

ADHD, Family Conflict, and Aggression: Can Family Training Address These Issues?

Russell A. Barkley, Ph.D.

Clinical Professor of Psychiatry
Virginia Commonwealth University Medical Center and
Virginia Treatment Center for Children
Richmond, VA

©Copyright by Russell A. Barkley, Ph.D., 2019

Sources:

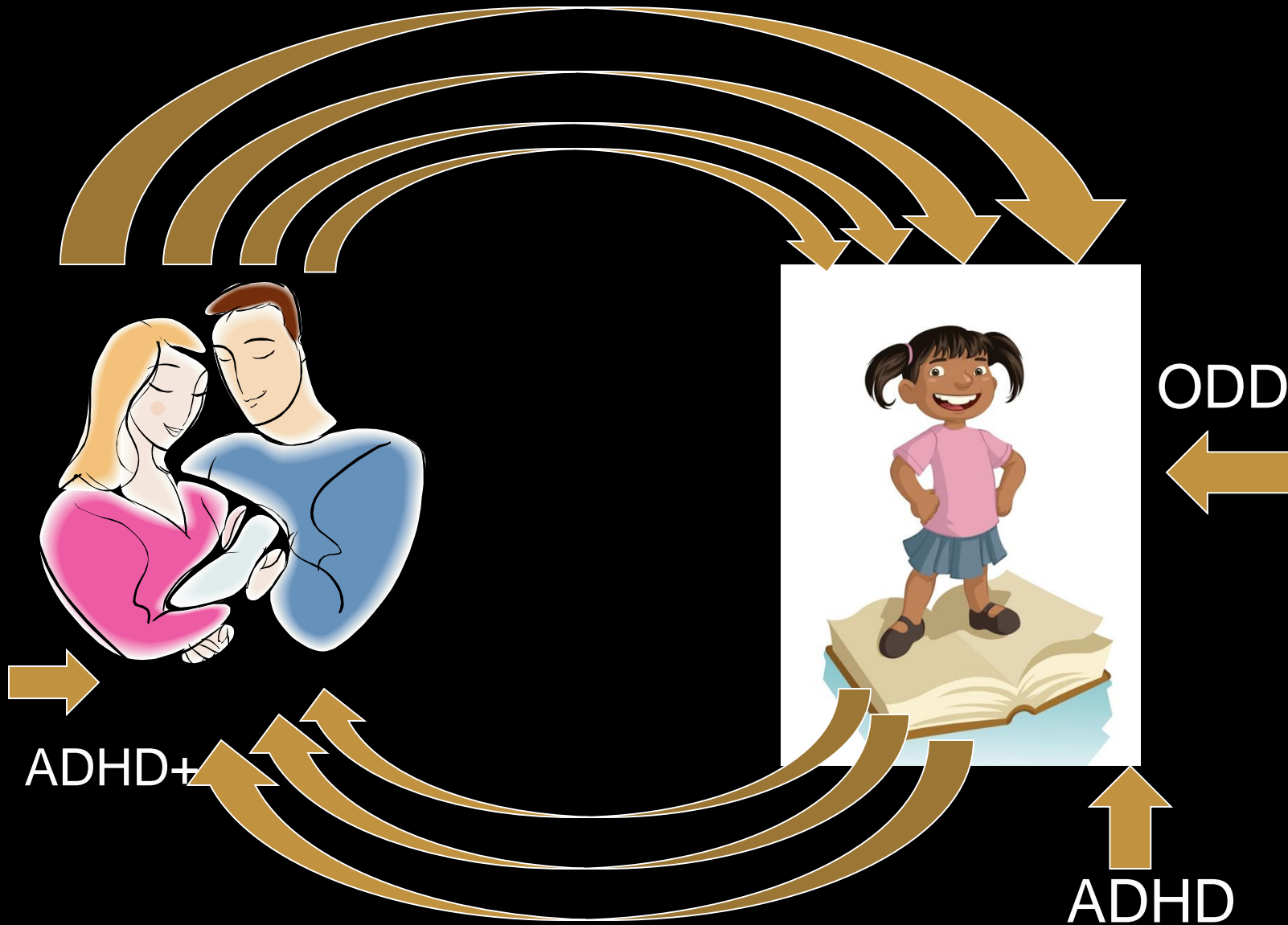
Barkley, R. A. (2015) *Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment (4th ed.)*. New York: Guilford Press.

Email: drbarkley@russellbarkley.org

Website: russellbarkley.org



Reciprocal Nature of Parent-Child Interactions



More Impaired Family Relations

- Greater parent-child conflict, emotion, & violence
- Greater parental commands and hostility
- Reduced responsiveness to child initiations
- More inconsistent discipline (lax and harsh)
- More child noncompliance, hostility, disruption
- Poorer sense of competence in parental role
- Greater parenting stress, adverse health, and maternal depression
 - Especially problematic for ODD/CD subgroup
 - Related to emotional dysregulation and EF deficits
- Higher rates of divorce and earlier divorce (related to child ADHD, parental education & IQ and child age, race, and ODD/CD)
- Lower parental work participation and income



Impact of Parental ADHD on Parenting

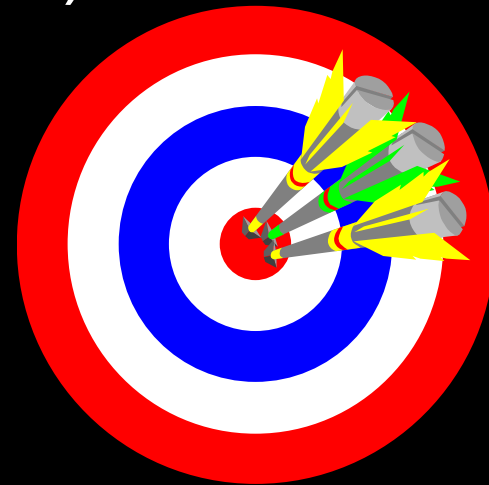
Screening of parents for ADHD is critical to optimize child ADHD treatment. Why?

- Parental inattention is related to inconsistent discipline and low child monitoring while parent impulsivity is related to low child social reinforcement. Chen & Johnston (2007). *Journal of Clinical Child and Adolescent Psychology*, 27(3).
- Maternal ADHD is related to lower rates of involvement with their children and lower positive reinforcement, higher rates of negative behavior and greater rates of commands to their ADHD children. Chronis-Toscano et al. (2008). *Journal of Abnormal Child Psychology*, 36(8), 1237-1250.
- Parental ADHD symptoms (especially emotion dysregulation) interact with child's ADHD symptoms to create greater conflict and child misbehavior Griggs, M. & Mikami, A. (2011). *Journal of Abnormal Child Psychology*, 39, 437-449.
- Parental ADHD is related to reduced success in behavioral parent-training programs. Manage the parent first.
- Adult ADHD increases risk for intimate partner violence and hence trauma exposure to their children

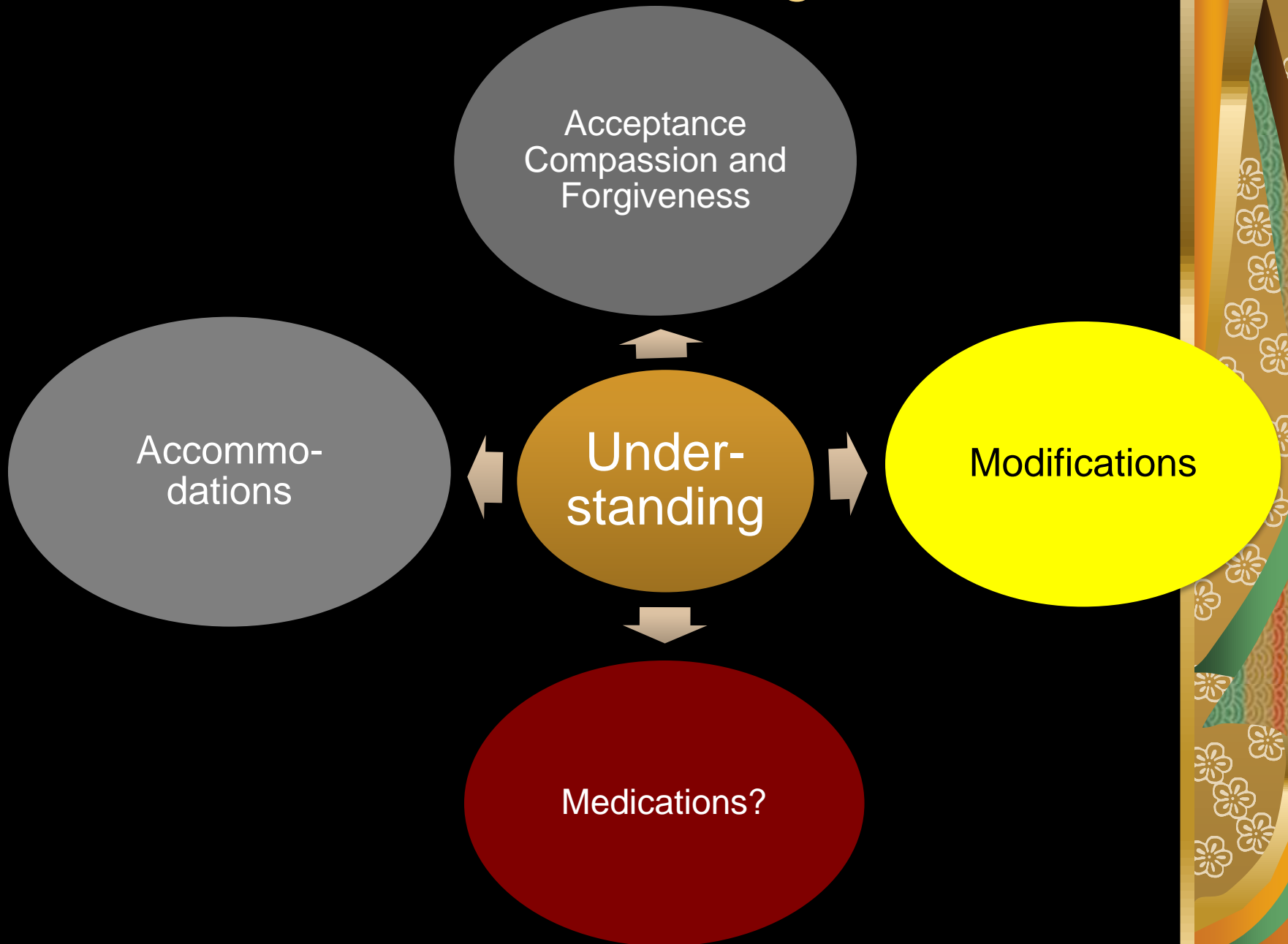


Ideal Treatment Package

- I. Evaluation (Diagnosis)
- II. Education (Counseling)
- III. Medication
- IV. Modification (behavior)
- V. Accommodations
 - at home
 - in school
 - in the community



The Ideal Treatment Package for ADHD



Why Train Families of ADHD Youth?

- Medication adherence rates are low (13-64% quit)
- Combination may be more effective
- Better prepares parents for managing the child when off medication or when non-ADHD behavioral problems exist
- May address comorbid disorders ADHD meds can't (LD, MDD, anxiety disorders)
- May result in lower doses yet same effectiveness
- May address special subgroups where parent or child skill deficits exist (low SES, other cultures)
- Enhances consumer acceptability
- Essential for addressing comorbid family conflict and ODD/CD



Topics Covered in Counseling Parents

- Review ADHD: Nature, Causes, Course, and Treatments (Proven and Unproved)
- Discuss ADHD as a Chronic Handicapping Condition (i.e. diabetes)
- Alert Them to Potential Grief Reaction
- Change Expectations (30% rule <24 yr)
- Modify Settings: Points of Performance
- Encourage Acceptance & Advocacy
- Encourage Routine Aerobic Exercising
- Discuss the Evidence for Effectiveness of Each Type of Treatment



Parent Training Program Options

(for children up to 12+ yrs.)

- Defiant Children (Barkley)
- Parents are Teachers (Becker)
- Managing Child Behavior (Patterson)
- Parent-Child Interaction Therapy (Eyberg)
- Triple P: Positive Parenting Practices (Sanders)
- COPE: Community Opportunities for Parent Education (Cunningham)
- The Incredible Years (Preschoolers, Webster-Stratton)
- Parent Coaching Cards (Richfield)
- 1-2-3 Magic (Phelan)
- Collaborative Problem Solving (The Explosive Child by Greene & Ablom)



Basic Principles

- Decrease expressed emotion
- Increase overall positive attention to child to help rebuild positive relationship
- Increase consistency of consequences
- Increase incentives for compliance
 - Praise, tokens, points, privileges
- Decrease command repetition and other forms of delay tactics
- Back up commands with 10 seconds with negative consequences (response cost or time out)
- Prevent escape from command compliance
- Encourage proactive parenting



Limitations of Family Training

- Effectiveness declines with age
 - Children (<11 yrs., 65-75% respond)
 - Adolescents (25-30% show reliable change)
 - Problem-solving communication training combined with BPT may be better than BPT alone for ADHD+ODD teens
- Minor differences in program effectiveness
 - Most effective components are increasing positive parent-child relations, emotional communication skills, time out, consistency in delivery of consequences, and in-session practice of skills with homework assignments
- Effects are greater on oppositional behavior than on ADHD symptoms
- Providing information on ADHD and related disorders and professional support accounts for the majority of change in child disruptive behavior
- No new family treatments evident in last decade



Predictors of Positive Responding

- Family income:
 - lower income families show less response
- Severity of child behavior:
 - More severe cases do less well
 - Children with high and stable callous-unemotional (CU-
psychopathic) traits especially so*; also those with low heart
rate (likely correlated with CU traits)
- Parental ADHD predicts low success
- Parental (Maternal) psychopathology:
 - More impaired parents do less well
- Parent education:
 - less educated parents do not respond as well
- Degree of prediction, however, is very weak for all
but family income, parental ADHD, and child CU

*Hawes, D. & Dadds, M. (2007). *Journal of Clinical Child and Adolescent Psychology*, 27(3), 347-355



Treating Teens: Problem Solving & Communication Training

Works best if combined with BPT

Devote 4-6 sessions to each stage

- I. Problem-solving training – focus on 6 steps to resolving disputes
- II. Communication training – focus on increasing positive communication styles, reducing negative ones
- III. Changing Unreasonable Beliefs – identify and change irrational or extreme parent and teen beliefs

From Barkley, R., Edwards, G., & Robin, A. (2014). *Defiant Teens: A Clinician's Manual for Family Training*. New York: Guilford.

See Also: Barkley, R., Robin, A., & Benton, C. (2013). *Your Defiant Teen*. New York: Guilford Press.

Forgatch, M. & Patterson, G. (1989) *Parents and Adolescents Living Together*. Eugene, OR: Castalia Publishing Co.



Pre-Treatment Assessment

Besides ADHD diagnostic information, collect:

- ✓ Ratings of teen ODD and CD
- ✓ Parent ADHD and adjustment scales
- ✓ Marital satisfaction inventory
- ✓ Issues Checklist – details areas and topics of conflicts between parents and teens. Parent and teen complete it separately



Stage 1: Problem Solving

- Review the 6 Steps and keep a poster of them visible during problem-solving interaction
- Choose one low level problem and have family use the steps in the session
- 6 Steps:
 - Define the problem
 - List all possible solutions
 - Review each for acceptability – rate each
 - Choose the most agreeable to try for a week
 - Create a behavior contract for this solution
 - Specify consequences for both teen and parents if contract is broken
- Therapist assists with each step
- Assign a problem to solve at home – record the discussion



Stage 2: Communication Training

- Explain how negative communication styles can derail problem solving efforts
- Review negative styles of communication
 - Criticism, insults or put downs, swearing, little or no eye contact or discussion (withdrawal), intellectualizing, dominating discussion time
- Review positive alternatives
 - Good eye contact, paraphrase what others say to show understanding, compliment others on useful ideas, keep comments brief, invite others to share ideas
- Practice discussing a problem using 6 steps AND new communication styles
- Therapist assists; assigns homework



Stage III – Reframing Irrational Beliefs

- Explain that parents and teens both suffer from irrational beliefs about each other and the process of problem solving
- Identify common irrational beliefs
 - Parents: perfectionism-obedience, ruination, malicious intent, appreciation – indulgence.
 - Teens: ruination, unfairness, autonomy, love/appreciation
- Use reframing, critical thinking, data collection to alter beliefs.
- Use handout on reasonable beliefs.



Conclusions

- Counseling of parents about the nature of ADHD and its management is an essential step in its diagnosis and treatment
- Training parents in behavior management skills is an empirically proven form of intervention for the treatment of ADHD symptoms and child oppositional behavior
- For teens this can be supplemented with Problem-solving, communication training
- Parental ADHD or other psychiatric disorders may require treatment prior to or coincidental with parent training in order to enhance its effectiveness

