

A D D S O L U T I O N S N J

a FRIENDLY chat

WITH DR. JAY GORDON



Back-to-School with ADHD

Summertime is over, the kids are

returning for another school year. How do you re-orient your child with ADHD so his/her transition back-to-school is smooth and trouble free? It's important that your child is back into a routine both with school and family life. Make certain that he/she follows a process they feel comfortable with to start. Introducing a new routine along with a new school year can be tough to handle for you and for your child. Keep it simple.

✕ ADHD ✕

Attention Deficit/Hyperactivity Disorder, more commonly known as ADHD, is a developmental disorder in both children and adults that impairs the ability to sustain attention and focus, resist distraction, and regulate behavior.

AN OLD DISORDER WITH A NEW NAME

Although the current term, Attention Deficit/Hyperactivity Disorder, has only been around since the 1980s, the disorder has been described under other names as early as 1902. However, Attention Deficit/Hyperactivity Disorder is still poorly named. ADD/ADHD is more a disorder of inhibition and self-regulation rather than a disorder of attention. If people with ADD/ADHD have a natural interest in a particular stimulus, they will have no difficulty paying attention to it. However, if they need to regulate and control their attention to something that is NOT of significant interest to them, they will find themselves having substantial difficulty.



Dr. Jay Gordon is a board certified psychologist located in Brick, New Jersey. His practice, ADD Solutions NJ treats patients diagnosed with ADHD/ADD. He has been published in local newspapers and is a regular guest on talk radio.



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Understanding the Diagnosis

Attention Deficit/Hyperactivity Disorder is one of the most over-diagnosed and under-diagnosed disorders. This is because many other disorders and problems can mimic the symptoms of ADHD. In addition, the majority of children who have Attention Deficit/Hyperactivity Disorder also have other related problems.

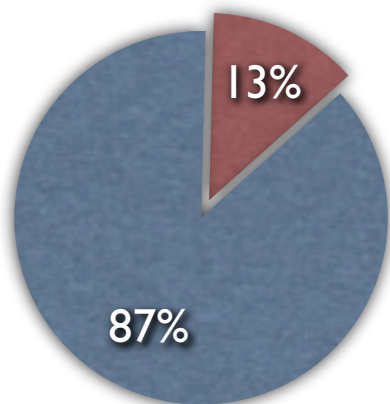


Causes of ADHD

ADD/ADHD is a neuro-chemical disorder with a large genetic component. The genetic contribution to ADD/ADHD is 80% or more. It is now known that poor child management by parents does NOT cause ADD/ADHD. Other causes of ADD/ADHD that have been disproved include; food additives, allergies, sugar, milk in diet, excessive caffeine in diet, environmental allergens, family stress, excessive use of TV and video games, increased cultural tempo, Post-Traumatic Stress Disorder, depression, anxiety, and learning disabilities. Although many of the previously-mentioned environmental and emotional conditions can result in other behavior/emotional difficulties, they do not cause ADD/ADHD.

ADD/ADHD is a problem of the brain. Therefore, symptoms will be observed across time and across environmental settings.

Total ADHD Population



Total Population

Prevalence of ADHD

ADHD occurs in approximately 5% to 8% of the childhood population, and approximately 4% to 5% of the adult population. Three times more boys have ADHD than girls. Among adults, the ratio is 2 to 1.



Assessing ADHD



Find a trained professional specializing in ADD/ADHD with whom you feel comfortable. An evaluation for ADD/ADHD should be comprehensive. The evaluation should include taking a comprehensive history including; symptoms, medical history, social history, and family medical history. When evaluating a child, the evaluation should include observations of the

child. Behavior questionnaires which provide an objective behavior sampling in at least two settings are generally utilized. In some cases, psychological and/or neuropsychological testing is used to rule out other concurrent cognitive, psychological, or learning problems, and to assist with treatment planning.

TREATMENT



Education: Educate yourself as much as you can about ADHD and its management. Read books, talk to professionals, and research on the internet.

Medication: Stimulant medication (methylphenadate, amphetamines) and non-stimulant medications (atomoxetine) have been shown to be effective. Seek a qualified physician to evaluate use of medication.

Parent-training: Parent-training is an affective treatment for ADHD. Parent-training helps decrease parent/child conflict, child defiance, and disruptive behaviors. Parent-training also helps reduce parent stress and household stress in general. Parent-training strategies include contingency management, effective use of commands, transition planning, positive attending, behavior management plans, and various monitoring programs.

Psychotherapy: Psychotherapy is helpful for adolescents and adults by helping them gain a better understanding of the nature of ADHD, its management, and how it has influenced who they are today. It is also useful to help with medication compliance.

School-based accommodations and interventions and **Social-skills training**

DEVELOPMENTAL RISKS



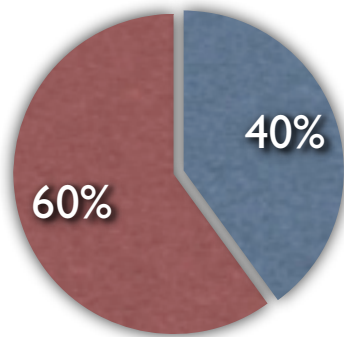
- ✓ Academic under-performance 90% of the time
- ✓ Retention in a grade from 25% to 50% of the time
- ✓ Requiring Special Education in 35% to 60% of the time
- ✓ Failure to graduate high school in 30% to 40% of the time
- ✓ Less likely to attend college 20% of the time
- ✓ Less likely to graduate college 5% of the time
- ✓ Peer-relation problems 50% of the time
- ✓ Delinquency in 25% to 35%
- ✓ Substance-abuse/dependency 10% to 20%
- ✓ Early sexual activity and teen pregnancy in 38%+
- ✓ Increased risk for STDs in 16%
- ✓ Greater health risk

Contact us today at 732-840-5266 or email us at drgordon@add-solutions-nj.com for an appointment or more information and start finding the right solutions for your child and family.

One More Thing Before You Go . . .

Solutions for Dyslexia and other Language Based Learning Difficulties

ADHD and Dyslexia



Studies indicate as many as 40% of all early elementary school students in the United States have some initial difficulty learning to read. Nearly half of these students

(ie, 15-20% of elementary students) have significant problems and continuing difficulties with reading fluency, comprehension, and spelling. Many students with ADHD also have dyslexia or another language based learning difficulty.

Possible signs of Dyslexia or a language based learning disability include:

- ➔ Slow progress acquiring reading skills
- ➔ Trouble reading new/unfamiliar words
- ➔ Mistakes with small words such as: that, an, in
- ➔ Difficulty sounding out multi-syllable words
- ➔ Omitting part of a word when reading out loud
- ➔ Poor oral reading ability
- ➔ Extreme fear or avoidance of reading out loud
- ➔ Poor memory of dates, names numbers, etc.
- ➔ Substitution of words with the same meaning
- ➔ Very poor spelling
- ➔ Frequent hesitation and pauses when speaking
- ➔ Using the wrong word when speaking with one that sounds similar
- ➔ Slow, labored reading, avoidance of reading and/or lack of pleasure in reading
- ➔ Despite reading/language weakness, demonstrates strong, higher level reasoning ability
- ➔ Better reading words when in context than as a single word
- ➔ Poor performance on multiple choice tests and math word problems

