

Finding the Joy

Parenting Teenagers with AD/HD

Unfortunately, for teens with AD/HD, several factors complicate the process of growing up.

by Chris A. Zeigler Dendy, M.S.

Part 2 of 2

LAST ISSUE, we discussed the academic and behavioral challenges that so often accompany AD/HD. In addition, the typical teen challenges of achieving independence and more serious issues such as driving, drug use, suicide risk and brushes with the law were also reviewed, and several intervention strategies were suggested. Thankfully, the challenging teenage years are now behind our family. Our sons, Steven and Alex, are now 31 and 27, respectively, and have grown up to be responsible, productive adults. Steven is a college graduate, is married and the father of two children, owns his home, and has a wonderful management job in a manufacturing plant. Alex is only two courses shy of college graduation and is looking forward to a career in the criminal justice or computer fields. Early on we made a conscious decision to accept the fact that our boys might be on a six to eight-year college plan. In the overall scheme of a 70-year life-span, two or three extra years in college are not a big deal.

However, our lives have not always looked so rosy and optimistic. When our sons were in high school, my husband and I both had *serious* doubts whether or not they would graduate, let alone be successful in college. Fortunately, high school grades were *not* a good predictor of their performance in college. Although Steven struggled initially, he graduated from college making mostly A's and B's in his major classes. The same has been true for Alex; and they both have been on the Dean's list several times.

Reframing: Taking a Second Look at Strengths

Gratefully, the perception of "good and bad" behavior changes with the passage of time. Certain behaviors that are not endearing in children may be highly valued in adults. For example, although hyperactivity is not particularly desirable in school, high energy and the ability to work long hours at the office are valued. So, it is critically important for parents to learn to *reframe* or look at "negative" AD/HD behaviors in a positive way and share this philosophy with their



When our sons were in high school, my husband and I both had serious doubts whether or not they would graduate, let alone be successful in college.

Parenting Teenagers with AD/HD

child. In the following paragraphs, several examples are given for reframing some of our sons' so called, "negative AD/HD behaviors."

Our oldest son, **Steven**, with his classic *AD/HD combined type*, was a charming class clown. His teachers always loved him, and sometimes he could get away with saying or doing things because they liked him. Typically, if he got into trouble, he was able to talk them into giving milder consequences. These adaptive skills serve him well in his present job. Like many youngsters with AD/HD, he never meets a stranger. Customers find him personable and entertaining, and he also gets along well with the people he supervises.

During the teen years, Steven and his father engaged in loud, confrontational arguments. Steven could always hold his own since he is very verbal and expresses himself quite well. He is not intimidated by anyone, and is not afraid to give his opinions. Now, as an adult, we can appreciate these skills more fully. The days of loud arguments are long gone, Steven and his Dad love to fish together, and today my husband can truthfully say, "Steven is my best friend."

Steven also has a gift for working on mechanical things. He could repair just about anything on his car, and his pride in his car was obvious, since it was always spotlessly clean. Unfortunately, neither son had this same standard of cleanliness for their rooms or the garage. Now that they are older, their organization and cleanliness have improved.

Steven started college prior to the diagnosis of his AD/HD. And though he never failed a course, "he was invited to leave" after his first year because of his grades. Ultimately, this was a blessing in disguise. He went to work in a graphic arts company where he

learned the basic skills necessary for working in a paper-board packaging company. At age 20, his AD/HD was finally diagnosed. He returned to college and took methylphenidate to help him study. His grades improved dramatically from D's to A's and B's.

After graduating, he accepted a management job with the company. He found a career that was a perfect match: a job that required constant activity, dealing with people, working with his hands, utilizing mechanical skills, and having a high energy level that allows him to easily work long hours.

Our second son, **Alex**, has *AD/HD/inattentive*, leaving us to deal with a different set of issues. He had serious learning problems that were never officially diagnosed and as a result, he struggled in school. Although intellectually gifted, he hated school and got through by the skin of his teeth. Unlike Steven, Alex was more reserved and distant from most of his teachers. Sometimes he couldn't even remember their names much less try to charm them.

Surprise! Surprise! Alex actually did better in college than he did in high school. We found that college faculty members were more flexible and accommodating than most of his high school teachers. Pursuant to Section 504, he received critical accommodations in classes and took a lighter load of 12 hours. He had untimed tests, early registration and pick of the teachers. He scheduled classes later in the morning to work around his sleep disturbance. Interestingly enough, college students actually spend fewer hours in class each week than high school students do—12 to 15 hours compared to 30.

Alex has always loved electronic gadgets. He loves operating them, taking them apart, but *not* always putting them back together. But this behavior ultimately produced a positive outcome: as he gets older, he is much better about putting them back together. And, as a result of his curiosity, he has learned a tremendous amount about electricity, electronics, electrical wiring and the operation of business machines.

Computer science and electronics are major strengths for Alex. He is a wizard working on his computer. He can repair it, rebuild it and program almost anything. If any of my business machines, phones or VCR breaks down, Alex is the one we call to repair it. Although he is majoring in criminal justice, his minor is in computer science.

Alex has also become quite proficient at home repair. After renting an apartment that looked like a bomb shelter, he spackled the holes in the ceiling and walls, installed a ceiling fan and air-conditioning unit,



Parenting Teenagers with AD/HD

replaced the plumbing, and repaired the electrical wiring. I'm certain his grades suffered some, but he still passed everything, and what wonderful life skills he learned.

Food For Thought

Most parents do the very best job they can raising their children, yet often worry that it isn't good enough. Consequently, Dr. Russell Barkley's comments provide some much needed reassurance, "The good news is that most parents of children with AD/HD are doing things right...typical parental mistakes are not irreparable or long lasting."

Here are a several parenting suggestions that my family has found effective:

- **Praise or reward good behavior and impose reasonable consequences for inappropriate behavior without obliterating the teen's self esteem.**
- **Take charge and change the things you can.** Actions that parents can take to influence a child's successful outcome include: seeking accommodations at school to ensure academic success, fine-tuning medication, using positive parenting practices, providing supervision, avoiding hostile interactions and harsh

punishment, avoiding nagging and personal attacks, and last and perhaps most importantly, believing in your child!

- **Consequences should be instructive, not just punitive!** Teach your child skills or how to compensate for his deficits, rather than simply punishing him for lacking those essential life skills.
- **Be positive. Reframe AD/HD behaviors!** Parents must continually monitor their negative thoughts, comments and actions and make a special effort to recognize and praise the child's strengths and successes. View the "cup as half full rather than half empty." Take a closer second look at AD/HD behaviors to find and nurture their positive elements
- **Stay centered and steady in your belief in your child's ultimate success!** Parents may see their teenager struggling at school, having conflicts with authority figures or perhaps even having a few brushes with law enforcement. As a result, the family is often bombarded with negative messages from a variety of sources: the school, counselors, doctors, or the juvenile court system. We hear the classic lines: "He could do it if he would only try. You've got to punish him. He has to be responsible for his actions."



If you convey by word and action that you expect your teenager to be responsible, she will usually rise to your expectations.

KIDS IN CRISIS

Creating a healthy new balance.

Providing struggling adolescents ages 13-17 with the tools necessary to approach life with greater confidence and success.

- Clinical assessment and treatment
- Substance abuse education and relapse prevention
- Family communication and participation
- Recommendations for aftercare planning

ASCENT
Self discovery in nature

800-974-1999
cedu-ascent.com

Stone Mountain School
reaching new heights

FPO

Traditional Academic Goals
Outdoor Experiential Components

Residential Programs for Young Men
Grades 6-12

Certified Special Education
ADD/HD/LD
Year-Round Admissions
Small Class Size
Selective Enrollment
Personalized Instruction

828-669-8639

601 Camp Elliott Road
Black Mountain, North Carolina 28711
in the Blue Ridge Mountains

www.stonemountainsschool.org
info@stonemountainsschool.org



Teenagers who are given choices are more compliant, less aggressive and produce more school work.

Parenting Teenagers with AD/HD

A positive self-fulfilling philosophy is very powerful: if you convey by word and action that you expect your teenager to be responsible, he will usually rise to your expectations. In other words, if parents believe their teenager is “good” and will succeed in life, then he probably will. Unfortunately, the opposite is also true. If parents think their teenager is “bad” and treat him that way, the teenager will have greater difficulty succeeding.

■ **Treat your teenager as a partner and involve him in the problem-solving process.** Empower teenagers, treat them with respect, listen to them and address their concerns.

■ **Listen to your teenager!** For example, if medication refusal is a problem, you may find—if you ask—that they are too embarrassed to go to the office to take it.

■ **“Keep a disability perspective”**—excellent advice given by Dr. Russell Barkley! For some of these children, *AD/HD is truly a disability.* I frequently have to remind myself of these words of wisdom. The invisible nature of AD/HD as a disability makes it so easy

to assume that the child could do the task if he would just try. A child with diabetes would not be blamed or punished for his inability to regulate blood sugar levels. Similarly, *children with AD/HD can't regulate the level of their neurotransmitters and should not just be punished for their “AD/HD behaviors.”*

■ **Remember that “AD/HD behaviors” are part of the condition; not malicious misbehavior!** Because of their *two-to four-year developmental lag*, they may act less mature and assume less responsibility. Because they are *impulsive*, they don't always think of the consequences before they act or speak. Because they are *forgetful and disorganized*, they may forget chores or assignments, lose things or have a bedroom that is a wreck. Because of their *impaired sense of time*, they are going to be late. Because of *their sleep disturbances*, they have trouble falling asleep or may be extremely difficult to wake up. Because they *don't learn from punishment and reward* as easily as other children, they will be more difficult to discipline and may repeat misbehavior.

■ **If you can't change the “AD/HD behavior,” change the environment.** Buy your tardy child a wrist watch

alarm or beep him when he is due home.

■ **Use depersonalization.** Try saying, “Teenagers with AD/HD often have trouble remembering their homework assignments. Sometimes this seems to be true for you. How can I help you solve this problem?”

■ **Give choices.** Teenagers who are given choices are more compliant, less aggressive and produce more school work. “Do you want to start homework at 7:00 or 7:30?”

■ **Teach skills.** Teach time management, social skills, study skills or anger management.

Sometimes we forget that AD/HD is no picnic for our children! They did not ask to have this disorder. An eight-year-old child prayed, “Dear God, please don't let me have AD/HD.” A teenager cried, “Am I going to feel this way all my life? I feel like I am going to die of anxiety.”

Although parenting these children is often more difficult, requires more energy, and takes longer than for other children, don't give up. Continue to *believe in yourself and in your teenager!* Hopefully, you will be as lucky as my husband and I: as young adults, our sons are our best friends.

Parenting Teenagers with AD/HD

Please spend a few minutes now and *take a second look at teenagers from a fresh vantage point.* What are their strengths and special talents? Involve them as partners who, with your love and support, will try their best to cope successfully with this challenge called AD/HD! ■

Chris A. Zeigler Dendy, M.S., has over 30 years experience as a teacher, school psychologist, mental health counselor and administrator. More importantly, she is the mother of two grown sons with AD/HD. Ms. Dendy is the author of two popular books on AD/HD and producer of two videotapes, *Teen to Teen: the ADD Experience* and *Father to Father*. She is also cofounder of Gwinnett County CHADD (GA) and a member of CHADD's Executive Committee. For more information, visit her website at www.chrisdendy.com.

References

Barkley, Russell A. (1998). *Attention deficit hyperactivity disorder*. New York: The Guilford Press.

Brown, Thomas E. (2000). *Attention deficit disorders and comorbidities in children, adolescents, and adults*. Washington, DC: American Psychiatric Press.

Dendy, Chris A. Zeigler. (2000). *Teaching teens with ADD and AD/HD* (Summary 28). Bethesda, MD: Woodbine House.

Dendy, Chris A. Zeigler. (1995). *Teenagers with ADD*. Bethesda, MD: Woodbine House.



The good news is that most parents of children with AD/HD are doing things right.

EAGLE VIEW RANCH
Great Food

Available exclusively for CHADD from Eagle View Ranch. Please see your physician for more information. Eagle View Ranch is not responsible for any injuries or damages that may occur while participating in any of our programs.

Operating Hours:
- 10:00 AM - 5:00 PM
- 10:00 AM - 5:00 PM
- 10:00 AM - 5:00 PM
- 10:00 AM - 5:00 PM

FPO

© 2002 Eagle View Ranch. All rights reserved.

CHADD DOES NOT ENDORSE PRODUCTS, SERVICES, PUBLICATIONS, MEDICATIONS OR TREATMENTS, INCLUDING THOSE ADVERTISED IN ATTENTION!*

FPO

Dates:
June 9 - June 29, 2002
June 29 - July 19, 2002
July 19 - August 8, 2002
August 8 - August 28, 2002

Fees: \$3,495.00 per 3-week session

For more information:
Turning Winds Exploration
P.O. Box 2348; Hayden, Idaho 83835
P: 800-944-1077; F: 208-769-8199
www.turningwinds.com

Activities may include:

- Backpacking Trips (10-14 days)
- Hiking
- Leadership
- Landscaping
- Building
- Gardening
- Orienteering
- Water Sports
- Volleyball
- Fishing Canoeing
- Physical Training
- Environmental Preservation
- Character Education

A camp for ADD/ADHD adolescents

Turning Winds Exploration
An Outdoor Adventure

A 3-week outdoor camping experience for adolescents who are experiencing life's difficult challenges. Our campers are between the ages of 10 and 17 years old.

CHADD DOES NOT ENDORSE PRODUCTS, SERVICES, PUBLICATIONS, MEDICATIONS OR TREATMENTS, INCLUDING THOSE ADVERTISED IN ATTENTION!*