OBJECTIVES

Overviewing the evolution of the paradigms of counseling and psychotherapy theory in the past, family therapy that emerged in the 1950s was a major innovative movement that challenged the views of individual counseling and psychotherapy theories in the past. Personal psychological symptoms or troubles are no longer viewed as just reflecting a deep psychological dynamic problem of the individual, but have extended to family relationship issues where the individual is involved. Children's psychological symptoms or behavioral problems are also viewed differently from the past's one-way linear causality, and now rather as a circular causality of the children's symptoms and family relationship; that is, children's symptoms may reflect unresolved family problems or conflicts, while poor family functioning also maintains or strengthens the children's symptoms.

Most of the past research on the family issues of ADHD children tended to compare children with ADHD to children in general in terms of family functioning and relations and the behavioral interactions between parents and children. However, what is the nature of ADHD children's family and parental relationships? How the symptoms or behavioral problems of ADHD children function in the family? How they are maintained or strengthened by the family?

The conclusion was given as follows: the symptoms or behavioral problems of ADHD children were characteristic by the conflicting or contradictory relationships between the couples of parents, and the children were often involved in their conflicts by their parents. The ADHD children's families presented enmeshed triangular configurations of cross-generational coalitions or alignments between one of the parents and the ADHD child.

RESULTS

1. Both parents of the participating family presented the unresolved conflicts or contradictions between husband and wife, and the couple's rigid boundary was contributed to impossibility of their cooperation to educate their children.

2. The participating families all presented triangular configurations of cross-generational coalitions or alignments between one parent and the ADHD child.

3. One participating parent is enmeshed with the ADHD child, thereby sustaining the children's ADHD symptoms or behavioral problems.

4. Participating parents established platforms for dialogue for their ADHD children, and rebuilt the communication channel between the couples.

5. Either or both parents adjusted first, before driving for the change of the ADHD children or the other parent.

6. For the participating parents who competed for marital power, the changing progress experienced the unstable status involving negotiation, power struggles, going back to square one, and renegotiation.

7. The marriage of participating parents was on the verge of collapse, so the changing process in the family therapy was very slow, and both sides needed more time for the adjustment.

METHODS

The subjects of the study were from families in Southern Taiwan with ADHD children (diagnosed by psychiatrists and enrolled in elementary schools). The study first conducted qualitative co-interview and Interpersonal Process Recall research method to explore and understand the family relations within participating families before intervening with structural family therapy. Then every participating family had 6 sessions of family therapy, and after each session the parents were qualitatively interviewed separately to explore the changing process of family therapy.

The research participants included four ADHD children and their families. Among the children, there were 3 boys and 1 girl; two in second grade, one in first grade and one in the fourth grade; 1 being the oldest, 1 the second, 1 the youngest and an only child in the family.