

Working with Families when a child has ADHD

A strengths-based approach

John Sharry

www.solutiontalk.ie

Goals for Training

- What is your experience of working with children, parents and adolescents and families where ADHD is a issue?
- What are your goals in for the workshop today?

Introductions – My work

- 1) Parents Plus Programmes – parentsplus.ie**
- 2) Working Things Out Programme**
- 3) Solution-Focused Practice – solutiontalk.ie**

Parents Plus Programmes

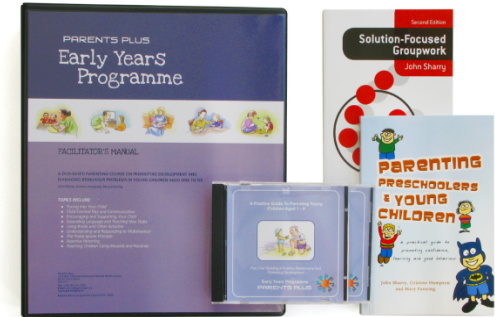
- Practical and positive, **evidence-based parenting courses** and interventions.
- Delivered over 6 to 12 weeks in **small groups** and can be combined with individual family work
- Draw on **social learning** and **attachment** ideas within **solution-focused** delivery.
- Employs **DVD scenes to model parenting strategies**, backed up by group discussion, role-play, homework and handouts
- Can be used as **clinical** intervention in specialist settings but also **preventatively** in community settings.
- Developed in **partnership with Irish families** and Mater CAMHS

Current Parents Plus Programmes

Parents Plus Early Years

Programme (1- 6 year olds)

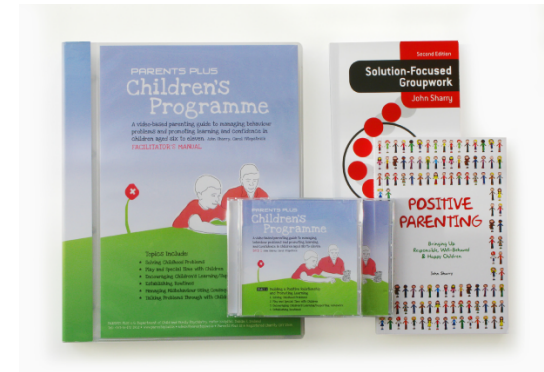
John Sharry, Grainne Hampson, Mary Fanning



Parents Plus Childrens

Programme (6-11 year olds)

John Sharry, Carol Fitzpatrick



Parents Plus Adolescents

Programme (11 – 16 years olds)

John Sharry, Carol Fitzpatrick



Other Programmes/ Projects

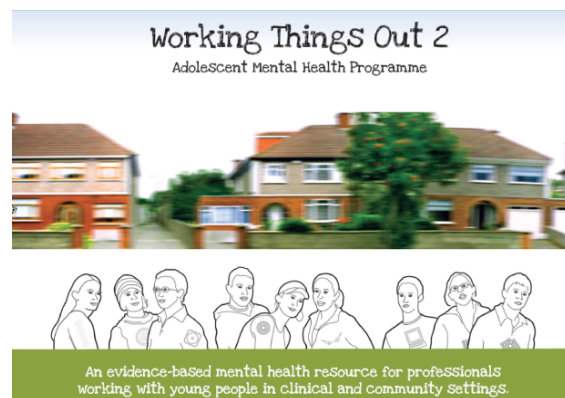
2012 - Parents Plus Parenting When Separated Programme

John Sharry, Michelle Murphy, Adele Keating



2005/2011 – Working Things .Out – An evidence-based intervention for adolescents promoting positive mental health

Eileen Brosnan, Carol Fitzpatrick, John Sharry



2010 – Silver Cloud - online platform for hosting psycho-educational and therapeutic mental health programmes

*Parents Plus, School of Computer Science TCD and
NDRC*



Working Things Out Programme

- Working Things Out (WTO) is a **programme to support adolescents** tackling depression, and other mental health problems
- DVD based containing the **stories of 15 adolescents** who tell their own personal story of how they overcame personal problems
- Covers issues such as
 - * Bullying, School pressures,
 - * Anxiety, Depression ADHD, OCD,
 - * Depression, Self-harm, Suicide
 - * Bereavement, conflict with parents
- Can be used as clinical intervention of adolescents and also preventatively for example promoting positive mental health in schools.
- Can be used individually and also with small groups of young people

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ADHD – a medical perspective

- ADHD is a chronic condition marked by persistent inattention, hyperactivity, and sometimes impulsivity.
- ADHD begins in childhood and often lasts into adulthood.
- As many as 2 out of every 3 children with ADHD continue to have symptoms as adults.
- Three basic types of ADHD: 1) Primarily inattentive type 2) Primarily hyperactive/impulsive type 3) the Combined type.
- Children with ADHD often have trouble functioning at home and in school and can have difficulty making and keeping friends. If left untreated, ADHD may interfere with school and work, as well as with social and emotional development.

ADHD – a medical perspective – Part 2

- If left untreated, ADHD may interfere with school and work, as well as with social and emotional development.
- ADHD is more common in boys, whose impulsivity and hyperactivity may appear as disruptive behavior.
- Inattentiveness is a hallmark of ADHD in girls - may be harder to diagnose.
- ADHD tends to run in families. When one person is diagnosed with ADHD, there is a 25%-35% chance that another family member will also have the condition, compared to 4%-6% of the general public.
- Increase in diagnosis rate of ADHD over time

ADHD – A Critique

- Naming of the problem as biologically located within the child, fails to take into account environmental factors
- Growth in the diagnoses of ADHD, represents the failure of family, school and society to accommodate the different ways of relating that highly spirited, energetic and active children present with.
- ADHD diagnosis has negative implications for children such making them feel that there is ‘something wrong with them’ and they have no personal control over the symptoms.
- Biological explanation of ADHD ensures that it is primarily treated by medication
- Call for early treatment is call for early medication
- Big Pharma have vested interest in promoting ADHD

ADHD – To diagnose or not to diagnose – that is the question

One day a student asked the master, ‘What is the most difficult part of the painting to paint? The master answered, ‘The part of the paper where nothing is painted’

Zen parable

ADHD Diagnosis

Disadvantages

- Labels emphasise pathology and can be undermining to a client
- Can be limiting and self-fulfilling prophecies
- They are unreliable and inaccurate criteria for a formal diagnosis.
- A label is reductive, while children are unique
- Ethical Issues - Children do not choose their diagnosis,

Advantages

- Can sometimes provide a helpful understanding
- Can help people gain the support of others
- Can help reduce blame and build cooperation
- A label can sometimes help parents and others see children in a more positive light.
- Diagnosis gives access to a large body of knowledge
- Can help families gain resources

Counselling, Children Adolescents parents and Families

A strengths-based approach

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Solution Focused/ Strengths-based approach

A shift from

**Problem focused thinking, talking and
analysis**

To

**Solution focused thinking, talking and
analysis**

Solution Focused/ Strengths-based approach

A shift from

Problems to Goals

What's wrong to What's right

Deficits to Strengths

What's lacking to What's working

Professional as expert to Client as Expert

Structure of SF Session

- **Joining**
 - Tell what concerns you....that sounds hard
- **Goaling**
 - What are hoping to be different? What would you like to see happening?
- **Appreciating Progress**
 - What has worked so far? How have you manage to cope so far?
- **Next Steps**
 - What is the next step? What would be the first sign of progress?

What is different about working with Children, Adolescents, Parents and Families?

Working Children and Families

- Collaborating with parents
- Including the whole family
- Cooperating with the professional system
- Being child centred
- Sensitive to child's developmental level
- Child protection

Working Children, a and Families

Step 1 - Joining

- Engagement and first steps are crucial (who should be seen first?)
- Joining with and including each person (including those who are absent)
- Multi-partiality – Being on Everyone’ s Side

Working Children, a and Families

Step 1 - Joining

Joining is often the most crucial step when working with families

- Have to join with
 - 1) Child or adolescent
 - 2) Other children in family
 - 3) Father and mother
 - 4) Extended family
 - 5) Teacher or other professional

Levels of Motivation

Clients' Motivation can be conceived as being

1) Customer

2) Complainant/Browser

3) Visitor

- Not fixed, but specific to certain goals at certain times and in certain contexts

Engagement of Complainants

- Most common type of ‘difficult’ situation,
- Support/ Nurture parent
- Attend to their positive motivation - they want the goal a lot
- Reframe, rather than blame, you see them as part of solution not problem
- Rescale goals
- Directly encourage these parents, look for examples of what doing right.
- Suggest observational rather than ‘do’ tasks,

Engagement of Visitors

- Research what clients want
- Sell and Promote your Therapy/
- Be a ‘good host’
- Give advance information
- Give Choices
- Plan in Advance
- Don’t Pathologise/ Be Positive
- Don’t ‘over chase’

Case Example

A six-year-old-boy, Joe, is brought to therapy by his parents on account of concerns expressed by Joe's teacher who finds him 'impossible to manage' and wants him assessed, believing he may have ADHD. She also wonders if many of the problems are caused by his parents being over-permissive and letting him 'rule the roost' at home. Mother is very upset by the teacher's report. She is critical of how the teacher handles her son in school who she feels is 'on his back' all the time. She is also concerned, however, about the 'aggressive streak' she also sees in her son when he throws tantrums at home. She also wants him assessed. Father thinks the problems are exaggerated (particularly by the teacher) and thinks Joe is just being a normal active six-year-old. Joe seems confused by the business of coming to therapy and 'tunes out' during the family assessment meeting playing with toys in the corner.

- **How would you approach this case? Who would you see first and why? What is each person's level of motivation?**
- **What potential goals/ strengths are there for each person?**

Joining with children and adolescents

- Understanding child and teenagers developmental level
 - Usually ‘sent’ or ‘brought’ to therapy – visitor level of motivation
 - Making your communication , child or adolescent centred
1. Construction materials
 2. Artwork or drawing
 3. Reading and story tools
 4. Worksheets and workbooks
 5. Puppets and figures
 6. Therapeutic Games

Working Children and Families

Step 2 - Goaling

- Common Goal Setting and Family Goals
- Conflicts are different goals.
- Circular Questions – what is your mother hoping for? OR what is important to your son? OR what would his father say if he was here?

Working Children and Families

SF skills

- Common Goal Setting

- *What are you as a family are you hoping for?

- * So J you are hoping for ... and P you are hping for ... How can you get both?

- *Reframe interpersonal problems/ complaints as goals/ intentions

Working Children and Families

Step 3 – Appreciating progress

- Family Strengths, Skills and Resources – what is going well in family?
- Crediting each family member with shared success
- Circular Questions – how did your mum help you with that? What did your son learn from you? How did you help him prepare

Exercise - joining and goaling

-

Working with Children and Parents - Family Sessions

- When working with a family it is a bit like a mini-group
- Want to ensure
- 1) each person feels heard and contributes
- 2) the 'rules' are kept (respect and taking turns)
- 3) Focus on Family Strengths, Skills and Resources

Noticing

- * So you are a close family
- * As a family you like to talk things through
- * what keeps you together as family
 - *where did J get his spirit from? From whom did J learn how to be so

Working Children and Families

SF skills

- Family Strengths, Skills and Resources

Noticing

- * So you are a close family
- * As a family you like to talk things through

Exploring

- * what keeps you together as family
- * where did J get his spirit from? From whom did J learn how to be so independent?

Working Children and Families

SF skills

- **Joining and Circular Questions**
 - What would your mother say is different on a good day?
 - What would it take to convince your wife that you care?
 - If your father was here what would he say to you now?
 - What does your son see in you that keeps him hopeful that you don't see yet?
 - Who would notice first if you were not depressed and what would they notice about you?

Structure of SF Assessment

Joining

- Welcome/ join with each person
- Tell what concerns you....that sounds hard

Goaling

- What are hoping to be different? What would you like to see happening?

Progress

- A) Problem Exploration/ Traditional Assessment*
- B) Exploring what has worked so far and Solutions*

Client centred Break

Next Steps

- Explore client ideas first – what are your thoughts so far?
- Provide professional formulation and feedback
- Agree next steps

Working Children and Families

Step 4– Agree next steps

Often best done after a short break

- Explore client ideas first – what are your thoughts so far?
- Provide professional formulation and feedback
 - Describing concerns/ problems in a constructive way that links to solutions and identifying specific client strengths, skills, resources and supports (Let client respond to formulation)
- Agree next step (therapy sessions, group, Parenting programme, or review in a couple of weeks,
- Evaluate session – how have you found the session today? What has been helpful



Formulation - A Strengths-Based Response to Diagnosis

- Create a short shared helpful understanding of child's difficulties
- May or may not include formal diagnosis
- Highlights the strengths as well as deficits.
- Builds on and includes the clients ideas, understanding and language.
- Gives meaning to the problem in a way that empowers key people (e.g child, parents and teachers.
- Acts as a bridge to constructive action

Further information

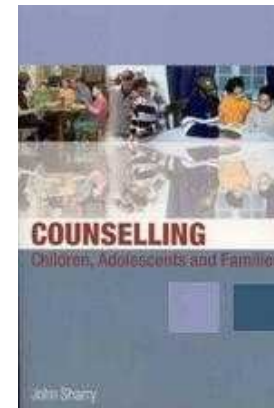
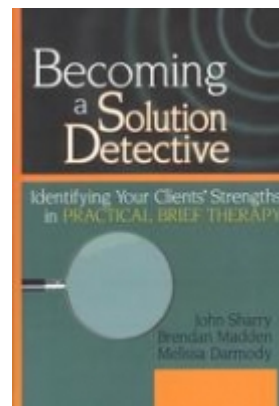
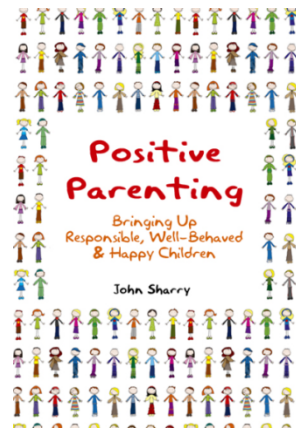
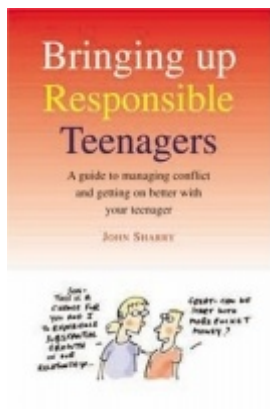
Solution Focused work www.solutiontalk.ie

Parents Plus Programmes

Working Things Out

www.parentsplus.ie

Books



Silver Cloud Programme

- **SilverCloud is an innovative online platform** for hosting psycho-educational and therapeutic mental health programmes such as
 - 1) *Mind Balance*”- is a computerised structured therapeutic programme to tackle depression delivered online
 - 2) *SeeMySelf*– preventative programme to promote positive self-esteem and body image
- Seven skills-focused modules drawing on **CBT, Mindfulness and SFT**
- Uniquely, programme facilitates **therapist-client communication** and client-client communication
- Can be delivered preventively online (supported by volunteers) and as an adjunct to face to face therapy
- Developed as a collaboration between School of Computer Science, TCD, Parents Plus Charity and National Digital Research Centre