

- treatments for Tourette's Syndrome: A review. *Applied and Preventive Psychology*, 2, 231–242.
- Pitman, R. K., Green R. C., Jenike, M. A., & Mesulam, M. M. (1987). Clinical comparison of Tourette's Disorder and obsessive-compulsive disorder. *American Journal of Psychiatry*, 144, 1166–1171.
- Schultz, R. T., Carter, A. S., Scahill, L., & Leckman, J. F. (1999). Neuropsychological findings. In J. F. Leckman & D. J. Cohen (Eds.), *Tourette's syndrome: Tics, obsessions, compulsions: Developmental psychopathology and clinical care* (pp. 80–103). New York: John Wiley.
- Shimberg, E. (1995). *Living with Tourette Syndrome*. New York: Fireside.
- Stokes, A., Bawden, H. N., Camfield, P. R., Backman, J. E., & Dooley, M. B. (1991). Peer problems in Tourette's Disorder. *Pediatrics*, 87, 936–942.
- Walkup, J. T., Shahzad, K., Schuerholz, L., Young-Suk, P., Leckman, J. F., & Schultz, R. T. (1999). Phenomenology and natural history of tic related ADHD and learning disabilities. In J. F. Leckman & D. J. Cohen (Eds.), *Tourette's syndrome: Tics, obsessions, compulsions: Developmental psychopathology and clinical care* (pp. 63–79). New York: John Wiley.
- Watson, T. S., Howell, L. A., & Smith, S. L. (2001). Behavioral interventions for tic disorders. In D. W. Woods & R. G. Miltenberger (Eds.), *Tic disorders, trichotillomania, and other repetitive behavior disorders: Behavioral approaches to analysis and treatment* (pp. 53–72). Boston: Kluwer Academic.
- Watson, T. S., & Sterling, H. E. (1998). Brief functional analysis and treatment of a vocal tic. *Journal of Applied Behavior Analysis*, 31, 471–474.
- Wodrich, D. L. (1998). Tourette's Syndrome and tics: Relevance for school psychologists. *Journal of School Psychology*, 36, 281–294.
- Woods, D. W., Watson, T. S., Wolfe, E., Twohig, M. P., & Friman, P. C. (2001). Analyzing the influence of tic-related talk on vocal and motor tics in children with Tourette's syndrome. *Journal of Applied Behavior Analysis*, 34, 353–356.
- Zohar, A. H., Apter, A., King, R. A., Pauls, D. L., Leckman, J. F., & Cohen, D. J. (1999). Epidemiological studies. In J. F. Leckman & D. J. Cohen (Eds.), *Tourette's syndrome: Tics, obsessions, compulsions: Developmental psychopathology and clinical care* (pp. 23–41). New York: John Wiley.
- Ellen J. Teng is now at Baylor College of Medicine in Houston, TX. Michael P. Twohig is now at the Department of Psychology, University of Nevada, Reno.
- Address correspondence to Douglas W. Woods, Ph.D., Department of Psychology, University of Wisconsin–Milwaukee, Box 413, Milwaukee, WI 53201; e-mail: dwoods@uwm.edu.
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Treating Parent-Adolescent Conflict: Is Acceptance the Missing Link for an Integrative Family Therapy?

Laurie A. Greco, *Vanderbilt University Medical Center*
Georg H. Eifert, *Chapman University*

Change-oriented strategies such as problem-solving/communication training (PS/CT) and parental behavior management training (BMT) have been used to treat parent-adolescent conflict. Although several studies have documented the efficacy of these approaches relative to wait-list control conditions, clinically significant improvements have not been achieved for the majority of adolescents with significant behavioral problems such as comorbid ADHD/ODD. A similar pattern of findings was observed in earlier studies examining couple relationships. Extending the focus and scope of traditional couple therapy to an acceptance-based integrative approach has led to impressive treatment improvements in that area. In a similar vein, we propose an integrative family therapy and suggest enhancing more traditional change-oriented approaches such as PS/CT and BMT by integrating acceptance strategies into a values-centered family therapy. We discuss the role of experiential avoidance and values orientation within a family context and present examples of techniques adapted from traditionally adult- and couple-focused therapies. Finally, we discuss the balancing and sequencing of acceptance and change techniques and offer suggestions for future research and practice.

ADOLESCENCE is a developmental period that begins the transition from childhood to adulthood and involves primary changes in pubertal/sexual maturation, physical appearance, and reasoning ability (Berger, 2001). Self-exploration and a heightened sense of autonomy are

important competencies as teenagers develop values outside of their parents and begin to redefine and renegotiate roles across numerous contexts such as home, school, and work (Grotevant, 1998). Moreover, increased personal, social, and academic pressures often emerge, perhaps contributing to G. Stanley Hall's early notion of adolescence as a period of "storm and stress" (Hall, 1904). Contemporary research presents a more positive and balanced view of adolescence (e.g., Feldman & Elliot, 1990; Laurens & Collins, 1994; Peterson, 1993). Yet, there are undeniable physical, social, and interpersonal changes

during this period that challenge the structure and integrity of important relationships, perhaps most notably the parent-adolescent relationship (Robin & Foster, 1989; Steinberg, 1981, 1988).

Although disagreements and discord may be inevitable (Montemayor, 1983), some families experience extreme levels of conflict and distress warranting intensive family-based treatment. Adolescents with attention-deficit/hyperactivity disorder (ADHD) alone or with comorbid oppositional-defiant disorder (ODD) are at heightened risk for experiencing severe family conflict (e.g., Barkley, Guevremont, Anastopoulos, & Fletcher, 1992). This is not surprising given that parents worry frequently about their ADHD/ODD teen's rebellious behavior and opposition to authority (Fletcher, Fischer, Barkley, & Smallish, 1996). Moreover, both adolescents with ADHD/ODD and their parents have been found to exhibit high levels of conflict-related behavior such as defensiveness, insults, and commands when discussing neutral topics and disagreements (Barkley, Anastopoulos, Guevremont, & Fletcher, 1991; Fletcher et al., 1996).

According to Robin (1981), parent-adolescent conflict often results from a combination of deficits in interpersonal and problem-solving skills, as well as distorted or irrational beliefs about their own or a family member's behavior. This combination may result in aversive interactional patterns among family members and consequently interfere with a more harmonious and mutually satisfactory family life. Problem-Solving and Communication Training (PS/CT) is a widely investigated cognitive-behavioral intervention used to treat parent-adolescent conflict (e.g., Anastopoulos, Barkley, & Shelton, 1997; Barkley et al., 1992; Robin, O'Leary, Kent, Foster, & Prinz, 1977). Although variants of PS/CT exist, most programs include a multi-step problem-solving approach in which family members are taught to define the problem areas, generate and evaluate alternative solutions, and implement an agreed-upon solution. Communication training and cognitive restructuring are additional components of PS/CT in which families learn communication skills (e.g., speak in an even tone, avoid interrupting, maintain eye contact) and are taught to identify and restructure irrational or rigid beliefs about their own and/or a family member's behavior (see Robin & Foster, 1989, for a comprehensive description of PS/CT).

The efficacy of PS/CT has been documented in numerous studies, with results demonstrating its superiority to wait-list control conditions (e.g., Barkley et al., 1992; Foster, Prinz, & O'Leary, 1983; Guernsey, Coufal, & Vogelsson, 1981). There is little evidence, however, to support the clinical meaningfulness of the measured outcomes, particularly for adolescents with ADHD (Barkley et al., 1992) and ADHD/ODD teens and their families (Barkley, Edwards, Laneri, Fletcher, & Metevia, 2001). Barkley

et al. (1992), for example, compared three family therapy programs in their ability to treat conflict among families with ADHD teens. Sixty-one parent-teen dyads were randomly assigned to participate in 8 to 10 sessions of either: (a) PS/CT, (b) parent-training in behavioral management techniques (BMT), (c) family structural therapy, or (d) a wait-list control condition. When comparing group mean differences, families in the three treatment groups demonstrated reductions in communication difficulties, conflict, and internalizing/externalizing symptoms. Despite statistically significant improvements at the group level, however, only 5% to 30% of these families demonstrated significant within-family change or improved on an index of clinical significance (i.e., movement to a sub-clinical range of impaired functioning). The authors concluded that, "Such sobering statistics indicate that most ADHD adolescents (70% to 95%) . . . show no clinically significant change in their number of family conflicts or the anger frequency/intensity of these conflicts, with 80% to 95% remaining deviant after treatment" (Barkley et al., 1992, p. 460).

Barkley et al. (2001) conducted a follow-up study focusing on teens with comorbid ADHD/ODD and their families. To replicate their earlier work, Barkley and colleagues compared the effects of parental BMT to PS/CT. Following 9 sessions of either BMT or PS/CT, all families participated in an additional 9 sessions of PS/CT to allow for comparison of PS/CT alone and in combination with BMT. The authors sought to improve earlier findings by doubling the number of treatment sessions to 18 sessions and requiring families to attend clinic twice per week. Results of this more intensive protocol were similar to those reported earlier (Barkley et al., 1992), showing significant change on most dependent measures at the group level of analysis. Of note, results of behavioral observations indicated no change in positive or negative communication patterns at mid-treatment, and were observed only in mothers' behavior by the end of treatment. Moreover, Barkley and colleagues (2001) reported minimal change at the individual level of analysis, concluding that ". . . neither form of these therapies is especially effective in reliably changing the majority of families having ADHD/ODD teens and significant parent-teen conflict" (p. 19).

The important work of Barkley and colleagues (1992, 2001) suggests that mainstream cognitive-behavioral approaches such as PS/CT and BMT may be inadequate for treating severe family conflict, particularly for teens diagnosed with ADHD or comorbid ADHD/ODD. Moreover, their findings suggest that we may need to implement more idiographic approaches to promote change at the individual-family level. Similarly, it is unclear whether *all* families lack problem-solving and communication skills and whether the prescribed strategies are universally

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