CHADD
Ask the Expert Chat Series: Parenting Adolescents with AD/HD
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Expert: Dr. Arthur Robin
Moderator: Bryan Goodman

Moderator-Bryan:
We're joined tonight by Arthur Robin, Ph.D. Dr. Robin is professor of psychiatry and behavioral neuroscience at Wayne State Univ. and a psychologist in Beverly Hills, Michigan, specializing in adolescent and adult AD/HD. He is here tonight to talk about parenting an adolescent with AD/HD.

Expert-Dr. Robin:
Welcome, everyone, and I will do my best to answer your questions.

Bryan:
One of the things that Dr. Robin's biography does not tell you but that I am here to tell you is that Dr. Robin is one of the nicest guys in the profession. Because we had technical difficulties the last time he was on, he agreed to come back tonight. Thanks, Dr. Robin!

We're ready for questions.

Dr. Robin, please talk a little bit about some of the common problems you see as you treat parents and adolescents.

Dr. Robin:
The most common problems and are school and home problems. The most common school problem is difficulty completing homework. Teens with AD/HD typically have trouble organizing their efforts to follow through with the sequence of steps needed for homework.

Bryan:
How should a parent respond to that?

Dr. Robin:
Logically break down the process of homework. Steps such as getting assignments written down, bringing home materials, having a time and place to do work. Parents might monitor the process and ask teachers for a weekly report of the status of homework assignments.

The most common home problem would be arguing over rules and privileges, along with negative communication. I teach parents to distinguish non-negotiable rules such as no drugs, alcohol, treat people with respect, etc. from negotiable issues.

Bryan:
How do you deal with the arguing portion of that?

Dr. Robin:
If the issue is negotiable, set a time for a family discussion, invite the teen to participate, and try to work it out mutually. You may need an outside mediator such as a therapist. If the issue is non-negotiable, e.g. basic value, rule, a consequence, and apply it, arguing or no arguing. I do know it is much more difficult to do this than for me to tell you this, though. It is not easy.

Question:
How do I deal with my 13-year old's argumentative, belligerent, irritable behavior? It appears as if he lacks respect for parental authority, but it is probably symptomatic of his difficulty limiting high stimulation activities like computer and instant messaging.

Dr. Robin:
You cannot deal with him alone. You have to consult a family therapist. If he is on medication, have it cover all of his day. Calmly talk to him. Don't stoop to his level. Hold your ground. Set and attempt to enforce limits. Involve your spouse as much as possible.

Question:
What can we do about the homework? Our son does not want to take his medication. He does not like how it makes him feel.

Dr. Robin:
We have so many types of stimulant medication, not to mention Strattera that a skillful physician who understands adolescents can first adjust the dose of the current medication, and if that doesn't work, try a different one. The key point is to respect what your teen says about medication. The MD also needs to take the teen's concern seriously and offer to engage in problem solving to address it. If 8-10 different medications are tried and they all cause "bad feelings," then problem solve with your teen breaking homework down creatively to small steps.

Question:
What kind of discipline do you use with children (age 11)? Should I hold my son to the same standards as my non-AD/HD children?

Dr. Robin:
Hold your 11 year old ("tween") to the same standards, but build in extra prompts, structure, and reinforcements for meeting those standards—incentives before punishments. Practice forgiveness. He may not make the standard as much, but extend a helping hand, use powerful positive incentives, and be kind and loving about it. In other words, make "parenting accommodations," just as we ask the teacher to make accommodations, even though the curriculum is the same for the AD/HD child.

Question:
I have a 17-year old daughter who will graduate in June from high school. How do AD/HD teens fair with having an IEP for college and for those that don't have IEP's?

Dr. Robin:
The transition to college is tough. Instead of an IEP, the college student goes to the office for students with special needs, brings documentation of the AD/HD, and asks for assistance. It is much easier to get assistance in college than in high school, but the student must ask—that is the key. Many of our AD/HD students don't ask. The most important type of help is an AD/HD coach—someone at the college who will meet regularly with the student and help organize study and task completion—a surrogate parent without the emotional involvement. The AD/HD college students with coaches do much better than those without such help.

Question:
Do you have any tips on how to encourage siblings to treat each other with more respect? My AD/HD son is particularly nasty to my ADD (younger) daughter.

Dr. Robin:
Set a mutual reinforcement contingency. Both siblings start the day with no electronics. For each hour of the day that they treat each other well, they earn 15 minutes of video games/ computer/ television, etc. It could be more or less than 15 minutes. If they fight and argue, electronics are prohibited. Use any reinforcements that are meaningful. Also, require written apologies. Perhaps the one who started each episode should have to do one of his/her sibling's chores too.

Question:
I find that sometimes dealing with my son is overwhelming for me. He is always in trouble. I feel like my other children don't get any of my time. I feel used up. Once we get through one issue then two or four more start. He just does not think before he acts. How do parents keep from feeling burnt out? I love my son, but sometimes I want to hide.

Dr. Robin:
You and your son must take at least two vacations per year from each other for several days or weeks, if possible. Send him to camp or a relative's house for a period during the summer. If you are a two-parent family use "zone defense." Divide the week into "zones." Some nights you are "on duty" to deal with him, and other nights your spouse is "on duty." When you are desperate, go for a walk around the block or a short drive. Prioritize the issues. Let go of stuff like a messy room, poor hygiene, appearance issues. Deal with the big stuff- school, disrespect, friends, etc. Finally, find something he is good at. Whatever it is, get him involved in doing it a lot, and praise him for it. Recognize you are doing the best you can, and many of us have been where you are. They do grow up, eventually.

Question:
What about 504s? Do those have any credence in college?

Dr. Robin:
A 504 Plan is a regular education plan of accommodations under Section 504 of the Rehabilitation Act. It applies to grades K through 12. The American Disabilities Act applies in higher education, but it gives similar protections as Section 504. If you show up at the right office in college with a report written within the past 3 years documenting AD/HD and the needed accommodations, they will welcome you with open arm. No hassles, no long meetings, no arguments with the teachers. They embrace the AD/HD college student and offer help. Colleges do vary in the quality of the help they provide. You have to check this out when you visit colleges with your high school student.

Question:
My 14-year-old son is online with me. He wants to know how/whether his ADHD will impact his ability to play sports in college.

Dr. Robin:
The AD/HD will not interfere with the college sports team allowing him to join and participate, assuming he meets their qualifications. Only the military can discriminate against people with AD/HD. If he wants to join the Army or Navy, he may have a problem because of AD/HD. Actually, AD/HD can be an asset in sports, if you have the “driven” quality that keeps you going when others wear out. I hope it works this way for your son.

Question:
I am divorced and have joint custody of my two daughters who are ages 12 and 14. The 14-year old has AD/HD and is medicated on Adderall. She lives with her mother who is ADD and lives with a lack of rules in house. She was formerly on the honor roll at school and now she has failing grades. The 14-year old is emulating the Mom—lying, poor language, defiant, stealing. The 14-year old has few friends and has no coping skills. I attempted to bring her to family counseling with myself and her sister. She was outspoken and defiant and did not want to go. Do you have any ideas?

Dr. Robin:
My heart goes out to you. This is tough because of the divorce. I will try to give a few suggestions. If you are on speaking terms with your ex-spouse, bring her to CHADD meetings. Give her books like *Moms with ADD* by Chris Adamec. Work on your ex to help her be willing to participate in counseling. Your ex and daughter might need to see the family therapist without you, so they can work on AD/HD issues without post-divorce stuff interfering. If all this fails, do your best to set and carry out appropriate limits and structure during visits to your house. Recognize you only control things when the kids are with you. This is a bitter pill to swallow, but inevitable. In summary, the key is getting your ex to see some interventions are needed.

Bryan:
Before we move to the next question, I just want to encourage everyone to let me know sometime tonight some of your favorite benefits of CHADD membership. I would also like to get some ideas on benefits we could add. Please share.

Question:
Our first grade daughter is nearly seven. The testing showed she has superior intelligence and marginal AD/HD. She has LOTS of friends and is well liked. At home she's pretty calm and easy to deal with but she acts up in front of others, we've noticed. Dad is math club coach and mom is Brownie leader. How do we handle, direct and discipline?

Dr. Robin:
Make a list of the settings and type of acting out behavior. Let's assume it is during math club and Brownie meetings, when she figures you won't do anything and she can get away with it. Write out a list of the rules for appropriate behavior in each setting. Post them in the house. Review them daily. Establish a positive incentive earned right after math club or Brownie meetings for following the rules. Ask her to recite these rules over and over again, especially as you enter each activity. Develop a nonverbal signal to give during an event that means to your daughter "You have broken a rule." Try positive incentives for a few weeks. If there is not sufficient change, add a punishment for breaking each rule.

Question:
What do you tell parents who are afraid of therapy? I feel like it is always in someway my fault. I read I study and ask questions. I hear from family that I have a special needs child and they are so glad it not their problem. I'm tired of everyone including me sometimes thinking he's bad. He can be so loving and kind. Do you think parents are bashed in therapy? I've had enough advice and I just want a well adjusted child.

Dr. Robin:
I share your frustration about wanting a well adjusted child. Your child is not bad, just different. Therapy is a tool, and tools have their place. You pick at any time that you need in your child's life. You should focus on how loving your child is and give him opportunities to build on his kindness.

Dr. Robin:
A question came up about resources on executive functions and AD/HD. The best book for parents to read is Tom Brown's recent book, *Attention Deficit Disorder: The Unfocused Mind in Children and Adults.* He provides an extensive discussion of executive functions. Perhaps he can get involved doing kind deeds for animals, for example, or helping to raise money for a good cause. Find his strengths and build on them. Any therapist who bashes parents is not a therapist.

Question:
At what age do kids with ADD begin to feel comfortable sharing their story with their peers?

Dr. Robin:
There is no general rule about this. You have to be comfortable as a parent talking with your child about his/her AD/HD first. Usually, this happens sometime during elementary school. Elementary school children are sometimes more comfortable talking with their peers than teens.
During early adolescence, most teens shut down talking to their peers about ADHD because of fear of ridicule and being seen as different. By 9th grade, many again become comfortable and talk to their peers about it. There are more certain of their own identities, and there is more acceptance in high school than middle school. Talk openly and honestly at an appropriate developmental level to your child about AD/HD at any age.

Question:
My son is 13 in public middle school, tested for ADD, also with high intelligence. He is currently not on meds. He struggles with homework -- it takes hours. His grades are generally low due to missing work, mainly. Eventually, throughout the semester we work to bring them up and he has been on the honor roll. But it is tough work and the hours after school are almost unbearable sometimes. He also has executive function disorder. I do not completely understand how this affects his work, but I do know he hates to write and does better verbally explaining his answers. This is not acceptable to most his teachers. Believe it or not, art is his worst subject. He has trouble bringing up the D's and F's he makes. When he does hand in his work, it's very late. How can we get him to consistently (and more quickly) complete his work?

Dr. Robin:
There are several points here. First, start medication, unless he has a medical counter-indication such as hypertension or cardiac problems. Your son without medicine is like a diabetic without insulin. Second, get him certified as Other Health Impaired in school based upon his AD/HD and executive function deficit. He needs accommodations- orally answering test questions, reduced amount of homework, organizational assistance in school, a weekly report to you of the status of all assignments, an exemption from art (take another elective). He would benefit from some one of one time with a teacher consultant, who helps him be clear on his assignments, understand instructions, and work on writing. Try to maintain an understanding attitude at home. Decide upon a maximum time for homework, and when he has put that in, write a note to the teachers indicating this is the best he can do, and they must accommodate him. Don't take “no” for an answer from the school. Get an advocate, if necessary, to help you.

Question:
How hard is the transition on a child with AD/HD from elementary school to middle school and what can I do as a parent to help make it as smooth as possible?

Dr. Robin:
This could be a rough transition, due to the increased organizational demands of middle school—a locker, changing classes, etc. Prevention is the key. Research the middle school carefully during the 5th grade year. Observe the 6th grade teachers, and express a preference for those who are kind and highly structured. Visit the school with your child before school starts. Walk the corridors. Get the feel of opening a locker. Meet with the 6th grade teachers after approximately one week of school. Tell them your child's positive points and challenges. Enlist their help in keeping you informed about the status of assignments weekly. Monitor things closely. Become involved with the school, so the teachers see you there often. This will create good will, so you can get accommodations when you need them for your son.

Question:
At what age during teens would you expect to observe more “independence”?

Dr. Robin:
Teens with AD/HD are 3-4 years behind their non-AD/HD peers in maturity. So they desire independence at the pace of their peers, but they are not ready for it until 3-4 years later. Gradually grant them independence, in return for demonstrations of responsibility. Pull back a little if they “mess up” (which they always do), and try again a few weeks later.

Question:
Are ADD and AD/HD coaches covered by any insurance? How do you know whom to choose?

Dr. Robin:
Insurance does not cover AD/HD coaches. Coaching is not yet a regulated or licensed profession, so this makes it hard to know if you have a good coach. Go by recommendations of other individuals with AD/HD who have used that coach. Ask the coach for references to contact. You could look on websites such as the CHADD and ADDA (add.org) websites for professionals listed. You could ask physicians and therapists you trust for referrals to coaches.

Question:
Dr. Robin: I've heard from some teachers that giving classroom accommodations won't help prepare a child for the “real world.” For instance, my son's best subject is science (although he is almost failing due to missing work), and that teacher believes scientists need to write and be highly organized. I think he would be opposed to verbal responses and not requiring him to have a highly organized binder. Even with a legally binding 504 or IEP, will I be helping my child by instituting a lot of accommodations? Do we eventually wean him off of them?

Dr. Robin:
Is giving a person with a spinal cord injury a wheel chair a bad idea because it won't prepare them for the real world? Try this on the offending teacher. The AD/HD is an invisible disability, but it is a disability. Fight for the accommodations you believe that your child needs. Some of our most brilliant scientists were totally disorganized individuals. If your son makes it as a scientist, he will hire a staff to take care of the stuff he does not do well. This is the method of successful business executives with AD/HD. Don't think of “weaning off accommodations.” Think instead of how your son will learn to compensate on his own for his biological challenges.

Question:
The peer issues and bullying is a major issue for my 12-year old. I am very concerned about 7th grade next year where I hear that is even more prevalent. What resources do you suggest to help him?

Dr. Robin:
Your school must have a written policy on bullying. Ask for a copy. Read it carefully. Develop a reasonable plan for teachers and lunch room monitors (a lot of bullying happens at lunch) to apply the bullying policy to your son's situation. Meet with the principal and ask for this plan to be implemented. Analyze anything your son does that makes him a target. Teach him to avoid such behaviors. Anticipate nasty comments that might be said. Help prepare your son to have “one liners” to give back.

Question:
Do you think teens with AD/HD should hold off on learning to drive?

Dr. Robin:
No. Parents should develop a contract for steps towards driving that gets implemented at around the age of 14 years. The contract specifies the level of school performance and appropriate behavior you need to see at home before you start driver’s education. Have the teen gradually earn credits that are exchanged for driver's education. Make every step of driving a privilege earned based upon responsibly handling the previous steps. Continue to require good school performance and generally respectful behavior for continued movement towards driving. Read Marlene Snyder's “ADHD and Driving: A guide for parents of teens with AD/HD.” Finally, there are special programs around the country that give intensive courses in defensive driving to teens. I don't have a specific reference, but I have seen such programs help teens with AD/HD become better drivers.

Question:
Our 5-year-old son is an incessant talker -- he literally never stops. His preschool teacher said she believes he may have AD/HD. He is focused, has a good imagination but talks all the time -- and usually loudly -- and repeats his questions even though we've answered it. He's

impatient and will interrupt his older sister and everyone to keep telling us stuff. We don't want to hurt his feelings but we're losing our patience. How can we handle this?

Bryan:
How do you handle a 5-year old who literally never stops? The child talks all the time.

Dr. Robin:
First, the child needs to be evaluated by a child psychiatrist or psychologist. This might be AD/HD, or it could be something else. If it turns out to be AD/HD, there are several options. Carefully dosed and selected medication is one option. With young children, 5 years of or younger, I prefer child psychiatrists to pediatricians for medical treatment of AD/HD. Side effects are more common than with older children. Second, you could channel the constant talking in a productive direction. Perhaps giving the child a tape recorder or digital recording device some of the time might help. Lining up a series of adults to share the parenting is also a good idea, if possible. Behavioral interventions will not work to reduce talking. Don't punish the child for talking; this won't work. Establishing “talking times” and “quiet times” and channeling the talking into the “talking times” might work. Last, just let the child talk and do try not to let it bother you.

Bryan:
Thanks so much for joining us tonight, Dr. Robin. I think everyone learned a great deal. Good night, everyone!

Dr. Robin:
Thanks, Bryan and everyone. Good night.