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Title: Psychosocially Supporting the Teenager with ADHD

Introduction

Statistics suggest approximately 2–5% of young people are diagnosed with ADHD in Britain today (1). ADHD is widely accepted to be a neurological disorder which is characterised by three predominant behaviours; hyperactivity, inattentiveness and impulsivity (1). It is these behaviours that often make teenage children with ADHD more susceptible to developing co-occurring mental health difficulties like anxiety, depression and bipolar disorder (2). ADHD can also make young people more susceptible than their peers to adopt risk taking behaviours and develop anti-social behaviours (2).

Although the literature suggests the hyperactivity associated with ADHD diminishes in teenage years it is now more widely believed symptoms are still evident, but are more likely to manifest differently. For example excessive whole body movement hyperactivity more commonly exhibited in younger children with ADHD is more likely to manifest it's self in teenage years by continued fidgeting (3). It is, however, the delayed neurobiological developmental problems linked to the executive control functions of the brain; controlling memory, emotional regulation, the ability to analyse and synthesise, that can often begin to cause the maturing child more difficulty. This is because executive functioning are especially needed in the school environment, to goal set, problem solve, remember things, organise and direct one's self (4). All this, alongside the natural psychosocial changes of puberty can therefore make adolescence a particularly challenging time for a young person with ADHD.

The Primary Care Nurse is very well positioned to play an important role in supporting families living with ADHD. This is because despite the difficulties teenagers face with ADHD, the reality is, if they and their family receive the right bio-psychosocial support throughout their

childhood young people with ADHD will be better equipped to take on life's demands and the multiple challenges adulthood will bring. To ensure the young person receives all the necessary support they require the Primary Care Nurse will need to ensure the teenager's holistic needs are addressed. It is therefore important that the Nurse does not focus exclusively on young person's biological needs i.e. the monitoring of medication, physical health or development, but they also address the young person's psychosocial needs.

This paper will illustrate how the primary care nurse can support a teenager and their family psychosocially. How this help needs to differ from the support of a younger primary school child will also be highlighted. Three case examples, likely to be seen in primary care, are used to help describe the beneficial types of support young people with mild to moderate ADHD behaviours may receive. It is important to note although biological pharmacological interventions plays an important part in helping many young people with ADHD this article does not discuss this form of support.

Supporting the teenager at home

Case example 1:

Poppy is 13 years of age. She is having problems organising her daily routine and consequently has found meeting school work deadlines difficult. Her parents have a tendency to continually prompt her when she forgets things, or advise her about how to organise herself. Poppy finds their input annoying. This has led to family arguments causing lots of emotional volatility at home.

Ensuring home life feels stable and secure is very important for the young person with ADHD. Poppy's case does, however, illustrate how the ADHD

symptoms along with regular adolescent issues can hamper home life, especially when high levels of emotion are evident. In such instances where family relationships are fracturing, the Primary Care Nurse may be well positioned to refer or signpost families to specialist parent training programmes. These programmes adopt coaching methods, underpinned by social learning theory, to teach parents how to nurture stronger healthier family relationships through enhancing parent child conversation. These conversations do not aim to target directly the ADHD specific behaviours, which is a trap Poppy's parents have fallen into by focussing solely on Poppy's forgetfulness and disorganisation, but encourage conversations that seek to ameliorate the ADHD symptoms by encouraging active positive parent child communication (5). Poppy's parents therefore will receive coaching in active listening skills, whereby they can practice and role model dialogues that convey positive praise and affirm, label and reflect Poppy's emotions. For example Poppy's mother may say *"Despite having to cope with all the worry about your school work you are keen to manage things on your own. We are proud of you... we just want you to know if you do need help we are here"*. It is this type of empathic parent interaction which is more likely to decrease Poppy's anxiety, frustration and anger, but also over time increase her self-esteem and promote her emotional awareness, encouraging her to think how she may cope despite her difficulties. This type of interaction will also ensure her parents role model good relationships.

From time to time it will also be important for Poppy's parents to boundary behaviour. The Primary Care Nurse may need to support exasperated parents in adapting their behavioural approaches to suit the needs of a teenager. This is because "time out" or "star charts" used in the primary school years will not be as effective during the teen years. This is because the young person's difficulty in regulating emotions like frustration and anger can make it hard for parents to resolve problems calmly. This is why it is important to encourage parents to learn how to

better negotiate problems with their child. This involves the parent instilling rules and limits, but when setting limits parents should be encouraged to give the young person their say in how these rules may be shaped prior to an incident happening. For example child parent conversations could be had about mobile phone or computer use. An agreement or contract should then be drawn up whereby parent and teenager are clear about what behaviour is not tolerated and the consequences of overstepping the boundaries.

Supporting the teenager at school

Case example 2:

Ben is 15 years and is finding school difficult. His best friend has recently left the school. He is not finding it easy to make new friends especially as he often loses his temper. A consequence of this is that he is now being bullied. Ben's ADHD also makes him feel that he stands out from the crowd and this has caused him to feel alienated and anxious at school.

School is a major part of any teenager's life, however, when a young person has ADHD school life can be challenging. Some of these difficulties are highlighted in the above case example, for example, Ben because of his ADHD, is more likely than his peers to experience peer fall out and bullying, with statistics suggesting he is also more likely to become a bully (6). The reasons for this are often linked to the ADHD which causes the young person to be more prone to failing to pick up on important social cues, or acting impulsively or intrusively. Consequently young people with ADHD often seem less mature or responsible than their peers. Adolescence is a time, however, when peers are an important part of the child's life and not feeling like you fit in at school can lead to unhappiness, anxiety or even depression.

An observant Primary care Nurse may spot the subtle signs of Ben distressed or Ben or his parents may choose to disclose their difficulties to a nurse who knows them well. It would then be important for the Primary Care Nurse to intervene as early as possible, as this would prevent Ben's emotional state deteriorating. In this instance it may be appropriate for the Nurse to help the family to strengthen their links with the school. Parents may be encouraged to make contact with the school to organise a meeting or the Primary Care Nurse may ask Ben and his family for permission to involve the school nurse. The school nurse could then convene a Common Assessment Framework (CAF) meeting. This formalised meeting with health care practitioners, school staff, parents and Ben may help to identify Ben's school needs and/or identify how others may meet them (7). This would be an important exercise because evidence does suggest children with emotional and behavioural issues fair better at school when they have the opportunity to talk over any issues or problems. Also parents who have the opportunity to relay important information about their child's problems ensures school staff receive important information enabling them to better tailor school support to the child's individual needs. Notably many secondary school teachers are unaware of mild to moderate ADHD behavioural problems or emotional difficulties like anxiety and depression because the school is not informed of the difficulties, plus these problems are less visibly obvious to teachers and therefore unlikely to be detected by school staff (8).

Once the school is aware of Ben's difficulties he can, however, be supported in a number of different ways. For instance school peer mentor schemes have proven to be very successful with children like Ben who are experiencing emotional and bullying problems at school. These are schemes which buddy pupils up so they can help each other learn and develop emotionally, socially or academically (9). Also because Ben, like many teenagers with ADHD, has emotional regulation difficulties, with frequent angry outbursts, it is likely he will also need a combination of

school, classroom and individual methods to improve his classroom attention and disruptive behaviour (9). Didactic methods using fear-inducing tactics will not reduce pre-existing ADHD behaviours in the classroom (9). A teachers classroom discipline methods should instead place a heavy emphasis on allowing the young person the time and space to rectify their behaviour. This can be done by introducing them to specially designed self-monitoring tools, one example being the good 'Good Behaviour Game' (10), which encourages the young person to self-regulate their behaviour by catching, checking and changing their behaviour. There are also a handful of targeted specialist school programmes; termed as SAFE programmes; standing for, **s**equenced, **a**ctive, **f**ocused and **e**xplicit (SAFE) (11), which have been developed to help promote the resilience and emotional competence of children with ADHD. These programmes have placed an emphasis on social skills training, via role play and simulated problem-solving techniques, enabling pupils to develop their cognitive and behavioural skills in a nurturing classroom environment. This type of activity can promote cognitive, emotional and social skills and can improve attitudes towards school and learning, consequently impacting favourably on school attainment (12).

Supporting the young person in becoming independent

Case example 3:

Lee is 18 years of age and is reluctant to consider his future career options. When the subject is breached at home he gets very annoyed and prefers not to talk about it. Furthermore his parents worry about his impulsivity and his inability to keep himself safe especially as he is now driving and likes to go to nightclubs and casinos with his friends.

The literature recognises that due to the neurodevelopmental delay, young people with ADHD take longer to mature physiologically, emotionally and behaviourally (13). It is important for the Primary Care Nurse to

acknowledge that this can place an extended emotional burden upon the parents of children with ADHD, as they often have a sense of extended responsibility which can inadvertently cause discord between them and their grown up child who is naturally seeking independence. The Primary Care Nurse may pick up on the source of contention for Lee and his parents that being the key issue securing his independence; employment. In this instance, the Primary Care Nurse may act as a neutral, supportive third party, who can introduce Lee to the helpfulness of receiving vocational advice from a career advisor. This will allow Lee to discuss and identify his own career goals free from parental pressure. The Primary Care Nurse and career advisors support will also ensure his parents feel better supported in helping Lee make the critical transition from school into work.

Lee's case depicts that socially he is not doing anything differently to other young people of his age. His parents do, however, have a right to worry, because research suggests young people with ADHD, due to the impulsivity, are more vulnerable to risk taking behaviour, thrill seeking or making immature judgements. Consequently research suggest they are more likely to develop substance misuse problems (2), gambling habits (14) or be at increased risk of having a car collision or getting in trouble with the law (2). Research also indicates that antisocial behaviours like addictions and conduct problems can trap a young person into a vicious cycle of social exclusion and this can make a young person more vulnerable to depression and suicide (15). All of this places a significant emotional and economic burden on families and society in general. It is therefore agreed by experts in the field the best way to prevent problems like this in later years is to identify ADHD difficulties at an early age. This is because in early years it is easier to exert and endorse good behaviours. As the child matures a good piece of advice the primary care nurse can give to the parents is to encourage them to talk about anticipated problems. This ensures strategies can be identified calmly and constructively before the problem happens. For example anticipate what would happen if Lee comes home intoxicated

or gets a speeding fine? What will further safeguard Lee against danger in late adolescence is his parents and indeed his schools ploughing energy, when Lee is a young child, into nurturing his community connections, via for example youth group, sports, music clubs. This is because this type of positive community connection, nurtured in early years, is more likely to continue in later adolescence, therefore acting as a protective factor, promoting resilience and safeguarding mental health.

In Summary

For a teenager with ADHD to flourish, they often require differing forms of bio-psychosocial support. It must, however, be acknowledged that as the child matures it is important to tailor support to the young person's individual needs. An integral part of enabling this to happen is to ensure the young person has the opportunity to voice how they themselves perceive their ADHD symptoms can be best managed. This will promote the teenagers need for independence and autonomy, but also ensure the adults supporting them are better equipped to help.

Key Points:

- The Primary Care Nurse must be aware of the many bio-psychosocial challenges that children with ADHD and their parents face. This will enable them to more proactively address the child's and their parent's holistic needs.
- The Primary Care Nurse must be aware that when emotional distress is identified they must intervene and act early. This is because early intervention will prevent more complex difficulty. Also simplistic evidence based support like advice giving will be at its most beneficial when problems are not complex.
- The Primary Care Nurse must be aware of the importance of supporting the child's school and community connections, because

these are key to promoting the young person's independence and resilience.

- The Primary Care Nurse must know their own limitations and when the need arises signpost or refer the teenage child with ADHD or their family onto further psychological or social supports.

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