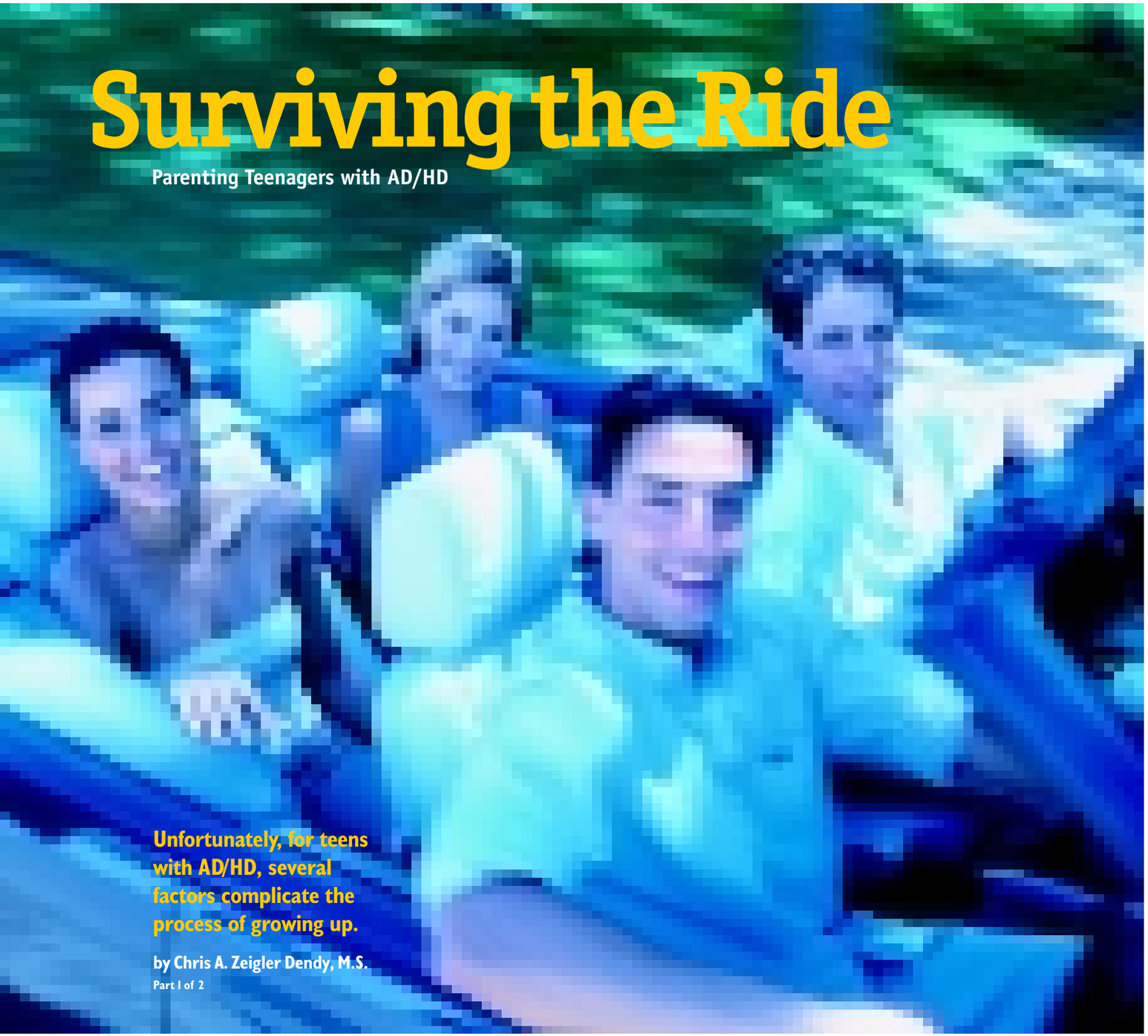
Surviving the Ride

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 1 of 2

PARENTING A TEENAGER with AD/HD may be compared to riding a roller coaster: there are many ups and downs, laughs and tears, and breathtaking and terrifying experiences. Although parents crave calm, uneventful weeks, the norm with these teens is more likely unsettling highs and lows. Without a doubt, raising sons with AD/HD has been the most humbling and challenging experience of my life. Even with my background as a veteran teacher, school psychologist, mental health counselor and administrator with over 30 years experience, I often felt inadequate and doubted my parenting decisions.

Parenting these children is not easy for anyone! A wise child psychiatrist once observed, "I'm so glad I had the opportunity to raise 'an easy child' in addition to my child with AD/HD. Otherwise, I would have always doubted my parenting skills." Obviously, there are no simple parenting or counseling answers. We all—the child, parents and professionals—struggle with the best way to treat this condition.

During adolescence, the "job descriptions" for parents and teens are often in conflict. The parents' primary job is to gradually *decrease* their control, "letting go" of their teenager with grace and skill. In contrast, the teenager's main job is to begin the process of separating from his parents and become an independent, responsible adult. For better or worse, part of the teen's job is to experiment with making his own decisions, testing limits and exercising his judgment. When the teen starts this process, parents may feel they are "losing control." Ironically, the natural tendency is to exert *even more* control. After all, giving freedom and responsibility to teenagers with AD/HD is enough to unnerve even the most stout-hearted parent.

Unfortunately for teens with AD/HD, several factors complicate the process of growing up. First and foremost, the **two to four year developmental delay** exhibited by most teens with an attention deficit often causes problems. A 15-year-old may act as though he were 11, but thinks he should have the privileges of a 21-year-old. They are more impulsive than their classmates and seldom think of consequences before they act. Chronologically (by virtue of age), teenagers with AD/HD are ready to assume their independence; developmentally (by virtue of maturity) they are not.

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Secondly, they are more **difficult to discipline** than their peers; they do not learn from rewards and punishment as easily as other teens. Early on, parents learn that punishment alone is ineffective. Furthermore, use of physical punishment is no longer a viable parenting strategy. Behavioral interventions effective in childhood such as, "time-out" or "stars and charts," lose much of their effectiveness during the teen years. Unfortunately, their emotionality, low frustration tolerance and tendency to "blow up" make it difficult to resolve problems calmly.

Third, **coexisting problems** such as learning disabilities, sleep disturbances, depression or executive function deficits are extremely common and make it more difficult to develop an effective treatment plan.

With all these challenges, we parents worry greatly about our children. What does the future hold? Will our teenager ever graduate from high school, much less go to college? Will he or she be able to hold down a steady job? Does he or she have the skills to cope with life?

Looking Back on the Teenage Years

During the teen years, both of our sons struggled terribly. As expected, my husband and I faced the typical teen challenges associated with AD/HD: poor school performance, forgetfulness with chores and homework, disorganization, losing things, messy rooms, disobedience, talking back, low frustration tolerance, lack of awareness of time and having a sleep disturbance.

School was always the major source of conflict with our sons. Both our boys did okay in elementary school. However, they fell apart in middle school when they had more classes and teachers, had greater academic demands placed on them and were expected to be more responsible and independent. Developmentally, they were not ready to complete their work independently.

Both boys struggled academically in middle and high school, and were in real danger of failing classes. Failure to complete homework or chores produced daily battles. The zeros for failure to turn in homework alternately baffled and infuriated us. It was not unusual to go into final exams with a passing grade hanging in the balance. Would they pass or fail? We didn't always know.

Emotionally charged conflicts were also common. Our children didn't always do as we asked. Obviously, their disobedience and our yelling battles were frustrating and a major source of embarrassment. As a result, we often harbored grave doubts about our own parenting skills. Fear and frustration were our constant companions and at times overwhelmed us. Our reactions ranged from anger and depression to verbal attacks upon our children.

Sleep problems were the underlying cause of ongoing fights before school each morning. I can't believe it took us so long to recognize that our son's **sleep disturbance**—difficulty falling asleep and waking up—was a serious handicap. Unfortunately, most treatment professionals never addressed this issue. But the problem is obvious: if a student is experiencing sleep deprivation, he or she cannot do well in school.

Behaviors that Worry Parents the Most

When our sons were teenagers we were frightened by some of their actions. In those days, we lacked basic information about the challenging behaviors teenagers with AD/HD often exhibit. Subsequently, Dr. Russell Barkley's research has been especially helpful. Awareness of these potential trouble spots often helps parents anticipate problem areas, implement preventive strategies, avoid being unnecessarily frightened and subsequently overreacting to misbehavior. Here are a few of the more serious behaviors about which we worried the most, along with brief tips from *Teenagers with ADD*.

Driving. Both our boys received more than their share of speeding tickets. Initially we were baffled by this behavior. At the time, we were not aware of Dr. Barkley's research that our teens are four times more likely to get speeding tickets than other drivers.

Tips:

- Send teenagers to driver training classes.
- Gradually increase driving privileges as they drive safely and without tickets.
- Talk with the doctor about taking medicine while driving during the early evening.

- Link driving privileges to responsible behavior, (e.g. for a child who is failing a class, try, "When you bring home a weekly report with all work completed, you will earn the privilege of driving to school the next week.") This gives parents greater leverage to influence behavior. Helpful tips are also available in *AD/HD and Driving* by Dr. Marlene Snyder.

Substance Use. Experimenting with substances is another area for parental concern. Children with AD/HD may be more likely to experiment with substances and tend to start at earlier ages. Substance experimentation may progress to abuse and eventually evolve into the more serious medical problem of *addiction*. The greatest risk for substance abuse is among children with more complex, coexisting conditions, e.g., AD/HD and conduct disorder or AD/HD and bipolar disorder. Several factors are often linked to substance abuse: 1) having friends who use substances, 2) being aggressive and hyperactive, 3) school failure, 4) low grades and 5) poor self-esteem.

Keep in mind, even if the teenager wants to stop using substances, he may not be able to take that step. Nagging will not help. Don't be judgmental or preachy. If your child is experiencing serious substance abuse problems, convey a sense of deep concern and help him find professional support.

Tips:

- Be aware of your child's friends and subtly influence his choice of companions as much as possible, e.g., "Would you like to invite John or Mark?"
- "Fine-tune" the treatment plan until serious aggression and hyperactivity are brought under control, (e.g., teach anger management or adjust medications for better results.)
- Educate yourself and your child about substances and signs of abuse.
- Avoid scare tactics.
- Provide supervision.
- Ensure success at school.

Suicide. Underneath their tough "I don't care" veneer, teenagers with AD/HD are often very sensitive and hide a lot of pain and hurtful life experiences. The *risk of a suicide attempt* is a very serious concern. One research study indicated that attempts occurred in between 5–10 percent of students with AD/HD. On a couple of occasions, we personally came face to face with the frightening knowledge that our sons were so depressed and their self-esteem so battered that they were at risk for a *suicide attempt*. One parent shared this

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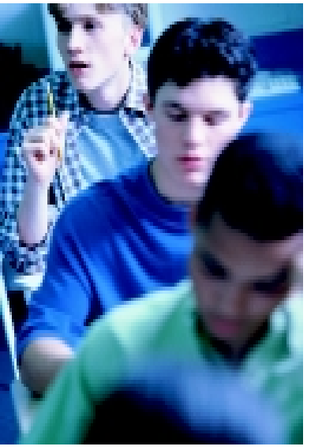
- **Trouble with the Law** Brushes with law enforcement are not uncommon.



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personal story: "We could never quite see misbehavior the same after hearing our son say, 'I wish I could go to sleep and never wake up.' I sat up all night reassuring him we would work out whatever problems he faced. We were humbled, realizing that we needed to reevaluate our parenting styles."

Tips:

- Become familiar with the warning signs of suicide.
- **Take any threat to commit suicide seriously and seek professional help.**
- In the interim, listen to him talk about his concerns.
- Ask about suicidal thoughts. "Have you considered harming yourself?"
- Tell him how devastated you would be if anything happened to him.
- Remove potential weapons or dangerous medications from home.
- Keep him busy and provide supervision (engage in sports, movies or video games).

Trouble with the Law. Brushes with law enforcement are not uncommon. These children act impulsively, which may result in their being "invited" to juvenile court. If that happens in your family, don't overreact and assume that your child is going to be a delinquent. Obviously, brushes with the law often give parents a clear signal that the teenager is struggling and needs more guidance and supervision.

Tips:

- Be aware of the factors contributing to delinquency. "Deviant" friends who are breaking the law and abusing substances are influential factors. Here's a piece of interesting trivia: the peak time for juvenile crime is right after school.
- Keep your teenager busy after school or provide supervision. If necessary, hire a cook/housekeeper to keep an eye on things at home.
- Some parents may decide to work part-time so they can be home when their children are home.
- Identify the problem behaviors, implement an intervention strategy, and believe that you and your child will cope with the crisis.

Generally speaking, my husband and I were watchful of our sons' activities, tried to keep them busy with wholesome activities, knew who their friends were, knew where they were and with whom, provided inconspicuous supervision, offered our home as a place for teenage friends to congregate, and sought "win-win" compromises when they proposed unacceptable activities.

In spite of the challenges these children present, my view of the long-term outcome of adults with AD/HD is probably more positive than most people. AD/HD runs in my family and the people I know with this condition have been successful in their chosen careers. By sharing my family's experiences, both the good and bad, it is my goal to give you critical information about your teenager plus a sense of optimism that your family will cope successfully with AD/HD.

Like most parents of children with AD/HD, my husband and I were victims of a "code of silence" regarding our children's behavior. We thought we were the only family to experience these AD/HD behaviors and were too embarrassed to tell anyone about our children's failures and misbehavior. So we share this information with you now, in hopes you will know that you are not alone on this journey. Because we have survived the ride, we can offer a sense of hope for a brighter future based upon our own first-hand experience. ■

Chris Dendy has over 30 years experience as a teacher, school psychologist, mental health counselor and administrator. Perhaps 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 the national CHADD Board of Directors. She can be reached at **chris@chrisdendy.com**.

Editor's Note: Part II to be published in the June 2002 issue of *Attention!*®. Dendy will discuss how she learned to reframe AD/HD behaviors, to see them more positively by viewing the "glass as half full rather than half empty."

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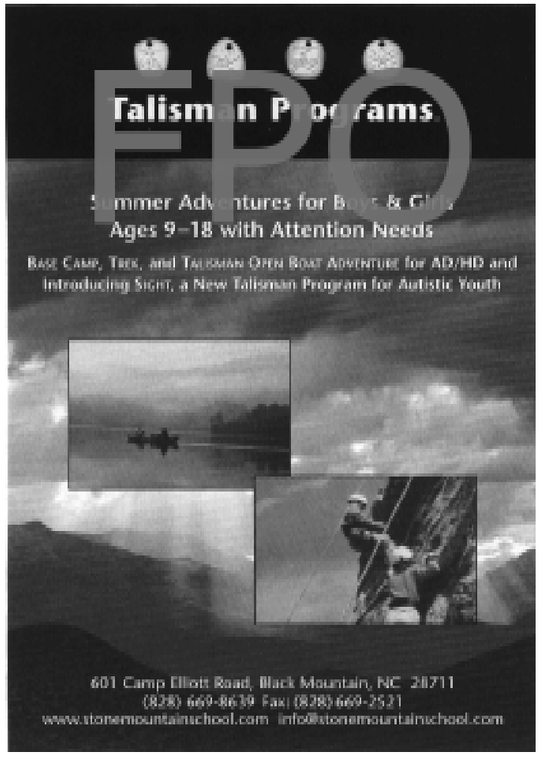

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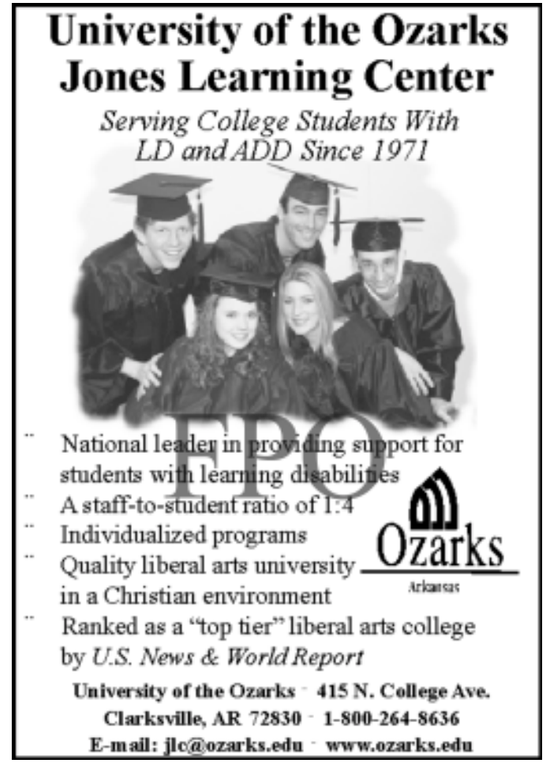

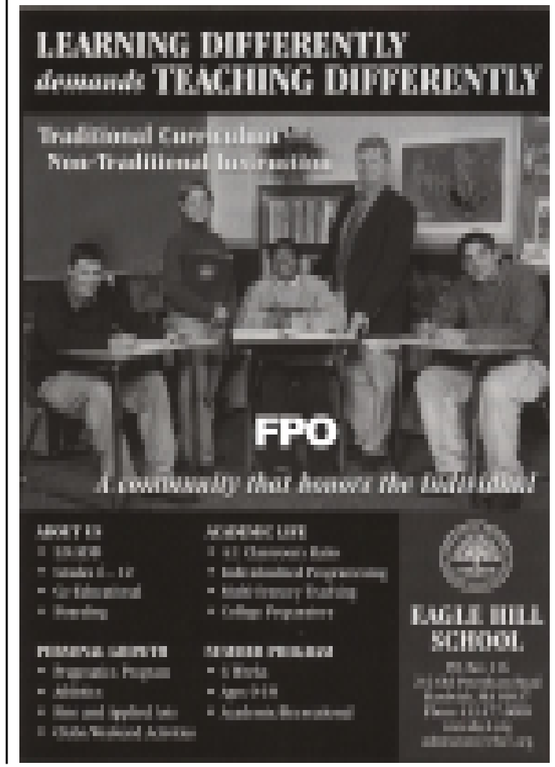

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