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|  Monday, March 19, 2007 | | | | | | <h1>Health</h1> | | | | | |  <input type="text" value="Search"/> | | |
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Parenting as Therapy for Child's Mental Disorders

By BENEDICT CAREY
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In school he was as floppy and good-natured as a puppy, a boy who bear-hugged his friends, who was always in motion, who could fall off his chair repeatedly, as if he had no idea how to use one.

But at home, after run-ins with his parents, his exuberance could turn feral. From the exile of his room, Peter Popczynski would throw anything that could be launched -- books, pencils, lamps, clothes, toys -- scarring the walls of the family's brick bungalow, and leaving some items to rattle down the hallway, like flotsam from a storm.

The Popczynskis soon received a diagnosis for their son, attention-deficit hyperactivity disorder, or A.D.H.D., and were told that they could turn to a stimulant medication like Ritalin. Doctors have ample evidence that stimulants not only calm children physically but may also improve their school performance, at least for as long as they are on medication.

But like most other parents, the couple preferred to avoid drug treatment, if possible. Instead, with the guidance of psychologists at the University of Buffalo, they altered the way they interacted with Peter and his younger brother, Scott. And over the course of a difficult year, they brought about a transformation in their son. He still has days when he gets into trouble, like any other 10-year-old, but he no longer exhibits the level of restless distractibility that earned him a psychiatric diagnosis.

"People are so stressed out, and it's so much easier to say, 'Here, take this pill and go to your room; leave me alone,'" Lisa Popczynski said on a recent Monday after work. Peter sat on the couch, hunched over his homework, while her husband, Roman, occupied Scott, 8.

"But what I would say is that if you are willing to take on the responsibility of extra parenting, you can make a big difference," said Ms. Popczynski, an interior designer. "I compare parenting to driving. We all learn pretty quickly how to drive a car. But if you have to drive a Mack truck, you're going to need some training."

In recent decades, psychiatry has come to understand mental disorders as a matter of biology, of brain abnormalities rooted in genetic variation. This consensus helped discredit theories from the 1960s that blamed the parents -- usually the mother -- for problems like neurosis, schizophrenia and autism.

By defining mental disorders as primarily problems of brain chemicals, the emphasis on biology also led to an increasing dependence on psychiatric drugs, especially those that entered the market in the 1980s and 1990s.

But the science behind nondrug treatments is getting stronger. And now, some researchers and doctors are looking again at how inconsistent, overly permissive or uncertain child-rearing styles might worsen children's problems, and how certain therapies might help resolve those problems, in combination with drug therapy or without drugs.

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The psychotherapy techniques intended for the improvement of interactions between parents and children have been used mostly for children who suffer from attention disorders or who exhibit aggressive or defiant behavior. But recently, mental health professionals have been studying their use for families whose children suffer from depression or other mood problems.

In a comprehensive review, the American Psychological Association urged in August that for childhood mental disorders, "in most cases," nondrug treatment "be considered first," including techniques that focus on parents' skills, as well as enlisting teachers' help.

And in its just-completed guidelines, even the American Academy of Child and Adolescent Psychiatry, an organization whose members strongly favor drug treatment, recommends that children receive some form of talk therapy before being given drugs for moderate depression, a very common complaint.

"We are at a point where families who bring in a child ought to get a Chinese menu of treatments that are backed by some evidence, including not only medication but psychosocial or family interventions," said Dr. John March, a child psychiatrist at Duke University. "Not to do so when we know some of these therapies work is, in my opinion, simply unethical. Then let the family choose which one they want."

Correction: December 23, 2006, Saturday A front-page article yesterday about parents' influence in helping their children overcome psychiatric disorders misstated the age of TJ Van de Wal, whose attention problems have improved in response to parental techniques. He is 7, not 9.

1 | [2](#) | [3](#) | [4](#) | [NEXT PAGE >](#)

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