

FACT SHEET # 6



AD/HD and Teenagers

Having a teen with AD/HD means your house has a different atmosphere than other homes. There is a constant feeling of tension, as if arguments and emotional outbursts could occur at any time. The behaviour of a child with AD/HD is often a cause for division among family members, pitting mom against dad, child against parent, and sibling against sibling.

AD/HD problems tend to be magnified during the teenage years. Teens with AD/HD also face the usual adolescent challenges such as gaining independence from parents, peer pressure, exposure to drugs, sexuality issues and driving.¹⁴

AD/HD behaviour in teens means constant aggravations, such as bombing into rooms, incessant demands, perpetual sibling rivalry, incredible disorganization, lack of follow-through, selfishness, and for those with hyperactivity, non-stop noise. Since a teen with AD/HD has few friends, s/he may be home a lot, making these burdens more constant.

An accurate diagnosis is the essential first step in dealing with AD/HD in teens. As noted in Fact Sheet #4, AD/HD is often found with other conditions. An up-to-date assessment can sort out other co-existing conditions a teen may be experiencing. A teen with AD/HD should take part in decisions affecting the treatment plan, which may include education regarding AD/HD, academic tutoring, individual

or family counselling, parent training in behavioural interventions, lifestyle changes, medication, strategies for daily living, coaching, appropriate academic accommodations, and/or social skills programs.

Here are a few suggestions to help parents avoid unnecessary conflicts with the AD/HD teenager in the home.¹⁵

Rule # 1 – Unless you are going to say something to your teen who has AD/HD that is very positive (“Good job on the lawn”), think before you speak. Kids with AD/HD are irritating much of the time and you’re often tempted to correct them and to try to shape their behaviour in more positive directions. If you must say something corrective, make it short and sweet (“Your music is too loud”).

Rule #2 – Many things that teens do or don’t do fall into the minor but aggravating category—like today’s clothing and jewellery fashions, long and apparently stupid conversations on the phone, and exceptionally messy rooms. It’s better to say “What an interesting outfit” than “You’re not going out looking like that are you?” Remember, during phone calls kids are making contact with each other and learning how to handle relations, which is good for self-esteem. For room-cleaning jobs, contract with your teen that once a month, you and s/he will tackle the job without bickering. Provide a garbage bag and ask your teen to fill it with all the trash, then move on to picking up dirty dishes and laundry, CDs and books while you rearrange

the bookshelves—all without lecturing.

Some other minor aggravations to stay away from include musical preferences, grammar, not going on family outings, negative attitude, eating habits, use of allowance, using your things and forgetting chores. Remember, the first rule is “Never open your mouth unless you have a very good reason.”

What are not minor but aggravating problems? Anxiety disorders, depression, conduct disorder, medication non-compliance, alcohol and drug abuse, sexual acting out, rotten grades, school attendance and no friends. Compare these items to the previous list and you will have a better perspective.

Rule # 3 – When necessary, state the rule, stick to your guns, and brace yourself for testing.

Rule # 4 – Have fun with your AD/HD teenager on a regular basis! The most important things that keep two people getting along and caring about each other is shared fun.

Rule # 5 – Don’t argue with teens about taking medication. Simply take them to the doctor or the person you’re working with and have that person review the medication situation with the teen. Arguing at home will only make the problem worse.

Some simple strategies for parents:

- Become a strong advocate for your teen. Make sure that those who teach your teens are aware of the problem, understand the challenges and know appropriate teaching strategies.
- Maintain ongoing communication with people who play important

roles in your teen's life, such as teachers, school counsellors, after-school activity leaders and health care providers. Keep updated on your teen's social development in community and school settings.

- Encourage, and model, a healthy lifestyle. Make sure your teen gets exercise, eats healthy meals and gets enough sleep.
- Create an organized household environment. AD/HD teens need to have a routine.

Teenagers and Driving ¹⁶

Driving is a big event in a teenager's life, but it can also create worries and concerns for parents. These concerns are magnified when the teen has AD/HD. Teens with AD/HD may demonstrate good knowledge of driving rules, but applying these rules is a different matter. Rather than rule-of-the-road knowledge, it is poor driving performance that distinguishes individuals with AD/HD from their peers.

Research has shown that teens with AD/HD are at much higher risk for vehicle accidents and driving infractions. These include deficiencies in attention, impulsivity, risk-taking and thrill-seeking tendencies, and immature judgment. The presence of co-existing disorders (60% to 70% of youths with AD/HD), variations in medication effectiveness throughout the day, and issues with alcohol and substance use/abuse should all be considered when granting driving privileges. Risks increase when a teen driver and peers drive together without adults present.

Teen driving privileges should be discussed within the context of the overall AD/HD treatment plan. It is the parent's responsibility to

establish rules and expectations for safe driving behaviours. Some practical tips for dealing with a teen with AD/HD who wants to drive are:

- Don't allow your teen to drive if you feel unsafe as a passenger.
- Provide driving lessons before and after your teen obtains a licence.
- Create consequences for poor driving performance and require payment of any added costs resulting from bad performance.
- Observe your child's driving skills at different times of the day, when drug therapy varies in effectiveness.
- Driving privileges can also be used as a reward for completing home and household chores.

Teens must understand that learning to drive is a privilege that must be earned—it is not a right.

Anger Outbursts

Many teens with AD/HD are irritable and short tempered. This behaviour

can have serious negative effects on family life as parents and siblings become targets. As parents, know what triggers some of these outbursts. For example, many teens who have AD/HD are not morning people. A pleasant "good morning" from a parent can be greeted with irritation, grumbling and sometimes even swearing. The best morning strategy is to leave the teen alone.

Parents need to educate themselves on behaviour management techniques. For example, teens should never get what they want by screaming or threatening. Parents may also want to institute a system of behaviour contracting where the teen and parents each put together a wish list. If the teen meets one of the parent's wishes, he or she can be rewarded by having one of their own wishes fulfilled.¹⁷

If the outbursts become out of control, professional help is highly recommended.

*** AD/HD is not a learning disability. Each is a distinctive neurologically based disorder. Each is recognized and diagnosed differently. And each is treated in a different way. The treatment for AD/HD will not correct LD. The treatment for LD will not help AD/HD. About 30% to 40% of people with LD will also have AD/HD, so if one disorder is found it is important to look for the other.

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