, the hours supervising school work, organizing play groups and the emotional support would make a difference.

One of the more disturbing findings in outcome studies of young children with AD/HD into adulthood is the relationship between hyperactivity, conduct disorders and later antisocial, delinquency problems. The risk

for antisocial, delinquent behaviors is particularly acute for families with children who have severe hyperactivity and comorbid conduct disorders early in life.

Which behaviors predict these negative outcomes? In his 2006 book, *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*, Russell Barkley cites a study that identified a host of risk factors in teens, including severe hyperactivity, peer relation problems in childhood, early aggressiveness and conduct problems (such as lying, stealing, and running away from home), parent-teen conflicts, and poor academic attainment.

The predictors of adult outcome were somewhat different, but similar pathways were revealed. Barkley found that adult antisocial activities had two main underlying dimensions: Predatory-Overt (such as stealing, breaking into homes, assault with fists or weapons) and Drug-Related Activities (such as possession or sales), which were related to the severity of AD/HD in childhood combined with early conduct problems in childhood.

For a small group of children, the severity of AD/HD in childhood may be the main factor influencing drug-related offenses. Teen drug use contributed additional risk for drug-related antisocial offenses in adulthood. In adulthood, it was the combined occurrence of lifetime conduct disorder with severe AD/HD that predicted drug use, particularly “hard” drug use.

What does this all mean? How should you interpret these findings? How can you protect your child? What can you do to avert these outcomes? Prevention and early intervention make the most sense!

First and foremost, you must recognize the serious risks associated with AD/HD when it co-occurs with conduct disorders. Once you recognize the risks, it is critical to immediately initiate intensive, comprehensive treatment. As with any serious chronic disorder, to be effective interventions should be multimodal, including: family education and parent training; support to strengthen family functioning and educational resources (community



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and family networks such as CHADD); treatment in school settings (self-regulation training, classroom accommodations, teacher administered rewards and consequences, home-based contingencies, classroom-wide tutoring, etc.); peer support and social skills training; conflict resolution training; and when needed, the use and management of appropriate medications.

Model programs offering psychosocial, behavioral, and pharmacological treatments for complex AD/HD are described by Barkley in his handbook on AD/HD, including:

- Community Parent Education (COPE) for parent training
- Problem Solving Communication Skill Training (PSCT)
- Challenging Horizons Program (CHP), a school-based program for teens
- Multimodal Treatment Study of AD/HD (MTA) for school-aged children
- Summer Treatment Program (STP), with a summer/camp focus
- University of California-Irvine/Orange County Department of Education (UCI-OCDE), for children with AD/HD from kindergarten through fifth grade
- University of Massachusetts Medical School/Worcester Public School (UMASS-WPS) Early Intervention Program for kindergartners

These programs* have been shown to improve outcomes for children with complex, severe AD/HD. Recent studies have also shown that effective stimulant medication treatment for AD/HD serves as a protective factor reducing later substance-abuse problems.

Adults with AD/HD, who have comorbid drug-related and/or legal problems, also have treatment options, including 12-step programs for substance abuse, individual therapy, family and couples counseling, vocational and rehabilitation counseling, coaching, and medication when needed. Adulthood is not too late to begin treatment for these

* Note: CHADD does not endorse individual programs. These are examples of helpful programs from the published literature.



complex, comorbid problems. Nar-Anon and Al-Anon are among the organizations that help families of people involved with drugs and alcohol, and an organization called Because I Love You (BILY) helps parents who have difficulty standing up to their children.

It is important to note that for most parents of children with AD/HD, substance abuse and legal problems do not occur. But for some families it is part of the daily struggle when conduct disorders are present. We at CHADD recognize these issues and support your journey. The trials and tribulations of coping with AD/HD with comorbid delinquency and substance abuse problems can be painful, depressing and overwhelming. It is critical to note that even for the most conscientious, knowledgeable parents, problems associated with AD/HD and complex, comorbid problems are not easily resolved. To those families and individuals, we encourage you to forgive, to remain optimistic, and to continue treatment. ■

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