



The Centre for ADHD Awareness, Canada

The only Canadian charity focusing solely on ADHD,
providing leadership in education, awareness and
advocacy to improve the
lives of families and individuals with
ADHD across Canada

Discussion on Teen Profile

Discussion Questions

- Was anyone able to tackle the next step in the teen profile?
- Was it easier to think about and document your teen's self regulation impairments than their EF impairments?
- Was being able to understand your teen's emotional dysregulation as an impairment helpful?
- Does your teen understand their impairment with self- and emotional regulation?





CADDAC Interactive ADHD Adolescent Parenting Course

When Children With ADHD Become Adolescents

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When Children with ADHD become Adolescents

Moving Into Adolescence – What Changes

Educating Your Teen About ADHD

Increased Risks in Adolescence

Parenting Tips

Additional Home and Parenting Tips

Implementing CPS

MOVING INTO ADOLESCENCE

Impairments That Remain

- 80% of adolescents still meet diagnostic criteria
- Symptoms do not magically disappear
- For most, significant ADHD attention dysregulation remains
- Impulsivity may remain
- EF skill impairments continue in working memory, organization, time management etc.
- Cognitive deficits such as slower processing speed, language deficits in reading and writing, dysgraphia
- Emotional dysregulation may have improved but can still be an issue for many – consequences greater
- They continue to be late reaching the same levels of maturity as their peers – 3 years behind?



What Changes?

- Outward hyperactivity decreases, becomes more subtle
- Internal/mental restlessness becomes more of an issue
- Coexisting disorders increase
- Impulsivity with less supervision results in increased risk:
 - More sensation seeking
 - Riskier physical activities
 - Impulsive decisions have greater consequences
 - Impulsive spending now possible
 - More impulsive eating
 - Verbal impulsivity greater consequences
 - Stealing and Fighting
 - Substance use begins
 - Sex begins



Increased Challenges at School

- Load on attention regulation and executive functioning (EF) skills increase while impairments remain, causing greater issues
- IEP may be removed or accommodations not followed
- EF skills and strategies not taught and practiced in elementary school become more obvious and impede success
- Increase in teachers, subjects and assignments make organization and time management skills essential
- EF impairments are now more often interpreted as laziness by teachers and parents
- Increased complaints of boredom especially around certain subjects, teachers and repetitive and uninteresting assignments
- Drop in grades often due to assignments not completed and handed in
- May refuse to use strategies and accommodations – do not want to be seen as different



Increased Challenges at Home

- Regular adolescent changes occur – hormones, fight for independence
- Some may avoid move to independence – fear?
- Expected to become more responsible
- Parents may become tired of accommodating and frustrated when they see other adolescents maturing
- Stress between siblings remains and may increase
- Rules will need to be added, altered and negotiated (CPS)
- EF impairments impact chores and responsibilities – are now more often interpreted as laziness
- Adolescents often refuse to admit that they need help
- Resist using strategies and accommodations at home as well



EDUCATING YOUR TEEN ABOUT ADHD

Educating Your Teen About ADHD

Educate your adolescent and yourself about ADHD in general
Resources

- CADDAC adolescent videos
 - [Adolescent Awareness Video](#)
 - [Five-part Adolescent ADHD Education Video Series](#)
- Web site
- You Tube educational videos
- Books

But you/they will also need to understand their own unique profile

- Their strengths and weaknesses
- How does ADHD impacts them specifically
- This will help both of you consider which support strategies and treatments they need to implement



Becoming Their Own Advocate

- Parents will eventually need to transition from being an advocate to a mentor
- Students will need to understand their own learning profile and impairments to become an advocate
- Hopefully they have been involved in their own advocacy in high-school or have been witnessing your efforts
- Discuss any hesitancy on their part around receiving accommodations
- Teach them their rights, the process and the language of advocacy
- Jointly review the impairment accommodations chart
- Prepare them for questions from other students



INCREASED RISKS IN ADOLESCENCE

PARENTING STRATEGIES

Increased Coexisting Disorders

- By adulthood 80% with ADHD have another psychiatric disorder – primary or secondary to the ADHD
- Depression and anxiety can be independent of the ADHD or a result of ADHD symptoms
- LDs and ODD have generally been diagnosed by adolescence but not always
- When ODD continues – consequences larger
- Childhood comorbidities such as Tic Disorders, ASD and Dysgraphia may decrease
- Depression, mood dysregulation, severe anxiety and personality disorder increases
- Eating disorders 3.6 times more likely
- Increased antisocial disorders – more in males



Coexisting Disorders Continued

- Children with ADHD are not overly insightful about their impairments so are somewhat blind to their own failures – however by adolescence they start to become more aware of their differences and failures = depression
- Anxiety and depression more common in girls who are conditioned to want to please but inattention and EF impairments prevent this
- More suicidal ideation and attempts
- The rule of treatment is always to treat the most significant disorder first
- However, all disorders must be assessed and treated or success of treatment will be compromised





How to Know When Anxiety and Depression May Be a Factor

Because emotional dysregulation and irritability are common with ADHD, symptoms of anxiety and depression may not be as apparent.

Differences:

ADHD

- Feelings are normal, but regulation of emotion is not
- Therefore, expression of emotions are greater because they are unable to moderate them
- Emotions expressed are rational and understandable when examined, but are not being moderated or inhibited
- Emotions are provoked by an incident

Mood Disorders

- Emotions are irrational and excessive – always there
- Emotions are not provoked by an event and are very out of context

Anxiety Red Flags

There are different types of anxiety disorders:

- GAD, General Anxiety Disorder
- Social anxiety
- OCD, Obsessive Compulsive Disorder
- Panic Attacks
- Specific phobias

Feelings of anxiety are quite common with ADHD however pay attention when:

- it impacts their daily functioning;
- they are avoiding situations, activities or people;
- change their behaviours;
- they are putting excessive safety plans in place.



Depression Red Flags

- **Dysthymia very common with ADHD**

Some red flags for depression to be look for:

- the occasional sad or irritable mood becomes consistent;
- daily life functioning becomes an issue;
- no longer enjoying past activities – different than simply losing interest in the novelty;
- changes in appetite and body weight;
- changes in sleep patterns;
- fatigue;
- feelings of worthlessness;
- increased difficulty in concentrating or processing; and
- suicidal ideation.



Substance Use and Abuse

- This is the age where drug use and abuse begins
- The earlier the greater chance of addiction in adulthood
- Much higher rates of use than in teens without ADHD – age 15 and up is when rates increase
- Often used to self-medicate
- High quantities of caffeine may be consumed
- Tobacco (nicotine is a stimulant) used to fidget but can also improve focus – ADHD directly related to higher smoking rates
- Cannabis to stop the racing mind, relax, reduce anxiety, sleep
- Alcohol much higher rates of excessive use and bingeing, earlier use and earlier problems
- Stimulant medication use does not increase the likelihood of substance use and some studies have indicated a reduced risk
- Untreated ADHD increases the risk



Why is There an Increased Risk?

- Genetics
- Reduced dopamine levels
- Self-medicating
- Impaired executive functioning
- Greater need to be accepted by peers
- More novelty and sensation seeking
- Low self esteem
- Co-occurring mental health disorders



Cannabis Use in Teens with ADHD

- 1/3 of adolescents with ADHD report using cannabis and people with ADHD are 3X as likely to use as their peers
- Problematic cannabis use is twice as likely in those with ADHD
- THC concentrations are higher these days
- Cannabis activates the brain's rewards systems and releases dopamine
- Cannabis to stop the racing mind, relax, reduce anxiety, sleep
- Concerns with cannabis use before the age of 25
 - Altered brain development in adolescents
 - Drop of 8 IQ points in adults for heavy adolescent use
 - Stopping regular use did not reverse the drop
 - Early heavy use increases risk of psychotic disorders

Studies: Meier 2012, Castle 2013, Volkow 2014

<https://www.additudemag.com/cannabis-use-disorder-marijuana-adhd/>



ADHD Medication Misuse & Abuse

- Misuse – the use of medication for another reason than what it is prescribed for or in another dose – does not lead to dysfunction
- Abuse – outside normal accepted standards (to get high or enhance other substances) results in disability or dysfunction
- Diversion – sharing most common reason for diversion of the medication
- Motivation for use other than ADHD Treatment
 - Improve attention and concentration
 - Stay awake all night and cram
 - Achieve higher grades on tests – has been proven to be incorrect in those without ADHD
 - Pressure for higher and higher grades and too much work to accomplish in the time allotted
 - Party drug



Strategies for Misuse & Abuse

- Be aware that your child may be approached or intimidated by others into sharing or selling their medication – meds may be stolen
- They need to be warned that medication is a controlled substance and sharing can be considered dealing even if money is not involved
- Be proactive and discuss how to deal with this situation before it happens
- Develop a strategy - practice by role playing
- Make sure they report this when it happens
- Discuss risks of misuse and abuse – it can be unintentional - use during the day for class and at night for cramming or assignments
 - Increased BP and heart rate
 - Psychiatric – hallucinations
 - Intoxication and withdrawal
 - Interaction with other substances
- Long acting medication less chance of abuse to get high
- Become hyper vigilant if prescriptions run out prior to expected date or if medication is frequently lost



Driving

Attention dysregulation, distractibility, impulsiveness and poor risk perception combine to increase driving risks

What We Know About ADHD and Driving Risk: A Literature Review, Meta-Analysis and Critique.
[Laurence Jerome](#) et al, [J Can Acad Child Adolesc Psychiatry](#). 2006 Aug; 15(3): 105–125.

Adolescents with ADHD:

- Are more likely to have received traffic cautions – most often for speeding
- Sustain three times as many car crash injuries
- Are four times more likely to be in an accident
- Are four times as likely to be at fault
- Are six to eight times more likely to have their license suspended
- Are more likely to have driven a vehicle without supervision before they get their license

<http://behindthewheelwithadhd.com/the-statistics/>



Parental Strategies for Driving

- Only allow them to drive when medical treatment is in effect
- Openly discuss concerns and dangers - also when you drive
- Model good driving
- Driver training
- Collaborate on strategies – cell phone in glove compartment
- Implement rules and consequences as soon as driving begins
- Absolutely no alcohol or drugs when driving
- No passenger policy at beginning
- Night driving is more risky
- Driving in unknown areas more risky – pull over to use GPS
- Loud music makes it difficult to hear emergency vehicles, horns etc. – compromise on a level

How to Help Kids With ADHD Drive Safely. Extra precautions and clear rules pay off for kids at higher risk of accidents, Rae Jacobson, Child Mind Institute, <https://childmind.org/article/how-to-help-kids-with-adhd-drive-safely>

Sex and the ADHD Adolescent

Those with ADHD:

- Express more risky sexual behaviour
- Experience sexual activity earlier & have more partners
- Have more casual sex
- Are more impulsive and are therefore less likely to use protection and contraception
- Have more teen pregnancies – 54% do not have custody
- Have a higher risk of sexually transmitted disease – 17 % vs 4%
- Are more likely to misinterpret boundaries
- Have less developed social skills which can result in unintentional or wanted advances and perceived harassment



Parental Tips on Sex

- Since they are more likely to misinterpret boundaries, rules and nuances it is necessary to be very frank and clear with them about sex
- Openly discuss issues– let them know that you will discuss anything
- Be prepared, educate yourself so you can answer questions
- Discuss pressure and coercion – everyone is not doing it!
- If teens have low self-esteem they are more likely to be promiscuous to be liked – work on boosting their self-esteem and frankly discuss feelings of value
- Discuss safe sex



ADDITIONAL HOME & PARENTING TIPS

Guiding Principles for Parenting ADHD Teens

- Although ADHD is a hidden disorder it is no less real
- Learn as much as you can about ADHD in order to understand your adolescent
- Reframe your thinking of the behaviours as being caused by impairment due to a medical disorder
- Create a supportive environment by reducing family conflict as much as possible and by putting structure and supports in place to offset impairments
- Be proactive rather than reactive, try and anticipate times, and situations that trigger behaviours and have a plan in place for when behaviours happen
- Don't take behaviours, moods and ODD disrespect personally



Teen Parenting Strategies

- Most parents parent somewhat inconsistently but this is not good enough for teen's with ADHD
- Be proactive in deciding jointly (parents and teens) on house rules and the implementation of those rules and consequences when they are broken
- Express empathy but instead of arguing use the rules and pre decided consequences as the “bad guy”
- Do not feel pressured to decide on requests – express concerns and ask them to find solutions
- Try and maintain a united front – or inconsistent parenting will occur
- Do not allow others to undermine your parenting



Parents With ADHD

- When a parent also has ADHD things become more difficult
- This adds to the pattern of inconsistent parenting and increases blame and shame
- The undiagnosed and untreated parent will be unable to follow a consistent parenting plan
- Their own emotional dysregulation will get in the way and fuel the teen's emotional responses
- This is why it is essential that all family members with ADHD be assessed and treated
- There is no better role model for a teen with ADHD than a parent with ADHD who models a responsible and consistent healthy life style and follows a comprehensive treatment protocol



Organizational Strategies

- Have routines for morning and bedtime
- Work before play structure
- Have a consistent time and place to do homework
- Break larger task and assignments into more manageable chunks/parts
- Set clear dates or times for each part to be done – the closer the initiation of the task and completion the better
- Colour code folders, books, tools etc.
- Visual family calendar – colour code per child and adult and another for family events
- Have a consistent place to keep belonging
- Model organizational strategies
- Those with ADHD will require external reminders to take the load of executive functioning – check lists, steps to a task, electronic reminders



Increased Monitoring

- In general teens with ADHD will require more monitoring than other teens
- Due to increased risks, inattention, impulsivity, EF impairments
- Anticipate times and occasions when impulsive behaviour may occur – reiterate rules prior to occasion and use refueling techniques
- Since their sense of time is impaired they will easily lose track of time, so additional reminders will be required
- The need to report their progress after each step to an adult and receive the next step will help them to remember the steps and help to hold them accountable
- Working along side other child can be a visual cue
- Working with your child on a task will help you teach the skills, and allow them to use you as a cue and reminder when practicing that skill – room cleaning
- ADHD is a risk for Internet addiction – video gamers with ADHD have a high level of internet addiction



IMPLEMENTING COLLABORATIVE PROACTIVE SOLUTIONS (CPS)

Questions to Ask

- Is the teen always challenging or is it only when our expectations exceed their skills?
- Why might this teen be challenging? (What are the lacking skills that are being tested?)
- What is getting in the way of the teen doing well?
- What can we do differently to help this teen?
- When and where is this teen challenging? (This will help figure out when expectations outstrip skills)
- Don't ask of focus on what behaviours the teen is exhibiting because the behaviours are simply a red flag
- If others are not on board, ask if what is currently being done is working? (Have consequences improved or worsened the behaviour?)
- Ask the teen what people are getting on their case about

CPS Approach

- A hint that lagging skills are the issue is when teens are not always exhibiting challenging behaviours
- CPS does not see the teen as having a lack of motivation to do well therefore CPS does not focus on rewards and punishment which assumes a lack of motivation
- CPS does not focus on the behaviour but rather on the unsolved problems that lead to the behaviour
- Problems arise when the teen cannot meet our expectations
- Understanding has to come before any solutions can be applied
- Skills that may be lacking fit into four main categories – flexibility, frustration tolerance, adaptability, problem solving
- Or the teen may lack the ability to apply them when needed?



Using CPS Approach

Adult needs to decide whether their intervention to the teen's behaviour fits into A, B or C.

- A. Is when we impose the will of the adult – non negotiable (generally only used for safety issues) – Using A will often make the behaviour more extreme or increase resistance
- B. Collaboratively solve the problem with the child
- C. Expectation of Adult withdrawn – choose to ignore at least temporarily (withdrawing the expectation after it has been requested is not the best option) Preplan what you will place in C

es and perceived harassment



Step B Collaboration

Steps to achieve B:

1. Information Gathering

- Gather information from the child as to their perspective or concerns about the unsolved problem – drilling required
- Adult takes the lead and states “I noticed thatwhat’s up?”

2. When the Adult Voices Their Concerns

- Parent defines their concerns, “The thing is... or my concern is ”

3. Brain Storming

- Brain storm solutions that will meet the concerns of both parties – “I wonder if there is a way to ... ” solve their concerns
- Jointly agree to try a solution and to reevaluate later



How Does This Teach Skills

Models and teaches the adolescent steps to problem solving

- Practices defining the problem
- Practices coming up with potential solutions
- Empathize and see other's perspectives
- Models and practices flexible thinking
- Builds EF skills

Other positives

- Allows us to hear what the teen is thinking and feeling
- Allows us to understand the problem from the teen's perspective
- Increases adherence if the teen feels they are part of solution



To Learn More About CPS

Access Dr. Greene's web site:

Lives in the Balance, www.livesinthebalance.org

The site includes information on:

- The CPS method
- Published and ongoing research
- Resources such as
 - videos on the implemented plans
 - a web based radio program
 - a guide to assessing lagging skills and unsolved problems (ALSUP guide)
- "Cheat Sheets" to help gather information and guide you through plan B

Resources

- <http://www.livesinthebalance.org/about-lives-in-the-balance>
- Smoot DL, Understanding Oppositional- Defiant Disorder, <http://www.smootpsych.com/uploads/2/9/0/6/2906704/odd.pdf>
- Green RW, The Explosive Child Fifth Edition: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children, Harper Collins, original 1998, last revision 2014
- Additional resource for schools, “Lost at School” <http://www.lostatschool.org/>
- <https://www.additudemag.com/webinar/collaborative-proactive-solutions-teens-with-odd-adhd/>

