Jupiter Center
for Growth and Healing
4141 Old Sibley Memorial Highway
Eagan, MN 55122
Ph: 612-701-0064 Fax: 651-255-6613
michael@jupitercenter.com

ADHD and Therapy: Beyond medication, giving a voice to distraction

(by Michael Kinzer, MA, LMFT)[*]

As a family therapist who works with parents of children with ADHD, I often stop and ask myself, "what am I doing with my clients in therapy that medication is not doing by itself." My clients with ADHD benefit greatly from therapy even when it seems they are also benefiting from medication. What are they getting out of therapy that they are not getting from their medication? Here's one answer: they become able to identify things in their lives that add to their distractibility so they can learn how to reduce the impact of those things on their ability to focus, finish tasks, remember where they put things, etc. If the cause of at least some of the attention issues is external, then medication isn't enough because medication cannot do anything about the child's environment. Discovering these external causes can take several hour-long therapy sessions, especially with kids. Knowing the environmental problem is often not enough. The child might need to form his or her own coping mechanisms with the help of adults around them. Even if the cause of the attention issue is internal, medication might still be insufficient because the child might need to form capacities for self-soothing, calming the fidgetiness, and how to escape extraneous thoughts and feelings (anxiety and worry). These are all places that therapy can help to identify and help the family to help the child cope with their ADHD.

A diagnosis of ADHD requires that the symptoms of hyperactivity or attention-deficit (or both) occur in at least two distinct and separate setting (for instance, at home and at school). Why is this a requirement for the diagnosis? We want to be sure the problem is not merely environmental. If distractibility occurs with a child at school but not at home or anywhere else, the problem may not have much to do with the distracted child—it may be the result of a chaotic classroom. No medication or therapy in the world is going to eliminate the child's distractibility in a classroom that is chaotic every day. The solution there is not medication, therapy or a diagnosis of ADHD. The solution is to get control of the class or remove the child from the class and get him or her into a more focused and controlled environment so he or she can thrive.

Of course, this doesn't really answer the question of what to do when the child is having serious difficulties paying attention in class, getting classroom tasks completed, and then going home, losing their homework, unable to finish their homework or stay on task or do their daily chores, forgetting and losing things at home and at school, etc. If all of these things and more are occurring at school and at home (or with an adult at work and at home), a diagnosis of ADHD, along with medication, might be appropriate. At this point, we will have identified that the focusing or activity issue exists with the individual; that it's likely the problem is not merely environmental since it exists in more than one setting. This does not mean environment is not a

[*] Michael Kinzer is a Licensed Marriage and Family Therapist, practicing at Jupiter Center for Growth and Healing in Eagan, MN. Mr. Kinzer can be reached at 612-701-0064 or by email at michael@jupitercenter.com.

major contributing factor. This does not mean we've actually identified the reasons for the attention deficits.

Even if medication helps a lot, a person with ADHD might still benefit from both medication and therapy because therapy can help to identify sources of distraction and how to reduce or eliminate them. Therapy can also help to identify coping skills tailored to the individual needs of the child or adult with ADHD and how their family members can help them cope with their distractibility issues. This is what I mean by "giving voice" to the distractions. In therapy sessions with families of those diagnosed with ADHD, there is a definite pattern. First, we identify when and where the distractions occur the most. What might be triggering the hyperactivity or the lack of attention? When is it happening at home, when is it happening at school or work? What else is happening in their lives that might contributing to the problem? Next, we talk about what has worked in the past beyond medication to help the person calm down, focus, stay on task. What distractions can we help them remove from their daily lives so they can use their own personal coping skills to calm themselves down and focus.

Sometimes I also ask myself whether the symptoms of hyperactivity or distractibility offer something to the person with ADHD. Does the behavior reward something, get them something they want? Here's an example. I was working with a 12-year old child who'd been diagnosed with ADHD, Combined Type (hyperactivity and attention-deficit). In sessions with his family, he was always distracted, looking around but not at us, playing with anything he could get his hands on, or if there were nothing available, just playing with his hands, fidgeting. The parents would repeatedly ask him to look up, pay attention. This was a child who'd been taking medication for ADHD for years. I noticed, though, that when the topic of conversation veered away from him, he became less distracted, more calm, less fidgety.

Distractibility also shows up in two other very common mental health disorders: anxiety and depression. It is not unusual for those suffering from ADHD to also have some of the symptoms of anxiety or depression or both. In fact, anxiety and depression both include difficulty concentrating as part of their symptoms. Helping a child sort through and separate out the effects of depression and anxiety from those of ADHD will require more than mere medication regimes. If the parents of a child with ADHD begins to see signs of anxiety or depression, they might want to take a look at what might be contributing to the anxiety and depression and dealing with them so they do not exacerbate the ADHD symptoms.

In all of these situations, therapy can help by creating a safe and controlled space (quiet, direct connections between child and therapist, no distracting kids, TV, computers, cell phones, other siblings, parents making dinner, getting things done around the house) so the child can find a "voice" for his or her ADHD. Helping the child find a voice to explain the internal processes at work might not be possible or likely outside the context of therapy, at least initially. A therapist trained to listen carefully and encourage a child to find that voice can be a vital asset for the whole family. As the child discovers their voice to explain what they are going through in their heads and bodies, families can help them continue that process and also look for signs that the child is not paying attention to their own needs.

Some families come to me with lots of rules of reward and punishment, lists of activities to be completed, a breakdown of tasks into their constituent parts, all of which are typed up and stuck on the refrigerator to help the child complete household tasks. This is often helpful. I've seen it work. It's not really what I am interested in doing in the therapy context. Parents can usually figure this stuff out better than I can because they know how things need to get done at their house (which I never see). Instead, I am interested in the ***experience*** the child is having when

he or she cannot focus, pay attention, complete a task, or remember what they were supposed to do. If I can learn what they are experiencing, I can often help them find the noise of distractions making it difficult to focus. We can't really know what is contributing to the child's distractibility unless the child figures out what words to use to identify the contributing factors. Its not just communication ("my child isn't telling me what the problem is). The child might really wish they could tell their parents and teachers what is making it difficult to pay attention. They might not know how to tell their parents, because they don't have the words, the voice, to do so. Its my job as therapist to give the child different words to use to think about, talk about and feel their experiences of distractibility. This is mostly a matter of asking particular questions about the child's experience in many different ways until we find a common language to use to talk to their parents about what is going on inside their heads.

If I cannot help the child and the parents talk about the child's inner experience of distraction, therapy might not be the right answer. That result in therapy is exceedingly rare though. In other words, in almost all cases, we find some distracting influences that once moved out of the way, allow the child to make improvements beyond the improvements they may have already experienced by taking medication. In this way, therapy with the child and their family is, in my experience, almost always more useful than medication by itself.