Asociaţia de Terapie Familială Sistemică Cluj
ATFSC

newsletter nr 24 aprilie / april 2017

NEWS

- ATFSC has moved office. From 1 April the new location is: Cluj, str. Țebei nr. 21 corp C et.1/12.
- the ATFSC Annual General Meeting will take place on Friday 7 April 2017 from 12 am. The meeting will include a short presentation with the title *"What's new in systemic psychotherapy?"* (Actualități în psihoterapia sistemică). All members are kindly invited.
- on 27 May 2017 Patrick Sweeney and Colette Richardson from Ireland will present a workshop focused on personal and professional development from a systemic perspective, from 10 am to 6 pm. The workshop is part of the level 3 training.

În perioada 1 aprilie - 30 septembrie 2017 primim înscrieri la noul

CURS DE FORMARE ÎN TERAPIE FAMILIALĂ SISTEMICĂ,

coorganizat de ATFSC şi Fundaţia AGAPE pentru Ocrotirea Vieţii. Cursul este acreditat de Colegiul Psihologilor din România şi Federaţia Română de Psihoterapie. Detalii şi formular de înscriere: http://www.terapeuta.ro/romana/formare_in_terapie_familiala.html

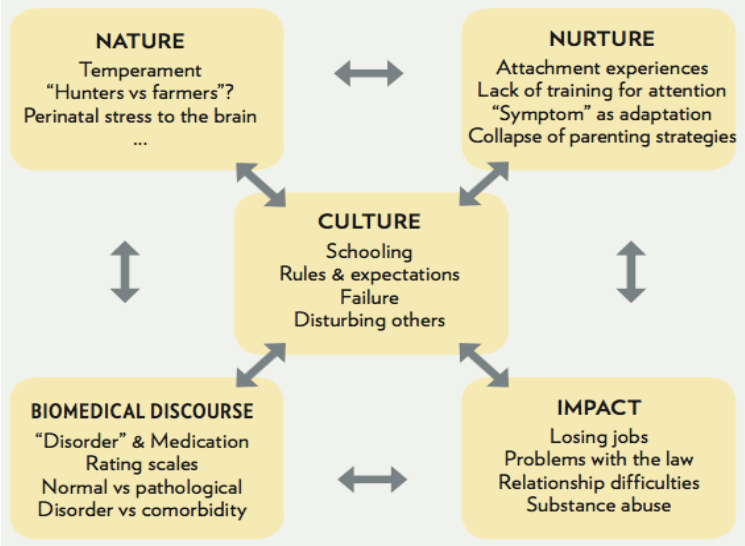
R E S E A R C H

Between 8-11 March 2017 a fascinating international conference took place in Heidelberg, Germany: Linking Systemic Research and Practice. Below you can find a summary of our contribution to this event, a poster reviewing the experience of working with families of children diagnosed with "Attention Deficit Hyperactivity Disorder".

Family structure and attachment patterns in the families of children with a diagnosis of ADHD: a Romanian experience (Zoltán Kónya, Ágnes Kónya)

A growing number of studies have explored the connection between the behavioural pattern known as "ADHD" and the family context in which it develops, as well as the attachment dynamics between affected children and their adult caregiver. A consistent finding in these families is a high rate of insecure strategies among both children and their mothers[1] (most studies focus on the attachment between mother and the child, the latter usually being a boy). There is no clear connection with any specific insecure strategy, however the disorganised pattern seems to be particularly common.[2] Some researchers propose that attention problems, impulsivity and over-activity may be adaptations on the child's part to inconsistent, intrusive or poorly timed responses from caregivers.[3]

Our working model of ADHD conceptualizes the phenomenon as emerging from the interplay between nature (genetic, e.g. temperament), nurture (family, e.g. attachment) and culture (e.g. expectations in the school and workplace), often resulting in negative consequences for affected individuals (e.g. school failure and relationship problems), while the dominant explanation for the phenomenon ("disorder") is socially constructed:



[1] Kissgen, R. et al. (2009) Attachment representation in mothers of children with Attention Deficit Hyperactivity Disorder. *Psychopathology,* 42:201–208.

[2] Sroufe, L. A. (2016) The Place of Attachment in Development. In: Cassidy, J., Shaver, P. R. (Eds) *Handbook of attachment theory. Theory, research, and clinical applications.* New York: Guilford.

[3] Crittenden, P.M., Kulbotten, G.R. (2007) Familial contributions to ADHD: An attachment perspective. *Tidsskrift for Norsk Psykologforening*, 44:12-29.

We have reviewed case notes from 14 family therapy trainees[4] who participated as reflecting team members or co-therapists for 10 consecutive families seen in our centre between 2013-2017, for a total number of 66 sessions, trying to find answers to the following questions:

1. what are the characteristic patterns of family structure?
2. what are the clinically observed phenomena that may reflect specific attachment strategies?

For example, A. was 10 years old (3rd grade) at the time of the referral. In addition to being hyperactive, he also had a diagnosis of Tourette syndrome and presented self-harm (biting himself). Mother and son participated in 13 sessions. The mother had been abandoned by her first husband when she was 3 months pregnant with A. It was a twin pregnancy, with the twin sister of A. being aborted. The mother was an adopted child and has experienced poverty, parental alcoholism, neglect, physical abuse and emotional abuse. A. now lives in a reconstituted family. Both mother and his mostly absent step-father use physical punishment as an attempted solution to what they perceive as disciplinary problems in the child. When asked a question, A. constantly checks with mother before offering a response. When temporarily separated from mother for individual interviews, he reacts with intense protest (crying, shouting, hurling objects on the floor).

Below is a brief summary of the results:

- Single parent families: 50% (2, 4, 6, 7, 8)
- Reconstituted families: 30% (3, 5, 10)
- Mother's traumatic childhood: 30% (3, 4, 7)
- Mother's serious mental problem pre-dating ADHD: 20% (2, 4)
- Type C (anxious / coercive) strategy of child toward mother: 50% (2, 3, 5, 7, 9)
- Type A (dismissive / compulsive) strategy of child toward parent (6, compulsive caretaking) or of adult caretaker toward child (2, 3, 10)
- Bed-sharing: 30% (2, 4, 7)
- Spousification: 30% (3, 7, 8)
- Geographical relocation: 40% (3, 6, 7, 8)
- Father absent or offers insufficient support: 70% (2, 3, 4, 5, 6, 7, 8)
- Intimate partner violence & children witnessing violence: 40% (3, 6, 7, 8)
- Poverty: 60% (3, 4, 6, 7, 8, 9).

When interpreting these results, we should keep in mind not only the small number of families included but also the fact that psychiatrists might have selected for referral cases with obvious family dysfunction or socio-economic disadvantage. The attachment strategies identified represent hypotheses, as there was no possibility of a formal assessment of attachment style in caretaker and child. Another limitation is that due to the retrospective nature of the analysis valuable additional data might have been lost.

As a conclusion, most families experienced some type of relationship stress (loss of family members, integration of new ones, violence etc.) justifying the use family therapy. The high percentage of observed relationship patterns suggestive of type C strategies indicate a need for promoting firm, consistent and calm parenting responses and structuring therapy with e.g. tracking behavioural sequences, genogram work or the use of family maps. Parents' mental problems predating ADHD and

[4] Ionela Belbe, Liliana Bîrle, Corina Călătean, Flaviu Cioară, Raluca Cozma, Lavinia Dobre, Violeta Fărăgău, Bianca Huban, Diana Ianchiș, Natalia Jucan, Marius Stanciu, Olivia Stupar, Carmen Toma and Sanda Alina Țăgureanu.

their traumatic experiences from childhood and/or in the couple relationship point to the need of work with the parent(s) only.[5] There was no systematic inquiry during therapy about the parents' experience of trauma and loss, consequently the percentage of traumatic experiences in the parent may in fact be even higher than 30%.

Drawing by 9-year old C. about himself in class, throwing the Monster of temper outbursts into the dustbin: "Bye-bye Monster!" Enthusiastic reactions from classmates: „Wow!", „Well done!", „Look how he is throwing!" (session 3).

PERSPECTIVES ON "ADHD"

"To try to explain the complexity of a child's experience by describing him only in behavioural categories that fit a diagnosis of ADHD is to risk taking out the colour from the picture of the child's life. In practice those who do have the power to describe and define marginalise other views."

Wilson, J. (2013) A social relational critique of the biomedical definition and treatment of ADHD: ethical, practical and political implications. *Journal of Family Therapy*, 35(2):1-21.

"In our clinical practice we often see a central issue at the start of work with a family as an extreme focus in the discipline as opposed to the attachment domain, particularly where the "symptoms" are labelled as challenging behaviours."

Dallos, R., Denman, K., Stedmon, J., Smart, C. (2012) The Construction of ADHD: Family Dynamics, Conversations and Attachment Patterns. *Human Systems: The Journal of Therapy, Consultation & Training,* 23(1):5-26.

[5] Crittenden, P. (2008) *Raising parents.* Willan Publishing.

"Although the meaning of 'distracted' behaviours can be construed negatively (i.e., children's performance is discrepant according to adult expectations), nevertheless they can be adaptive, preventing the child from becoming too focused to maintain the scanning for unexpected threat. ADHD symptoms seem to change most when the children's context changes (e.g. family structure, school, residence)."

Crittenden, P., Dallos, R., Landini, A., Kozlowska, K. (2014) *Attachment and family therapy.* Open University Press.

THE MONSTER HAS GROWN BIGGER.
Two minor monsters popped up as well.
A friend (red) and older sister (blue) trying to protect C. (green).
(session 5).

Programele de formare în terapia familială sunt coorganizate de către ATFSC şi Fundaţia AGAPE pentru Ocrotirea Vieţii.

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Redactat de Ágnes Kónya şi Zoltán Kónya