



Psyche Matters

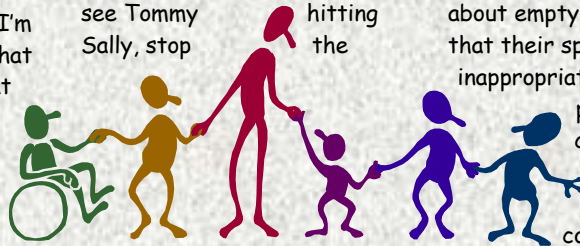
The Newsletter of the Sullivan Center for Children

Your Child's ADHD, Patience and Picking Battles

by Lisa Ganiron, Psy.D.

So your child's been diagnosed with ADHD, what now? Rule number one: patience, patience, patience! Kids with ADHD aren't purposefully trying to make you crazy. They can't regulate their behaviors. The typical "brakes" inside the brain that stop you from doing something that shouldn't be done are either not present or very weak, hence the often impulsive nature of a child with ADHD. "I want a cookie, so what if it's almost dinner. I'm hungry NOW!" Similarly, that "gas pedal" in the brain that says let's get going on this project seems to be stuck, especially when it comes time to complete a less than desirable project such as homework. "Billy can play video games for six hours straight but can't do 20 minutes of homework? I don't get it!" Understanding that these paradoxes occurring in the brain are real and not just little Johnny being a brat will help sustain your patience during the war on ADHD. For many children having this disorder, life is full of conflicts and your house may feel like a war-torn area. The first task at hand: choose your battles, because everything

can be a battle! What behaviors will you absolutely not tolerate? What can you live with? Choose wisely because you could literally spend hours a day reprimanding your child for his or her inappropriate behaviors, resulting in a strained relationship between the two of you. Your relationship with your children should be filled with fun too, not just teaching them right and wrong. Next, focus your attention on the targeted behaviors. When you see Tommy hitting Sally, stop



action and get his undivided attention. This task alone may require extra patience and time, but be sure that he is looking at your eyes when you're talking, otherwise, it's in one ear and out the other. Next, calmly, clearly and in simple terms outline your expectations and the consequences if not met. Be realistic about what you're asking of your child. "I don't want you hitting Sally. If you hit Sally, you'll lose your Nintendo DS for two days."

Then have the child repeat it back so you know that he understands. Repeat as necessary. As he complies with your requests and commands, provide considerable praise and encourage the appropriate behaviors. If he doesn't follow through with the desired behaviors, enforce the consequences. The consequences are crucial and must be consistently enforced and without too many warnings, otherwise your child is learning about empty threats and not that their specific behavior is inappropriate. Don't make a promise of consequences that you won't keep, as you'll just compound the problem. "Tommy, I told you that if you hit Sally again, you'd lose your DS and that's what's happening now. You can have it back on Saturday." Stand your ground and don't engage in an argument with the child. Remember you're the parent and you're in charge! Consequences or punishment should be harsh enough to get your child's attention, but not so stringent that they lose sight of what's being enforced. Taking away Tommy's video games for a month would

Volume 2, Issue 3

August 14, 2009

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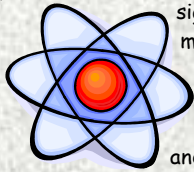
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support little behavioral change because he'll forget why he's being reprimanded and will quickly move on to new activities to replace the restricted one. As you are addressing specific inappropriate behaviors, it's common for the frequency and intensity to increase before they disappear, so don't feel defeated if you're not seeing immediate results. Patience remember?

Your Child's ADHD and Your Available Resources

by Lisa Ganiron, Psy.D.

On to another battle in dealing with ADHD: homework or any particular task that your child finds distasteful or difficult to complete. First order of business: get organized. Have the needed tools readily available rather than spending time trying to track down Tommy's binder, math book, pencil, and notebook. Keeping frequently used items together allows for more efficiency. Again, the typical child with ADHD will struggle with getting organized and needs some outside assistance. Establish a routine for homework and/or chores. Write the plan out and place it where Fred can see it regularly and know what's expected of him. Break down larger assignments into smaller, more manageable portions. Take timed breaks. "If you do 20 minutes of homework, then you can play video games for 10 minutes before we move on to the next assignment." If your child struggles to remain calmly seated, also allow short breaks to release their built up energy by running around outside. Other alternatives include providing a "fidget," background noise (unless he's easily distracted), or good old chewing gum. On a larger scale, make a chart to track individual goals, such as socially-appropriate behavior and simple daily chores and provide rewards for positive behaviors. Frequently praising your child and providing encouragement when they are behaving appropriately will also reinforce positive behaviors. Don't just tell Milly what a great job she's doing only after following directions. Catch her off-guard with praise when she's doing something positive without having been asked. Other suggestions to reduce battle time: provide your child with limited choices,



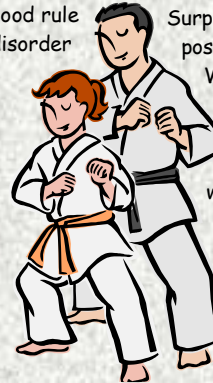
too much and they're easily overwhelmed, too little and they feel stifled and dependent. Help your child discover a talent or interest that they can pursue. Low self-esteem can be common in kids with ADHD, so help your child to develop a sense of self-efficacy. Develop an effective way to communicate with your child's teacher. ADHD-behaviors don't just appear at home. Treatment should be a team effort, including family members, school personnel, your therapist, and medical doctor. Which brings me to the question of when to medicate for ADHD behaviors? ADHD happens to be a condition that can be significantly improved with the use of medications. In fact, medication is often the treatment of choice. "But I worry about putting Bobby on drugs. After all, he's only seven years old" — very common and legitimate concerns and something to be discussed with your pediatrician. A good rule of thumb may be to look at how the disorder is affecting your child's overall functioning. Is he becoming irritable or sullen because he spends so much time in trouble? Is she becoming sad and anxious because she just can't seem to get her school work completed appropriately? Maybe it's time to consult your pediatrician or a child psychiatrist to determine if medications are appropriate for your child.

Finally, we've reached the ultimate weapon against ADHD. Can you guess what it is? PATIENCE! A parent can have all the available tricks up their sleeves, but it's nothing without patience. Something we all talk about, but often struggle to maintain. Just yesterday I found myself yelling at my new puppy for chewing my shoe who simply answered back by

barking louder and refusing to relinquish my sneaker. It's the same with kids. The louder and more out of control that Billy gets, the more calm and quiet you must be. As they escalate towards oblivion, it's up to you to douse that small flame before it becomes a raging inferno. Yes, it goes against human nature, but when it comes to a child that is heading out of control, you have to train (sometimes force) yourself to remain calm. "I don't want to do this math! It's stupid! School's stupid! You're stupid for making me do it!! I hate you!!" Recognize that the feelings are legitimate and work to diffuse the situation in a calm, soft voice, using simple requests. "It sounds like math is really hard for you. Let's take a break and then we'll start the homework again after dinner. Right now I'd like you to calm down. Take a deep breath and count to ten." Sound too simple to work?

Surprisingly, the child often reacts positively to a calm, steady voice. Whether or not it shows on the outside, kids crave the structure and stability of an adult who's in control of the situation. Certainly with teenagers, they need some independence, but ultimately they want to know that they are safe too.

So that's the big secret to combat ADHD, patience. Combined with structure, setting appropriate limits, and being consistent in your expectations and distribution of consequences, patience can prevent a lot of battles that often accompany a child with ADHD. Be sure to consult further with your child's individual therapist for more ideas on how to keep Johnny's ADHD in check, as each has their own set of tricks, but chances are, they're also going to suggest good old-fashioned patience.



New Staff Additions at the Sullivan Center for Children

by David Wolter, M.A.

Summer at the Sullivan Center usually means staff changes as interns leave after completing their year here and new interns arrive to begin theirs. Occasionally, we also lose psychologists who have worked with us for a long time and have become family. Leaving us this Summer are



Each staff person brings a special and distinct blessing to the center and to our clients

Candice Mickett, Psy.D. and long-term senior staff member, Nancy Doi, Psy.D. We wish them well.

New to us as of July are three interns who will be making one year commitments. Simone Beri, M.A. comes to us from Azusa Pacific University in Southern

California. Courtney Clinton, M.A. hails from Argosy University in Seattle. Anthony Lee, M.A. comes from Alliant International University's Fresno campus. All three are doctoral candidates.

Jamie Milotz, Psy.D. and Kelly Barton, M.A. will be continuing here at the Sullivan Center as Post-Doctoral Fellows.

One final note: this Summer marks 20 years since Kathy Sullivan began the Sullivan Center for Children. **Happy Anniversary** and congratulations Dr. Kathy! Thanks 4 sc4c!

Diagnosing Attention Deficit/Hyperactivity Disorder (ADHD)

by Anthony Lee, M.A.

Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common mental disorders that develop in children. Children with ADHD have impaired functioning in multiple settings, including home, school, and in relationships with peers.

ADHD is the term most often applied to children that previously would have been considered "hyperactive" or a "discipline problem" ten to fifteen years ago. As a diagnosis, ADHD can mean the exhibition of several different behaviors, each of which individually can be seen as "normal behavior" for children between the ages of two and seven years.

It is important to remember that children mature at different rates and have different personalities, temperaments, and energy levels. Most children get distracted, act impulsively, and struggle to concentrate at one time or another. Sometimes, these normal factors may be mistaken for ADHD.

There is a set of 18 symptoms that fall into three primary categories associated with this diagnosis (inattention, hyperactivity, and impulsivity). Not all of these symptoms are necessary for a child to be diagnosed with ADHD. Some examples of these symptoms would be the following: The child (1) often fails to give close attention to details or makes careless mistakes in schoolwork or other activities; (2) has difficulty

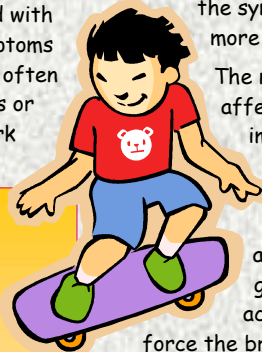
sustaining attention in tasks or play activities; (3) often times does not seem to listen when spoken to directly; (4) has difficulty organizing tasks and activities; (5) regularly avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework); (6) regularly fidgets with hands or feet or squirms in seat; (7) often times blurts out answers before questions have been completed; (8) talks excessively. In addition, the symptoms must be present in more than one situation.

The nature of the disorder will affect the child's ability to manage impulses and sustain attention in most settings where attention requires effort.

On the other hand, some activities like playing video games are highly stimulating activities and therefore do not

force the brain's attention. Thus, the ADHD child's ability to stay with these kinds of tasks are not proof that the child does not have this problem. Because of the multi-faceted nature of the disorder no single test can be used to reach a diagnosis of ADHD to determine if ADHD or any other factors are causing the child to display these symptoms. Careful attention to the child as well as comprehensive observation and testing in a controlled environment is necessary in order to properly diagnose ADHD.

Info from <http://www.nimh.nih.gov/> and APA's DSM IV-TR



Books to help kids who have ADHD:

by David Wolter, M.A.

Sometimes, just sitting down with your child and reading a book can help you express love and concern for them and can help them learn something they may have otherwise missed. There are four books that can help you address with your child their experience of having Attention Deficit/Hyperactivity Disorder:

Cory Stories: A Kid's Book About Living With Adhd by Jeanne Kraus and Whitney Martin
Learning To Slow Down & Pay Attention: A Book for Kids About Adhd by Kathleen G. Nadeau, Ellen B. Dixon, and Charles Beyl

Putting on the Brakes and The "Putting on the Brakes" Activity Book for Young People With ADHD by Patricia O. Quinn, Judith M. Stern, and Neil Russell

Sparky's Excellent Misadventures: My A.D.D. Journal by Phyllis Carpenter, Marti Ford, and Peter Horjus

And for parents, you may want to investigate **Driven To Distraction : Recognizing and Coping with ADD from Childhood Through Adulthood** by Edward M. Hallowell and John J. Ratey. All of these books can be obtained as new or used copies through Amazon.com.

Meet the Staff: Katie Redwine, Ph.D.

by Kelli Barton, M.A.

Katie Redwine, Ph.D. graduated from Alliant University in the Bay Area, where she gained a wide variety of experiences working with children, adolescents, adults, couples, and families. Her main areas of focus were family and children. While completing her graduate work, Dr. Redwine had specialized training in assessment, crisis intervention, and neuropsychology. She also served on the Ethics committee. In addition, Dr. Redwine found a love for reaching out to the community through public speaking.

Dr. Redwine brought these skills to the Sullivan Center two years ago and serves on our Continuing Education Committee. Since coming to the Fresno area, she has been

interviewed by the former Mayor regarding discipline. She has also made public appearances to discuss raising children with large age differences. Dr. Redwine's enthusiastic and positive attitude are appreciated by her co-workers and clients. She has a unique sense of humor and a genuine empathic concern for others that cannot be missed. She displays a passionate and honest investment in her work. Dr. Redwine also has a contagious eagerness and willingness to learn and is constantly challenging herself to continue educating herself throughout her career. We are honored to have her on board here at the Sullivan Center and hope to continue to work with her for years to come!

Special Announcements:

CALENDAR: The Sullivan Center will be closed for Labor Day (Mon. 9/7) and Thanksgiving (Thurs. & Fri. 11/26-27). Groups will be cancelled on the Saturday before Labor Day (9/5) as well as the Saturday after Thanksgiving (11/28). We will be open on Columbus Day (Mon. 10/12) and Veteran's Day (Wed. 11/11). Please check with your therapist to verify appointments for those days and to let your therapist know of upcoming vacation dates.

GROUPS: We currently offer 7 different groups: *Tuesday nights - high schoolers*
Wednesday afternoons - 3rd-4th social skills
Wednesday nights - 6th gr. boys social skills
Thursday nights - parents group
Friday afternoons - young adults
Saturday mornings 10am - 8-12 yr. olds
Saturday mornings 11am - 4-8 yr. olds

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**"Understanding
the World
Through a
Child's Eyes."**

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Questions and Answers

by Mark Barnes, Ph.D.

Q: I just learned that my seven year old son has been diagnosed with ADHD. What do I do next? How do I get him the help he needs?

A: The place to start is with your pediatrician. You should notify him or her of the diagnosis and seek his or her expertise regarding medical intervention. Make sure you ask your doctor what, if any, medications are available, the side effects of the medication and any potential long term effects of the medicine. You should also ask about alternatives to medication. Ask your doctor if there are any homeopathic remedies or dietary changes that may help.

Q: My daughter has ADHD and has done very poorly in school because of it. What can I do to help her?

A: Parents of children with ADHD should work closely with their child's teacher and school administration so that the child can get all the help and guidance he or she needs. Start by asking for a Student Study Team meeting. This is a meeting with your daughter's teacher, the school nurse, an administrator and usually a Resource Specialist. In this meeting you can discuss your child's diagnosis and your concerns for her academic struggles. Her strengths and weaknesses are discussed and a plan to help will be developed. Meeting regularly with the teacher and keeping the lines of communication open with all school personnel is paramount to making sure the plan is followed.

Q: Even with medication my child who has ADHD has some difficulties following directions, remembering school work and learning even the basics in mathematics and language arts. What do I do?

A: A second part of helping children with ADHD is behavioral therapies. Children with ADHD often benefit from behavioral therapies that focus on impulse control, listening skills, memory and organizational skill development. Work with your pediatrician, or psychiatrist to develop a working relationship with a good therapist to help your child in these areas. Your active participation in the treatment is necessary to help your child learn self-control, memory techniques and organizational strategies. I encourage you to be patient and remember that he or she will need many trials of various techniques to truly master the skill set that will be lifelong assets.

From the Director: Happy Birthday Sullivan Center

by Kathy Sullivan, Ph.D., ABPP

HAPPY BIRTHDAY SULLIVAN CENTER

On July 7th, 2009 we celebrated the Sullivan Center for Children's 20th Birthday. The Center began in a 1500 square foot office space on Shaw Avenue across from Fig Garden Village, with myself as the only clinician - Diana Miller as the only employee - and an ambitious dream as it's guide. Since that time the Center has employed over 80 individuals, trained over 50 clinicians, rescued one amazing cat, expanded to two 5,000 square foot buildings, and provided mental health services to almost 8,000 children and families. It has been an amazing journey - with much accomplished and much to be done. In this time of economic stress and hardship it is important for us all to stop and appreciate all we have accomplished thus far and to come together to forge ahead. The terrain of mental health service delivery for children has changed dramatically since the Center began and indications are that more dramatic and challenging changes lie ahead. Thanks to all who have made the center a healing place for children and families - Happy Birthday Sullivan Center!!!

Fall Seminar:

by David Wolter, M.A.

We had a great Summer seminar based on the book *How to Talk So Kids Will Listen* (Faber & Mazlish, 1980) and we thought it would be helpful for us to offer a Fall Seminar that again teaches the principles in the book as a refresher to some and an introduction to others. These principles will help those who parent and work with children to improve their communication with children and ultimately with others. If you missed the first seminar or if you want to brush up on your abilities to communicate with your children, this seminar is for you.

The seminar will be conducted in six 2-hour sessions that will include worksheets and video vignettes to improve the learning process. We will be offering this seminar in an evening format:

Wednesdays: 7pm-9pm Oct.7,14,21,28; Nov.4,11

Enrollment will be capped at 20 to facilitate the learning experience so call early to reserve your spot. Cost will be \$25/session/individual or \$40/session/couple.