❖ **Interview**

Huckleberry Finn Reconsidered: An Interview With David Nylund

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David Nylund, Ph.D., is an assistant professor of social work at California State University, Sacramento and a clinical supervisor at La Familia Counseling Center. He has worked extensively with children and adolescents who have been diagnosed with ADHD, and he is the author of Treating Huckleberry Finn: A Narrative Approach to Working With Kids Diagnosed With ADD/ADHD. *David can be reached at: dknylund@csus.edu.*

This article describes the views of author and therapist David Nylund on working with children and adolescents diagnosed with attention deficit hyperactivity disorder (ADHD). In this interview, Nylund shares his views on how pathologizing language can interfere with the bringing forth of the inherent skills, knowledge, and talents that parents, teachers, and children might otherwise adopt in coping with the problems associated with ADHD. In addition, Nylund shares his ideas about how the stances and techniques of narrative counseling can engender possibilities for therapeutic change.

Keywords: *narrative therapy; counseling children; Ritalin; ADHD; attention deficit hyperactivity disorder*

Kindsvatter: What ideas or experiences have you had that made it interesting for you to explore a narrative approach to addressing ADHD [attention deficit hyperactivity disorder]?

Nylund: Well, most of my work with children over the years took place in an HMO where I had to deal with the realities of managed care. I have always practiced within a non-pathologizing non-reductionistic framework. I found that it began to be a struggle working with children with ADHD in a way that fit with my values as a therapist, as the organization that I worked for became more and more focused on "best" or "evidence-based" practices. One of the first "best practices" models the managed care organization that I was working for came up with was for ADHD.

Best practices from the dominant medical perspective meant treating ADHD as a deficit or a disease. This way of treating kids involves some practices and "languaging" that I have found not to be helpful. For example, Novartis, which is a large drug manufacturer, has disseminated information that states that the best "treatment" for this "disorder" is Ritalin and other stimulant medication. Novartis is also associated with other companies that market an expensive series of support groups, videotapes, books, and classes, the aim of which is to help parents and teachers "manage" their "difficult" children. So there is a whole ADHD industry that may have more to do with profits than what's best for kids.

Although I can appreciate that children can sometimes engage in difficult and confusing behavior and that medicine can sometimes help, I have found that pathologizing and medicalized conversations can limit possibilities for change, particularly when these conversations are privileged above other possible conversations one can engage in regarding children with ADHD.

Kindsvatter: What concerns do you have about a child being diagnosed with ADHD?

Nylund: ADHD, as it exists presently in our culture, is a problem because it defines children, and the behavior of children, in an overly simplistic way. In addition, the medicating of children with ADHD seems to go hand-in-hand with the diagnosis because it provides a seemingly quick and easy solution to a difficult problem. It's understandable that many parents and teachers who are constantly confronted with serious behavior problems and limited resources have responded enthusiastically

THE FAMILY JOURNAL: COUNSELING AND THERAPY FOR COUPLES AND FAMILIES, Vol. 13 No. 4, October 2005 503-506
DOI: 10.1177/1066480705278965

to the idea that ADHD is a biological problem that can be fixed with a pill. In fact, that explanation is so attractive that Ritalin sales have grown by 700% since 1990.

It seems to me that we, as a society, may be losing something as the ADHD/Ritalin machine rips its way through families, schools, and clinics. We seem to be losing our tolerance for children's expressions of individualism and adventure. That's why the book I wrote on the subject is called *Treating Huckleberry Finn*. If Huck Finn, an occasionally homeless child with an abusive alcoholic father and someone who had no tolerance for sitting still in school, was alive in a culture similar to ours, chances are that he would be on Ritalin. Possibly his spirit would have been tamed as a result. In fact, it's possible he would have never traveled down the Mississippi, and we would have lost a great literary figure!

CULTURE AND ADHD

Kindsvatter: What cultural influences or trends support the diagnosis of ADHD and the subsequent medicating of children who have ADHD?

Nylund: I view the dramatic increase in the diagnosis of ADHD as a response to what's going on in our culture rather than the discovery that many more kids have a biological problem that we're just now noticing. We live in a culture that is speeding up. You can see it in the rapid pace of mass media. We want faster and faster computers; cartoons and television shows bombard the viewer with information and have an incredibly rapid pace. Our culture supports, and even encourages, a short attention span.

We also live in a culture where biological explanations for problems are privileged. Empirically based research that focuses on biological explanations for problems such as ADHD is much more readily funded than qualitative research that examines the impact of ADHD on families and children. So the biological explanations are going to be far more prevalent in the media.

There's also an economic component. Many of the parents that I work with are exhausted and overwhelmed due to working longer and longer hours. Many of the teachers that I work with have had class sizes increase due to funding cuts, and they are often overwhelmed by the demands of teaching to an overcrowded classroom. To such parents and teachers, the idea of ADHD and Ritalin are incredibly seductive because the diagnosis provides a simple name for a complex problem, and the medication offers a simple solution.

I do talk to many parents who don't like the idea of medication. They tell me that they feel that their kids are not allowed to be kids anymore. Sometimes when parents express this view in schools, they are treated by school personnel as though they are being negligent because the belief in, and reliance on, the biological explanation for ADHD is so powerful.

Kindsvatter: A simple solution to a complex problem sounds like a good thing. How is the biological approach to ADHD a problem?

Nylund: Well, it becomes a problem when the biological explanation for ADHD is privileged to the exclusion of all other ways of thinking about the situation and over all other explanations. Parenting styles and the pedagogical styles of teachers are both factors that can influence problem behaviors in children. Yet rarely do possibilities for change in parenting strategies and pedagogical styles make their way into conversations in a meaningful way when the problem is located primarily within the child. The logic behind the diagnosis of ADHD is based on the medical model. The medical model is designed to identify a problem as it exists within a person and to suggest a treatment to ameliorate the pathology. In the case of ADHD, there are many ways to address the problem behaviors that are occurring for a child, yet often the conversation seems to end with the prescription of medication. Often medication alone won't solve problems, yet because the biological explanation for ADHD is so prevalent and powerful, further possibilities for change go unexplored.

IMPACT OF DIAGNOSIS

Kindsvatter: What meanings does the diagnosis of ADHD have for parents?

Nylund: Well, parents experience it in many different ways. The biological explanation for ADHD has a tremendous amount of cultural support. Many of the parents that I talk to experience a kind of relief when they hear that their child has been diagnosed with ADHD. This is because the diagnosis of ADHD in our culture is associated with the assumption that there's an easy cure for it. When parents find out that their child has a condition that they can take a pill for, they sometimes experience a sense of relief.

Kindsvatter: How does the diagnosis of ADHD invite parents to think about their children in terms of competencies or deficits?

Nylund: One of the unfortunate consequences of the diagnosing of ADHD is that it tends to cement for parents a totalizing deficit-based description of their child. In many ways, it also gets parents to give the responsibility for problems that the child is experiencing, that could otherwise be creatively solved, to ADHD. In effect, it causes a loss of personal agency for parents and children alike.

Kindsvatter: Please talk a little more about what you mean by parents and their children experiencing a loss of agency.

Nylund: Sure. Agency in narrative terms refers to a person's ability to have effectiveness over problems and

other aspects of their lives. Sometimes a biological explanation for a kid's problem can contribute to ideas on the part of parents and children alike that there is no way to have an impact on ADHD outside of medication or other options from a very restricted list of alternatives. In some ways, the diagnosis of ADHD is an invitation for kids, parents, and teachers to forget their competencies and attempt to solve problems from within the relatively narrow confines that the dominant view of ADHD allows.

The diagnosis of ADHD provides a framework of thinking in which a child's behavior and experiences are predicted, defined, and attended to in an overly simplistic way. The end result of this often is the idea that kids with ADHD somehow have to settle for less in life. For example, there have been times when I have seen kids who were very smart in certain subjects but who were experiencing some difficulty in concentrating. Often parents and kids alike, who were invested in, or under the influence of, the biological explanation of ADHD have assumed that that there was little that could be done about the difficulty in concentrating other than perhaps an adjustment in medication. Thus, difficulty in concentrating, and all of the bad things that go with such a problem, might be viewed as something that kids, parents, and teachers might just have to accept.

Conversations that privilege biological solutions don't lend themselves to including stories of kids' competencies and parents' and teachers' past successes at helping kids to do difficult things, like helping kids to concentrate when they feel super energized. From within the ADHD framework, questions about skills, competencies, and past successes get lost. Such conversations often explain why a child can't function, but they're not good at exploring possibilities for changing.

ADDRESSING ADHD

Kindsvatter: You discuss in *Treating Huckleberry Finn* an alternative assessment tool for working with children and adolescents who have been labeled as having ADHD called the SMART Scale. What is it that the SMART Scale adds to the assessment process?

Nylund: Assessment tools and scales are very powerful artifacts in our society. They lend a great amount of credibility to how people might think about a diagnosis like ADHD. Scales are perceived as having scientific credibility, and thus the results of an assessment as reported on a scale are viewed as "truth."

Currently, a popular assessment tool that is used for assessing for ADHD is the Connors Rating Scale. The problem is that the Connors Rating Scale is highly subjective and very deficit based. As it is used now, the Connors Rating Scale often serves to simply to reinforce subjective pathological and totalizing views and attitudes that parents and teaches might have of kids. Yet these scales are supposed to confirm a truth about kids, despite their subjective nature.

I created the SMART Scale to serve as a counter-document to the Connors scale. The SMART scale is also highly subjective. It is different from the Connors scale, however, in that it assesses a kid's strengths and abilities in spite of the problem. If you're going to be subjective, why not measure a kid's abilities and talents?

The SMART scale is like an inverted version of the Connors scale. It's a tool that invites parents and teachers to notice the strengths and talents of a child and to begin to have an appreciation for the exceptions to what may seem to them to be an omnipresent problem. Items that are rated low on the SMART scale are externalized, and items that are rated high are resources that the kid has to use against the problem.

Kindsvatter: In you book *Treating Huckleberry Finn*, you describe some counselor attitudes that you have found to be helpful in working with kids labeled as ADHD and their families. Can you discuss what these attitudes are and how you have found them to be helpful?

Nylund: Sure. I have found that adopting a stance of respect and curiosity are very important and conducive to helpful conversations. For example, many parents that I see come to counseling engaged in a very close relationship with a biological explanation of ADHD. I have found it very helpful to have respect for, and curiosity toward, how the people that I see think about the problems that they are encountering. To do otherwise, to try to sell them on a different way of looking at the problem without taking into account and respecting their points of view might be a little like standing in front of a speeding locomotive with a stop sign. I think that once people whom I see know that I have a high respect for them and their views, the opportunity for expanded conversations becomes possible.

I think that an attitude of respect and curiosity is a great pathway to creative approaches for addressing problems and solutions. For example, I will often be curious with kids about what is meaningful or important to them in their day-to-day lives. If I discover that a kid has a high regard for Harry Potter and the world of magic, then that might lead into a conversation about how that kid might use some mental wizardry of his own to help with, for example, his or her concentration.

It's interesting; it's usually at about the point in counseling when I engage kids in conversations about their interests and abilities that they become engaged in the process. I think this is because it's at that point when we move from exploring the problem of ADHD from within the medical model, to exploring the meanings

and possibilities for change inherent to the child's culture.

Kindsvatter: Can you say more about that point at which you have noticed that kids begin to be more engaged in counseling?

Nylund: Well, most kids aren't very excited about coming to counseling at first. It's usually the idea of a parent or a teacher, or even of a probation officer, that they should be there. A lot of times kids are pretty scared about being in counseling. Many of the adolescents that I talked to in preparing to write the book had serious concerns about being diagnosed with ADHD. Some thought it meant that they were stupid, some thought of it as being an extremely serious problem, and some even thought that it meant they might die. Often, they kept these fears to themselves because no one had talked to them about, or even asked them about, their concerns. When they first come to counseling, I have found that kids expect not to be asked about their point of view. They often think that counseling is going to focus on their deficits and what's wrong with them. It's no wonder that many aren't excited about being in counseling at first.

I generally start out counseling from a stance of curiosity and ask kids about their experiences with ADHD. I will often start early on in counseling by asking the parents and the kid about who the kid is apart from the diagnosis of ADHD; I get curious about what his or her talents and abilities are. I think when I initiate this kind of conversation, kids feel relieved and become more willing to engage in the process.

Kindsvatter: Your reference to getting to know a kid apart from ADHD brings to my mind the first step in the SMART approach that you wrote about in *Treating Huckleberry Finn*. Would you discuss what you mean by separating the identity of the problem from the identity of the child?

Nylund: Well, I find it interesting and useful to start counseling by exploring with parents and kids who the kid is apart from ADHD. Oftentimes, ADHD and the child who has been diagnosed with it have been perceived by many to have the same identity. This problem-based, and totalizing, description of who the child is really limits the possibilities for helpful conversations. Another element of this process of externalization is to ask the kid to give a name to the problem in a way that is relevant to how he or she thinks about it. Kids that I have worked with over the years have come up with some very creative names for what might be otherwise referred to as ADHD, like "The Tornado" or "The Squirmies."

Naming the problem brings the medicalized description of ADHD closer to the kid's experience, which in turn makes it easier for the kid to engage in creative dialogues about how to have some control over it. Asking children to name the problem creates an opportunity to provide a richer description of how problems work in their lives, as opposed to thinking of kids themselves as the problem. Once I can talk with kids and parents about the problem as separate from the kid, we can begin to map the influence that the problem has had. This allows us to begin to devise strategies that the child can use to counter the negative effects of the problem(s). These conversations often lead to a celebration of kids' and families' competencies and triumphs over what had previously been known as an unbeatable problem.

Aaron Kindsvatter *is a doctoral candidate in the Counselor Education and Supervision program at Kent State University. His professional interests center around exploring ways to be helpful to clients, students, and supervisees through the facilitation of hope and reflection.*