SEVEN
publicações acadêmicas

THE IMPORTANCE OF THE FAMILY IN THE THERAPEUTIC DEVELOPMENT OF CHILDREN WITH ADHD

https://doi.org/10.56238/sevened2025.015-005

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ABSTRACT

This chapter presents a bibliographic study that addresses the importance of family participation in the therapeutic development of children with Attention Deficit Hyperactivity Disorder (ADHD). The objective is to describe the challenges and possibilities faced by parents, as well as to analyze the impact of family involvement in the therapeutic process. ADHD is characterized by symptoms such as impulsivity, hyperactivity, and difficulty concentrating, which can generate tensions in the family and school context. Early diagnosis and family support are determining factors for the effectiveness of treatment, promoting improvements in the child's social behavior and academic performance. The chapter also presents a historical overview of ADHD, from the first medical records to updates in the diagnostic criteria according to the DSM-5-TR (2023). The evolution of the understanding of the disorder, currently recognized as a problem of self-regulation, is highlighted, and the need for family support and teacher training for effective intervention is highlighted.

Keywords: ADHD; Family; Therapeutic development; Early diagnosis.

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1 INTRODUCTION

This chapter presents a bibliographic study aiming to describe the importance of the family in the therapeutic development of children with ADHD. The proposal was to present aspects related to the challenges and possibilities of raising a child with ADHD, to understand and explain the issues inherent to the disorder and the therapeutic process involving the family. Describing the problems faced by parents of children diagnosed with ADHD. It was evidenced that the participation of the family in the therapeutic process generates promising results for the child with ADHD, with the diagnosis being identified in the early years, contributing significantly to a successful treatment, improving the general context of social behavior.

Attention Deficit Hyperactivity Disorder (ADHD) can significantly impact family dynamics. Children with ADHD often face challenges such as impulsivity, difficulty concentrating, and hyperactivity, which can strain family relationships. The family plays an essential role in the development and well-being of the child with ADHD. When parents offer emotional support, monitor the educational process and maintain open communication with teachers and health professionals, the child tends to have better school and social performance. On the other hand, the absence of family support can lead to problems such as low self-esteem and learning difficulties. Benczk, E.B.P & Casella, E.B. (2015). It is essential that parents understand the impact of ADHD on the child's life and seek mechanisms to deal with daily challenges. Interventions such as behavioral therapy, psychopedagogical follow-up, among other adjustments in the child's routine, can reduce the damage of the disorder and promote a more harmonious environment for all family members.

Attention Deficit Hyperactivity Disorder (ADHD) is currently in the spotlight through the interest of studies by several researchers in the areas of psychology, neurology, psychiatry and pedagogy, these researches are changing the way of reviewing and understanding the Disorder, investigating the impacts it causes on the individual and on his relationship with the family, in addition to analyzing the best way that the family can help in the treatment of the newly diagnosed child. Thus, this study describes a little about the history of ADHD, how the diagnosis occurs and the importance of working with the family in the therapeutic process.

Researchers from the national and international scientific community (psychologists, pedagogues, psychiatrists and neurologists) define ADHD (Attention Deficit/Hyperactivity Disorder) as being characterized as a neurodevelopmental disorder, congenital in nature and with a multifactorial cause (genetic, neurobiochemical, anatomical, environmental), with characteristics possibly perceived before the age of four and notably before the age of 12,

but emphasize that this disorder tends not to significantly interfere with academic and social performance until the intermediate school years. Affecting boys more than girls (DSM-5-TR, 2023).

Regarding the prevalence of this disorder, according to surveys carried out with the world population, the results suggest that there is an incidence of ADHD worldwide in 7.2% of children. The difference in prevalence between countries shows a large variation from 0.1 to 10.2% of children and adolescents. The prevalence is higher in special populations with foster homes or prison environments. In a meta-analysis involving samples from several countries, they found about 2.5% of adults with the disorder (DSM-5-TR, 2023).

In recent years, scientific research has been signaling the possibility that ADHD (Attention Deficit/Hyperactivity Disorder) is not a problem in attention but in the individual's self-regulation, that is; in the way in which the sense of self develops so that it can deal with situations in the general context of social behavior. According to Barkley, (2021), the disorder tends to be minimized when it is labeled as attention disorder, because the extent of the substantial and dramatic problems that these children face when facing the challenges of daily life, such as the demands of the family, school, and society context, is disregarded.

The interest in this theme is justified as a result of some academic works carried out by the authors in relation to the theme, and the problems that increase in the current context in various social spaces, such as in the family environment and especially at school, due to the lack of continuing education to train teachers to deal with ADHD, are notorious. The absence of family support in school meetings, in the sense of participating in the child's academic development and the difficulties resulting from the child's condition. It was observed that even with the significant presence of ADHD in the school context, where there is considerable development of scientific research, there is still a lack of knowledge among teachers (Silveira et al, 2025 and 2024).

The experiences of previous academic research aroused the interest of the authors to write about and professional clinical management with the support of the family, highlighting the importance of the family in the therapeutic process.

This chapter was divided into some stages, namely: Introduction (containing the theoretical framework, justification and objectives). Historical Development of ADHD, Criteria for the diagnosis and treatment of ADHD, The impact of ADHD and the importance of the family, Methodology, Results and discussions and Final considerations.

1.1 HISTORICAL DEVELOPMENT OF ADHD

Regarding the history of this disorder, according to Santos & Francke (2017), the first record in medicine occurred in 1902, with physician George Still, who made the first medical description of ADHD. Thus, the condition described by Still and the current ADHD result from the defect of the inhibitory function of will, in addition, the symptoms and epidemiology described are also the same (Santos & Francke, 2017). In addition, it highlights that in affected children, punishment is ineffective, therefore, not recommended as a form of treatment. It is understood that from this first moment, inattention and hyperactivity are present in the diagnosis.

In the 1940s, the designation "Minimal Brain Injury" (MCL) for this disorder emerged, believing that the problem was caused by a brain injury during early childhood (Santos & Francke, 2017). According to the researchers, during this moment in history, there was no change in the scientific posture of the researchers that could bring any criticism, questioning, or add new knowledge about this disorder. Still on the historical context, Missawa & Rossetti (2014) state that in the 60s this terminology was changed to "Minimal Brain Dysfunction" (MCD). Both terms encompassed the set of symptoms that make up the current ADHD picture, but the change in nomenclature from MCL to DCM was made due to the absence of empirical evidence from experimental research to justify the existence of a lesion in the brain apparatus (Missawa & Rossetti, 2014).

Due to the context of economic prosperity that operated in the United States in the 1960s, there were also profound contradictions related to the capitalist economic model, demonstrated by several indicators, such as the increase in the number of suicides, the growing use of psychotropic drugs, occupational health problems, and stress (Missawa & Rossetti, 2014; Santos & Francke, 2017). It is in this scenario that the DCM diagnosis gains prominence and great social acceptance, as the American middle class did not understand why their children were getting bad grades in school and wanted a justification for it. Therefore, for Santos & Francke (2017), the organic etiology of learning or behavior problems is well accepted, as this clinical category is differentiated from the category of "mental retardation" or "cultural deprivation", used to explain the school failure of students from impoverished strata and the population historically marginalized by ethnic issues.

In the 80s, we have the edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), which proposes a separation of Attention Deficit Hyperactivity Disorder in relation to Learning Disorders (APA, 1989). Thus, the American Psychiatric Association (APA) defines that the basic dysfunction of ADHD affects the fields of attention and concentration, hyperactivity would not appear in all cases, in addition to impulsivity only in

some cases. In addition, it proposes an operational approach to the diagnosis of attention deficit disorders.

With the arrival of the DSM-IV (1994), the understanding of the cause of this disorder and its neurological processes became a priority, producing a lot of research in this area, but there was still nothing to prove its origin. It can be added that it was from this update that the symptoms of inattention and symptoms of hyperactivity/impulsivity began to be considered individually in the diagnosis, because before it was only if it presented both characteristics, but from the DSM-IV, if the child presented symptoms of hyperactivity or inattention, he could already be diagnosed with ADHD (Santos & Francke, 2014) Since then, there has been an update of the DSM, known as DSM-V, in 2014, but it did not show significant differences from ADHD in relation to DSM-IV.

Regarding the criteria present in the DSM-V (APA, 2014), we can list some important criteria, such as age, number of symptoms present, levels and what these symptoms are. Regarding age, the American Association points out that symptoms of inattention and/or hyperactivity needed to be present before the age of 12. Regarding the number of symptoms, it is defined that in children it is necessary to present at least six for a period of at least six months and in the case of adults, five symptoms. ADHD levels are divided into three: mild, moderate and severe, and this is defined according to the degree of impairment caused by the disorder in the individual's life

With regard to symptoms, 18 symptoms are listed divided into two groups: one of impulsivity and hyperactivity and the other of attention deficit. In the nine symptoms of inattention proposed in the DSM-V (APA, 2014), the following can be highlighted: they do not seem to listen when someone speaks to them, they do not follow instructions to the end, they are unable to engage in tasks that require prolonged mental effort, they are easily distracted by external stimuli, and they have difficulties organizing tasks and activities. In the symptoms of hyperactivity and impulsivity we have: running and climbing on things in situations where this is inappropriate, difficulty waiting for their turn, unable to play or engage in leisure activities calmly, interrupts or intrudes on conversations and often acts as if they are "plugged in".

With the publication of the DSM-5-TR (2023), it is observed that the wording is more judicious, regarding the diagnosis of ADHD and updated, with a general and significant review in relation to the diagnostic criteria, diagnostic characteristics, associated characteristics, updated prevalence, development and course of the process, risk factors and prognosis, diagnostic issues related to culture, the diagnostic issues related to sex and gender, the diagnostic markers, also present the association with suicidal thoughts or behavior, the

functional consequences of ADHD disorder, the differential diagnosis and comorbidity. In this way, there is a significant review of previous studies, within the scope of national and international researchers, taking into account the cultural aspect of each country.

1.2 DIAGNOSTIC AND TREATMENT CRITERIA

Regarding diagnosis and treatment, some changes are observed in the publication of the DSM-5-TR (2023) in relation to the DSM-IV, maintaining the term ADHD with the introduction of three specific subtypes (predominantly inattentive, predominantly hyperactive-impulsive and combined), defined by the presence of excessive symptoms of inattention and/or hyperactivity-impulsivity.

The changes to the DSM-5-TR, 2023 favor a more validated and reliable diagnosis of ADHD, as the Manual requires evidence of harmful symptoms for symptoms only, for the criteria of diffusion and age of onset, which tends to promote greater reliability. The symptoms are more easily quantified and observed. The DSM-5-TR (2023) presents several measures inserted with respect to ADHD symptoms, making disabilities more qualitative and subjective, for which we have fewer reliable measures. For example, in ADHD symptoms there is no disability, so in the case of focusing on symptoms without disabilities, the number of children who meet the age criteria of onset and spread can increase. The modification of the definition of disability from "significant" to "interfere, reduce the quality of..." It is also a more liberal and more inclusive requirement. Therefore, although the new DSM-5 ADHD criteria may result in a more reliable set of criteria, ADHD prevalence rates tend to increase as a result of these criteria.

Attention-Deficit/Hyperactivity Disorder (ADHD) is widely recognized as one of the leading causes of mental health outpatient care seeking for children and adolescents, as well as adults. According to Faraone et al. (apud Rohde and Halpern, 2004), the prevalence of this disorder is significant, reflecting the impact it has on the school and social life of these subjects.

The symptoms of ADHD can vary from individual to individual, but they are generally classified into three main manifestations: inattention, hyperactivity, and impulsivity. The combination of these symptoms allows ADHD to be divided into three subtypes: (1) with a predominance of inattention, (2) with a predominance of hyperactivity/impulsivity, and (3) with a combination of the three symptoms. This categorization follows the criteria established in the DSM IV (2000), which helps in the clinical diagnosis and the most appropriate therapeutic approach for each case.

It is important to emphasize the complexity of the diagnostic process. The diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) is a complex process that goes beyond simply identifying the central symptoms of inattention, hyperactivity, and impulsivity. The variability in the manifestation of symptoms in different individuals and the coexistence with other psychiatric disorders, such as mood and anxiety disorders, add an extra layer of complexity to the diagnosis (Rohde; Halpern, 2004).

The symptoms of ADHD are often confused with typical behaviors of child development. Young children often exhibit behaviors such as restlessness and difficulty concentrating, but in ADHD, these symptoms are more persistent, long-lasting, and significantly affect daily functioning in contexts such as school and social relationships. Thus, identifying what is normal behavior at certain stages of development and what is a sign of ADHD requires careful clinical evaluation.

The diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) is a process that requires great rigor, as each individual manifests symptoms in a unique way. An accurate diagnosis is essential to ensure appropriate and personalized treatment, which can contribute to better long-term outcomes (Rohde; Halpern, 2004).

In the case of children, the diagnosis of ADHD requires a multidimensional approach. In addition to the clinical evaluation of the child himself, it is essential to conduct interviews with parents and teachers, since young people are not always able to accurately report their behavior and difficulties (Coutinho et al., 2009). These reports provide valuable information about the child's behavior in different contexts, such as at home and at school, helping to build a more complete picture.

It is crucial, however, that the diagnosis is made with caution. Many of the symptoms of ADHD, such as inattention and restlessness, can be attributed to other causes, such as emotional problems or difficulties with social adjustment. Therefore, health professionals need to ensure that these factors are carefully considered before confirming the diagnosis of ADHD (Goldstein; Goldstein, 2003). This reinforces the understanding that ADHD is an early-onset disorder, with chronic evolution and often with symptoms overlapping with other disorders, making diagnosis a complex challenge.

Another challenge is comorbidity, which is the presence of other disorders in conjunction with ADHD. Conditions such as anxiety, depression, and learning disabilities are often seen in individuals with ADHD, which can make diagnosis difficult or even mask the main symptoms. This overlap in symptoms requires mental health professionals to conduct a comprehensive investigation, taking into account not only the symptoms of ADHD but also any other clinical signs that may be present.

Therefore, from the diagnosis, it is possible to think about interventions and treatments. Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) involves both drug and non-drug approaches, which are often combined to provide better outcomes.

Drug treatment includes the use of stimulants, such as methylphenidate and amphetamines, which are considered the most effective in managing symptoms of inattention, hyperactivity, and impulsivity. Rohde and Halpern (2004) state, for example, that stimulants are by far the most studied and used drugs in the treatment of ADHD, with beneficial effects documented in several studies. However, non-stimulant medications such as atomoxetine can also be used, especially in cases where stimulants are not well tolerated or indicated.

Non-drug treatment, on the other hand, involves psychosocial interventions, such as cognitive-behavioral psychotherapy (CBT) and other psychotherapeutic approaches, which help the child develop self-regulation skills and strategies to cope with symptoms. Interventions with parents and teachers are also essential, as they promote changes in the environment that can help in the management of behavior. Goldstein and Goldstein (2003) highlight that behavioral therapy has been shown to be effective in reducing problematic behaviors when used in conjunction with drug treatment.

Both drug and non-drug approaches are important to treat ADHD in a comprehensive and personalized way, which improves psychosocial conditions and quality of life.

1.3 THE IMPACT OF ADHD AND THE IMPORTANCE OF THE FAMILY

Attention-Deficit/Hyperactivity Disorder (ADHD) has a significant impact throughout life, affecting several areas of the individual's functioning from childhood to adulthood. In view of this, the family has a very important role in the development of children with ADHD, as it is in the family that they receive education, limits and rules, and find examples to follow.

A significant number of scientific studies have been published on the behavior of children with ADHD towards their parents and their reactions towards them since 1980. The initial studies with direct observation of interactions of mothers and their children with ADHD were conducted by Susan Campbell of the University of Pittsburgh. She observed that boys with hyperactivity initiated more interactions than other boys when working with their mothers and also needed more help. These children seemed to need more attention, more conversation, and more intensely requested their mothers' help during interaction with them. Mothers of children with ADHD gave more suggestions, approval, disapproval, and guidance related to impulse control than mothers of other children. In other words, mothers of children with ADHD controlled their children's behavior more and engaged in their children's self-

control more than mothers of children without ADHD. In this sense, an accessible way to accompany a therapeutic work and the importance of working with the family for the therapeutic process of the child with ADHD is perceived.

The family can help the child understand and accept his or her difficulties, and persist in treatment. The family, by understanding the child's specific needs, can provide the necessary support to overcome the challenges imposed by the disorder and ensure a more balanced life. That said, Silva and Valle (2022, p. 9) state that,

> The family is the support and structure that the child, adolescent and even the adult needs, to be aware that they will need family help and when they need it they will have the necessary support, it will help them to have more security in relation to facing the problems, so it is part of the family to participate in the intervention process carried out throughout the treatment.

In this, the active presence of the family is vital for the early identification of ADHD symptoms and for the search for an appropriate diagnosis. Parents and guardians who carefully observe their children's behavior are able to notice signs of inattention, difficulty following instructions, or excessive hyperactivity in inappropriate situations. By acting promptly, the family can refer the child to specialized professionals, enabling interventions that will reduce the negative impacts of the disorder on their school and social development. As stated by Silva and Valle (2022, p. 14), information is the first step for the family to understand the disorder, in addition to helping to seek the best treatment.

On the other hand, a lack of understanding or support from the family can aggravate ADHD symptoms:

> [...] Often, it is difficult for the family to receive the news about the diagnosis. Many parents receive the news and disbelieve that their children have Attention Deficit Hyperactivity Disorder, or simply do not want to believe that it is a disorder and prefer to think that their children are just agitated, distracted or that they just lack interest. (Silva; Valle, p. 13).

It is necessary to point out that when the child is subjected to environments of constant criticism or punishment for their inability to conform to certain standards of behavior, self-esteem and emotional well-being can be deeply affected. Thus, considering that many times parents due to lack of knowledge of the subject or because they do not accept the diagnosis, see the child as inopportune, aversive and disobedient or even lazy, ill-mannered and inconvenient, and that he has a lot of difficulty to adapt to the environment where he lives and to meet the expectations of adults, because they do not know anything about the disorder and sometimes do not accept the diagnosis established for their children, thus delaying the child's treatment (Sousa et al., 2023, p. 9). Therefore, family negligence or the attempt to

minimize the severity of the disorder can also prevent the child from receiving adequate treatment, compromising their development and learning potential.

It is important to note that the lack of family support can aggravate the symptoms of ADHD. Children who do not receive adequate support can develop emotional problems, such as anxiety and depression, as well as academic and behavioral difficulties. Therefore, it is necessary for families to be informed about the disorder and willing to adapt their dynamics to favor the child's development.

Therefore, information is the first step for the family to understand the disorder, in addition to helping to seek the best treatment. The family should not at any time hide that the child has Attention Deficit Hyperactivity Disorder. She needs to understand the reason for her difficulties and failures. Often, she feels like a failure, different from other children and people, but in reality what leads her to failure is the disorder (Silva; Valle, 2022, p.14).

> Children with special educational needs need to be stimulated, and both the family and specialists must be involved and well prepared for this process, and co-responsibility for the treatment and development of both the professional and the family is essential (Sousa et al., 2023).

The family is essential for the development of children with Attention Deficit Hyperactivity Disorder (ADHD) throughout their lives. ADHD is not a disorder that goes away over time; It accompanies the individual until adulthood, manifesting itself in different ways at each stage of life. Thus, the role of the family, which begins in childhood, continues to be a fundamental foundation at all stages of development.

During childhood, the family plays a crucial role in the early detection of ADHD. By observing behaviors such as difficulty concentrating, impulsivity, and excessive agitation, parents can seek a proper diagnosis and effective treatments. At this stage, the family structure is responsible for establishing routines, adapting the home environment, and providing the necessary emotional support for the child to learn to deal with their symptoms. The family's understanding and patience help reduce stress, promoting a space where the child feels safe to develop their skills and face academic and social challenges.

According to Bertoldo et al. (2018) also corroborate this sense and warn about the importance of the family in the education of children with ADHD, considering that the establishment of routine, a good family relationship and stimulation are factors that can contribute to the non-development of the disorder (apud SOUSA et al, 2023). And as the child with ADHD progresses into adolescence, the role of the family becomes even more complex. This is a phase marked by significant changes, such as the search for independence and

social pressure. Young people with ADHD may find it more difficult to manage their emotions, stay focused on their studies, and develop organizational skills.

At this stage, parental guidance and support are essential to help adolescents acquire strategies that help them deal with their difficulties. The family, by providing guidance and establishing clear limits, can help the young person to build their autonomy in a safe and healthy way. According to Silva (2009, p.25), if the behavior of ADDs is not understood and well managed by themselves and by the people with whom they live, consequences in action may manifest themselves in different forms of impulsivity.

In adult life, ADHD can continue to impact different areas, such as professional life, relationships, and personal management. According to Silva and Valle (2022, p.7), in adult life there are difficulties in managing time, they always arrive late to appointments, examples of which are people who frequently miss their flights. They only fulfill tasks with a very tight deadline, always at the last minute. In addition to changing jobs without planning.

It is evident that family support continues to be an anchor, especially in times of transition, such as entering the labor market or forming a family. The family's encouragement to seek continuous treatment, such as therapy or medication, and the practice of organization and planning techniques can make a difference in the adaptation of the adult with ADHD. In addition, acceptance and understanding of the family are essential to prevent the person from developing feelings of inadequacy or failure, which are common in individuals with ADHD.

Family is a key element in the ongoing development of children with ADHD, playing a crucial role at all stages of life. From childhood to adulthood, emotional support, structuring habits, and seeking appropriate treatment are factors that contribute to the success and well-being of individuals with ADHD. The family, by recognizing and meeting the needs of these people, provides a favorable environment for them to overcome their challenges and reach their full potential.

The psychologist's work with the families of ADHD patients is essential because, first, the psychologist can help the family understand and accept this disorder, explaining how it affects the patient's behavior and functioning, in addition to the challenges it may present. This understanding reduces stigma and promotes a healthier family dynamic, facilitating the effectiveness of treatment, since, according to Lisboa (2011), it is possible to achieve greater well-being for the subject from these dialogues with the family and the understanding of its cultural and psychodynamic aspects.

The psychologist offers information about the symptoms, underlying mechanisms, and appropriate management strategies. This ensures that all family members are aligned and can collaborate effectively in the treatment. Parenting skills training is an important part of the

psychologist's work, as he or she guides parents and caregivers on how to deal with challenging behaviors, improve communication, and resolve conflicts, reducing family frustration and stress, and improving the effectiveness of ADHD management (Pinheiro et. al., 2006).

In addition, the psychologist can promote family cohesion and collaboration, which benefits the ADHD patient. According to Pinheiro et. al. (2006) the unified approach tends to be more effective than isolated strategies. Therefore, early intervention is another important advantage, allowing for the identification and addressing of secondary problems such as academic or social difficulties, while offering additional support as needed (Pinheiro, 2006).

The psychologist also contributes to monitoring the progress of the treatment and making adjustments as needed, ensuring that the treatment remains effective and appropriate to the patient's needs. In some cases, the psychologist's job may include fostering skills, helping them manage ADHD more independently and responsibly. In other words, it is a fundamental work to ensure the autonomy of this patient and the sooner the intervention starts, the more independence this individual will have.

2 METHODOLOGY

To guide this study, the guiding question was chosen as "what is the importance of the family in the therapeutic context for the social development of children with ADHD".

Therefore, this study follows a qualitative approach, with a descriptive characteristic based on relevant studies. The choice of the qualitative approach for this research was based on the need to understand the meanings attributed to the importance of working with the family for the therapeutic process. The following databases were used as a source of studies and scientific articles to support the research: CAPES, LILACS, SciELO, PePSIC and SIBiUSP journals, Google Scholar and PubMed/MEDLINE, to better reference the study. The descriptors are History and Criteria for the Diagnosis of ADHD and the family in the therapeutic process.

Minayo (2006) points out that qualitative research "[...] works with the universe of meanings, motives, aspirations, beliefs, values and attitudes" (p. 21). Thus, this methodological path allowed us to explore how the different actors involved – family members and therapists – perceive and experience the social development of children with ADHD in working with the family in the therapeutic process.

Minayo (2007) emphasizes, "[...] qualitative research is that which answers very particular questions, dealing with a level of reality that cannot or should not be quantified" (p. 57).

It is understood that research is an investigative work that does not dispense with creativity, carried out fundamentally by a language based on concepts, propositions, hypotheses, methods and techniques, a language aligned with a particular sense of the writer. It is identified as a research cycle, which begins with a question and ends with an answer, giving rise to new questions. This scientific work was divided into qualitative research in two stages: (1) exploratory phase; (2) analysis and treatment of documentary material. The exploratory phase consisted of the production of the research project and all the necessary procedures. The definition and delimitation of the information related to the object of study, to develop it theoretically and methodologically, the instruments for operationalizing the work were chosen and described, having as a qualitative sample (Minayo, 2006, p. 25). From the descriptive and bibliographic perspective of Gil (2008), the investigation was based on the analysis of materials already published, such as books, scientific articles and institutional documents. Gil focuses on the fact that bibliographic research enables the researcher to "[...] the coverage of a much wider range of phenomena than that which could be directly researched" (2008, p. 50). Thus, the study appropriates a diverse collection of sources, ensuring a comprehensive view of practices related to the inclusion of students with ADHD. In this view, the author points out that "[...] descriptive research aims to observe, record, analyze and correlate facts or phenomena without manipulating them" (Gil, 2008, p. 28).

The main advantage of literature search lies in the fact that it allows the researcher to cover a much wider range of phenomena than he could research directly. This advantage becomes particularly important when the research problem requires data that is widely dispersed throughout space, but if you have an adequate bibliography at your disposal, you will not have major obstacles to having the required information. Bibliographic research is also indispensable in historical studies. In many situations, there is no other way to know past facts than based on secondary data (Gil, 2008, p. 50).

Weber's (1949) comprehensive analysis is also included, which guided the interpretation of the data, highlighting the importance of the subjectivity of the actors involved. According to Weber, social understanding requires the researcher to apprehend the meanings attributed by people to their actions, without eliminating their subjective integrity (1949, p. 91). Thus, when searching for the research, it was possible to make readings with more meaningful experiences. In addition, Weber points out that "[...] social action must be understood within a historical and cultural context, as its motivations and meanings vary according to time and space" (Weber, 1949, p. 110). The methodology proposed by Minayo (2005) was an essential strategy to give greater rigor to the research.

We sought to know the problems faced with the disorder, the challenges and the importance of the family inserted in the therapeutic context.

3 RESULTS AND DISCUSSIONS

3.1 ADHD PSYCHOEDUCATION: THERAPY CAN TEACH THE FAMILY ABOUT WHAT THE DISORDER IS, HOW IT AFFECTS THE PERSON DIAGNOSED, AND HOW OTHERS CAN OFFER SUPPORT

The studies presented during this research show how the process of diagnosis and living with a child with ADHD can be challenging, thinking about this problem this study also found that family therapy is a very effective approach, as it helps everyone to understand the disorder, improve communication and create strategies to deal with challenges, This approach could help not only those who have the diagnosis, but also for family members.

Improved communication: Therapists help families identify communication problems and develop more constructive and empathetic skills. Coexistence strategies: Practical techniques can be taught, such as creating routines, using reminders, and an organized environment that favors concentration. Conflict management: Arguments can arise due to impulsive behaviors or inattention. Therapy helps in resolving conflicts in a healthy way. Reduced feelings of guilt or frustration: Often, parents or partners feel guilty or frustrated when dealing with ADHD. Therapy works on these emotions, promoting understanding and patience.

For the person dealing with people diagnosed with ADHD, it may be helpful to seek out a therapist who specializes in neurodevelopmental disorders. Additionally, support groups for parents or spouses of people with ADHD can be a great way to share experiences and find practical advice. How would you like to explore this theme?

Attention Deficit Hyperactivity Disorder (ADHD) in children is a challenge that requires not only an individualized approach to treatment, but also active family collaboration. Family involvement is essential, as it provides a support network, mutual understanding, and consistent strategies, which are fundamental for therapeutic progress.

Here are some aspects about the importance of working with the family in the treatment of children with ADHD:

3.2 UNDERSTANDING AND EMPATHY

Understanding Attention Deficit Hyperactivity Disorder (ADHD) goes beyond knowing its symptoms; It is about building an empathetic and non-punitive look at the child. Many parents, caregivers, and even teachers initially interpret typical ADHD behaviors as lack of

discipline or ill will, which can lead to rigid reactions, excessive punishments, and emotional damage to the child (Barkley, 2006).

Psychoeducation is an essential tool in this process, as it promotes emotional and behavioral literacy in family members, helping them to recognize that ADHD is a neurobiological disorder that affects self-regulation, planning, and attention (Johnston; Mah, 2005). This knowledge reduces the stigma, feelings of guilt, and judgments that often fall on the child and their caregivers.

Empathy, in turn, is cultivated from this understanding. When parents learn to interpret their child's signals with a more compassionate perspective, they become more prepared to welcome their frustrations, deal with their failures, and value their progress, no matter how small. This strengthens the affective bond and improves the child's self-esteem, who starts to perceive himself understood and supported (Murphy; Gordon, 2006).

Research shows that parents who better understand their child's disorder tend to use fewer coercive parenting practices and more positive problem-solving strategies (Theule et al., 2013). Thus, promoting empathy is not a passive act of tolerance, but an active attitude based on knowledge, which transforms coexistence and enhances the effects of therapeutic interventions.

3.3 ADAPTATION OF FAMILY ROUTINES

The collaboration of the family in the therapeutic treatment of the child with ADHD is one of the pillars for the success of the intervention. Different studies have shown that the active presence of caregivers in clinical strategies, especially behavioral interventions, significantly increases adherence, efficacy, and maintenance of long-term therapeutic gains (Chacko et al., 2014; Pelham; Fabiano, 2008).

Among the most recognized practices, *Parent Training* stands out, which involves structured sessions where parents are taught how to apply behavioral management techniques. This includes the consistent use of positive reinforcement, the proper application of consequences, and the development of skills to deal with challenging situations (Phelps; Brown, 2020).

In addition, therapeutic collaboration is not limited to the application of techniques at home, but also includes active involvement in clinical decisions, sharing information about the child's daily life, and aligning expectations between professionals and caregivers. This dialogical relationship favors a more realistic and individualized planning, respecting the socioeconomic and cultural context of the family.

When caregivers understand their importance in the process, they start to see themselves as part of the solution, which strengthens parental self-efficacy and the feeling of competence (Theule et al., 2013). On the other hand, the absence of family engagement can compromise the generalization of the skills developed in session to the child's natural environments.

The literature also points out that the training of caregivers has a direct positive impact not only on the child's symptoms, but also on the reduction of parental stress and the improvement of family quality of life (Miranda et al., 2013). Therefore, investing in collaborative work with the family is an essential strategy to promote the overall development of the child with ADHD.

3.4 REDUCTION OF FAMILY CONFLICTS

ADHD can increase family conflicts due to challenging behaviors. Interventions that focus on improving communication and conflict resolution are effective in reducing these stressors. Studies indicate that family conflict can moderate the relationship between ADHD and the development of conduct disorders, highlighting the importance of a functional family environment, that is, family conflicts end up increasing the probability of the child developing comorbidities associated with ADHD, thus, the work of a psychology professional to psychoeducate such a family becomes of paramount importance (Chung et al., 2017; Edwards et al., 2001).

ADHD often generates tensions in the family environment. Impulsivity, inattention, and difficulty following rules can be interpreted by some caregivers as acts of rebellion or disobedience, especially when there is no adequate knowledge about the disorder (Barkley, 2006). As a consequence, negative interaction patterns emerge between parents and children, which feed back on each other and intensify challenging behaviors.

Interventions aimed at improving the quality of family relationships are indispensable to reduce the negative impact of ADHD on relationships. Strategies such as strengthening assertive communication, positive behavior management, and collaborative problem-solving have been shown to be effective in reducing conflict (Chung et al., 2017).

In addition, parenting training programs also help caregivers identify stress triggers, regulate their own emotions, and respond more sensitively to the child's demands. This change in the interactional pattern reduces emotional exhaustion and promotes greater family harmony (Edwards et al., 2001; Theule et al., 2013).

Another relevant point is the mediation of family therapy to promote active listening among family members and strengthen bonds. The child, when perceiving that he is inserted in an environment of support and acceptance, tends to present greater cooperation and self-regulation.

Therefore, in addition to the clinical focus on the child's symptoms, it is essential that the therapeutic plan contemplates the strengthening of family relationships. Reducing conflicts not only improves coexistence, but also expands the affective support that the child needs to face the challenges associated with ADHD.

Summary box: Practical strategies for strengthening family work based on what has already been said in the previous topics

TOPICS	GOAL	PRACTICAL STRATEGIES
6.2 Understanding and empathy	Reduce Judgments and Promote a Welcoming Environment.	● Hold psychoeducation meetings with parents and family members ● Use videos and other materials about ADHD. ● Promote conversation circles about experiences and feelings of family members.
6.3 Adaptation of family routines	Involve the family in the implementation of clinical strategies.	● Offer Parent Training with ongoing hands-on guidance ● Sharing therapeutic goals with caregivers ● Maintain active communication between therapist and family
6.4 Reduction of family conflicts	Reduce Tensions and Promote Harmony in the Family Environment	● Teach Nonviolent Communication and Active Listening Skills ● Stimulate family meetings to solve problems with the therapist.

Source: Prepared by the authors (2025)

4 FINAL CONSIDERATIONS

In view of the arguments presented, Attention Deficit Hyperactivity Disorder (ADHD) is a neurobiological condition that significantly impacts children's lives and their academic, social, and emotional development. The history of ADHD reveals an evolution in the understanding and diagnosis of the disorder, reflecting changes in scientific and social approaches. Diagnosis is a complex process that requires careful and multidimensional evaluation, involving not only observation of symptoms but also analysis of family and educational interactions.

The family plays an essential role in the management of ADHD, from early detection of symptoms to ongoing support throughout the individual's life. Family support can positively influence the success of treatment, helping children understand and cope with their

difficulties. On the other hand, a lack of understanding and support can aggravate symptoms and compromise the child's development. It is essential that the family is well-informed about the disorder and involved in the treatment process.

The impact of ADHD extends throughout life, affecting adolescence and adulthood. The active presence of the family is crucial at each stage, from adapting to the school environment in childhood to managing responsibilities and challenges in adult life. Continued family acceptance, understanding, and support are critical for individuals with ADHD to reach their potential and maintain a satisfactory quality of life. Collaboration between family, health professionals, and educators is vital to address the challenges posed by ADHD and promote the healthy and successful development of affected individuals.

Therefore, Attention Deficit Hyperactivity Disorder (ADHD) is one of the most relevant topics in the educational and health field today. It is an issue that must be addressed with greater precision, since it is a fundamental factor for quality care for people diagnosed with ADHD in educational institutions. Thus, families need to be supported, in the sense of strengthening knowledge in the way of caring, consciously envisioning understanding the process of therapeutic practices, also being included in this process. Silveira et al. (2025)

Considering the above comment, therapeutic practices exert a significant influence on the educational process of families. Therefore, they must be coherent, timely and consistent, through observations, analyses and interventions in which the family is not excluded from this therapeutic process.

Thus, it is necessary that parents also act as a mediator of the development process, that is, that they understand and effectively monitor the therapeutic contexts, providing the collective construction of situations that enable their development and that of the child with ADHD. The clarification of the family is fundamental for reflection, curiosity, criticality and creativity, reciprocal actions that can interact in this therapeutic context.

In this sense, the therapist's mediation brings the family to the center of therapy, valuing their experiences and recognizing them as an active subject, capable of leading their formative process. The professional as a mediator has the ability to see/diagnose the level of evolution of the family and the child, promoting autonomy and freedom for opinions to be shared, so the interaction will allow him to collect data to know if what is being worked on has been reflected effectively.

In the family context, the problem can be aggravated by the fact that parents, despite having knowledge or at least an idea of the difficulties faced by their children, are overloaded and unprepared to attend to their children in their specificities. Parents commonly develop professional activities outside the family context, the absence of parents, in addition to

household chores, makes them overloaded and compromises the ability to properly manage the child's complex situation. They need an appropriate environment that is receptive to differences and variations in the pace of learning. Therefore, family, teacher and school have a fundamental role in the diagnosis and treatment of ADHD.

Mediation with the ADHD family in therapy requires therapists, in addition to professional knowledge, patience, persistence, flexibility, creativity and, above all, empathy. These children require a differentiated treatment, involving attention, care and a planned routine, capable of stimulating them to develop their skills and abilities, thus valuing their potential.

Finally, it is of paramount importance that new research emerges that support therapists and society, so that it can alleviate the process of coping with families and reduce social prejudice in the face of inattentive behaviors of children who have a diagnosis of ADHD.

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