

NEW OAKLAND NEWS



NEW OAKLAND
CHILD-ADOLESCENT & FAMILY CENTER



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LandisGraphicDesign: lgd.mlandis@gmail.com

What is ADD/ADHD?

Attention deficit disorder & attention deficit hyperactivity disorder -- also referred to as ADD or ADHD -- are biological, brain based conditions that are characterized by poor attention and distractibility (ADD) and/or hyperactive and impulsive behaviors (ADHD). They are two of the most common mental health disorders that develop in children. Symptoms may continue into adolescence and adulthood. If left untreated, ADD/ADHD can lead to poor school/ work performance, poor social relationships and a general feeling of low self esteem. The most prevalent symptoms of ADD/ADHD are inattention and distractibility and/or hyperactive and impulsive behaviors. Difficulties with concentration, mental focus, and inhibition of impulses and behaviors are chronic and pervasive and impair an individual's daily functioning across various settings -- home, school or work, in relationships, etc.

It is estimated that between 3 and 5 percent of preschool and school age children have ADD/

ADHD or approximately two million children in the United States. This means in a class of 25 to 30 students, it is likely that at least one student will have this common condition. ADD/ADHD begins in childhood, but it often lasts into adulthood. Studies estimate that 30-70 percent of children with ADD/ADHD will continue to have symptoms into adolescence and adulthood.

The exact cause of ADD/ADHD has not been determined; however the conditions are thought to have a genetic and biological component. ADD/ADHD tends to occur among family members. Many research studies currently focus on identifying which genes, or combination of genes, may cause a person to be more susceptible to ADD/ADHD. Physical differences in parts of the brain are also thought to be linked to ADHD.

Regardless of the cause of ADD/ADHD, an individualized treatment program should be developed for children-adolescents with a goal of maximizing function to improve relationships and performance at school, decrease disruptive behaviors, promote safety, increase independence and improve self esteem.

The **FACE to FACE** Three Day ADD/ADHD Assessment provides a short-term, concise and comprehensive model for achieving all of the aforementioned and moves forward with ADD/ADHD treatment planning. ❖

800-395-FACE (3223)



Grand Opening Announcement

New Oakland
will be opening a
Warren, Michigan
Center.
(February 2011)

26522 Van Dyke Ave,
Warren, MI
(10 Mile and Van Dyke)

Center Relocation Announcement

The Davisburg
Center is moving to
Clarkston, Michigan
(February 2011)

6548 Town Center Drive,
Clarkston, MI
(Sashabaw and 75)

A Historical View of ADD/ADHD

For the past 60 years, there has been very little research and change in understanding the complexities of ADD/ADHD. In the early days, ADD/ADHD was referred to as “Strauss Syndrome”. Since then, the scientific community has only moved toward name/title changes of this syndrome; from Hyperkinetic Disorder to Minimal Brain Dysfunction, and now to Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder.

Through the years, we have become and remain concerned about the simplicity of this diagnosis because many physicians and clinicians make said diagnosis by casual study and inference. In the meantime, our children struggle with educational, social and interfamily stressors. When labeled with ADD/ADHD, our children may become ostracized and alienated from their peers ultimately being forced to live with the negative label that ensues from such a diagnosis. ❖

A Clinical Study of ADD/ADHD

Over the last 15 years, New Oakland Child-Adolescent and Family Center has studied more than 1500 children-adolescents referred for re-evaluation of previous ADD/ADHD diagnosis. Through our research, New Oakland has uncovered the following:

- 72% of the youngsters simultaneously suffer from Cognitive/Perceptual/Sensory Motor delay/dysfunction (C.P.S.M.), more significant among preadolescents and girls;
- 68% of the youngsters also suffer from a more advanced form of Learning Disability (LD), more significantly among adolescents and boys;
- 78% of the population suffer from continuous emotional difficulty in the form of Depression, Anxiety, Impaired Self-Esteem, and eventually, poor motivation and rage reaction;

- 72% of the families have conflicting parenting styles (i.e. pro-active mothering and reactive fathering).

Along with these discoveries, New Oakland has also discovered a significant link between children-adolescents diagnosed ADD/ADHD and the secondary mental health issue of anger control & management. ❖

ADD/ADHD Medications List

Ritalin
Focalin
Ritalin SR
Adderall
Dexedrine
Metadate ER
Adderall XR
Concerta
Metadate CD
Strattera
Daytrana
Intuniv

ADD/ADHD Medications

Deciding which medicine to use to treat your child with Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder used to be easy. The big choice was whether to use generic or brand name Ritalin.

There is now a much larger choice among stimulants that can be used to treat ADD/ADHD. Fortunately, according to the American Academy of Pediatrics, at least 80% of children will respond to one of the stimulants, so if 1 or 2 medications don't work or have unwanted side effects, then a third might be tried. But how do you decide which medicine is best to try first? In general, there is no one 'best' medicine and the AAP states that 'each stimulant improved core symptoms equally.

It can help if you are aware of the different medications that are available. Stimulants, are considered to be first line treatments, and antidepressants, are second line treatments and might be considered if 2 or 3 stimulant medications don't work for your child.

Stimulants include different formulations of methylphenidate and amphetamine available in short, intermediate and long acting forms.

The decision on which medicine to start is a little easier to make if your child can't swallow pills. While there are no liquid preparations of any of the stimulants, the short acting ones, such as Ritalin and Adderall can usually be crushed or chewed if necessary. The sustained release pills must be swallowed

whole (except for Adderall XR).

In general, whichever medication is started, you begin at a low dose and work your way up. Unlike most other medications, stimulants are not 'weight dependent,' so a 6 year old and 12 year old might be on the same dosage, or the younger child might need a higher dosage. Because there are no standard dosages based on a child's weight, stimulants are usually started at a low dosage and gradually increased to find a child's best dose, which is the one that leads to optimal effects with minimal side effects. ❖

If you have questions or would like to schedule an appointment please call any of the New Oakland locations.

FACE to FACE Crisis Intervention and Assessment Program

800-395-FACE (3223)

LOCATIONS TO SERVE YOU

Davisburg Center
12850 Fountain Square
Drive, Ste. 106
Davisburg, MI 48350
(248) 634-6303

West Bloomfield Center
5775 W. Maple Road
West Bloomfield, MI 48322
(248) 855-1540

Livonia Center
31500 Schoolcraft Road
Livonia, MI 48150
(734) 422-9340

Clinton Township Center
42669 Garfield Road
Clinton Township, MI 48038
(586) 412-5321

Meet the Director of Marketing & Business Development



Martha Adair, MA, LLP

Ms. Adair currently serves as the Director of Marketing and Business Development for all New Oakland facilities. Her primary responsibilities include ensuring growth through effective marketing campaigns and management of all

business development engagements. Additionally, Ms. Adair provides full clinical support and supervision for the Clinton Township facility. Martha received her Master of Arts in Clinical Psychology from the University of Detroit. She has worked in various psychiatric inpatient, outpatient and day treatment settings. Martha also has an extensive background in managed care clinical operations, as she was previously Clinical Operations Manager of Value Options Managed Care System. Martha has two adult children—a son Jamie and a daughter Melissa. ❖

FACE to FACE Three Day ADD/ADHD Assessment

Most children have moments where they do something impulsive, such as blurt out something they didn't mean to say, or lose interest in one task and switch to another before the first is complete. Sometimes, children get forgetful and disorganized, especially if they have a lot on their minds or are under a great deal of stress. As a parent, knowing when to have a child evaluated can be difficult to determine. Some questions that can be considered when deciding whether or not to seek an evaluation include:

- Do these behaviors occur more often than in other children of the same age?

- Are these behaviors a continuous problem, rather than a response to a temporary situation?
- Do the behaviors occur in several settings or only in one specific place, like the playground or in the schoolroom?

Although there is no single definitive test for ADD/ADHD, there are similar symptoms. Since other conditions, i.e., mood disorders, anxiety disorders, and other disorders of childhood, are found to frequently coexist with ADD/ADHD in many children, treatment of ADD/ADHD must occur in the form of a comprehensive assessment. The **FACE to FACE** Three Day ADD/ADHD Assessment is a comprehensive and practical approach that helps frustrated

children, parents and educators understand where a child's impediments to learning occur. By way of the **FACE to FACE** therapeutic day milieu, children are provided a comprehensive psychiatric and psychological assessment and evaluation. These observations coupled with individual, family and group process interaction help yield a child's true distractibility and issues of attentiveness. The **FACE to FACE** Three Day ADD/ADHD Assessment provides a short-term, concise and comprehensive model for achieving the necessary foundation for moving forward with ADD/ADHD treatment planning. The **FACE to FACE** Three Day ADD/ADHD Assessment is available at any of the four New Oakland Family Center locations. ❖

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INTERESTING FACTS ABOUT PSYCHOLOGY

Decisions

According to studies made at Northwestern University, men change their minds two to three times more often than women. Most women, the experiments found, take longer to make a decision than men do, but once they make a decision they are more likely to stick to it.

Intelligence

Females learn to talk earlier, use sentences earlier, and learn to read more quickly than males. Males have a greater incidence of reading disabilities, stutter more, read with less speed and accuracy, and by the time they reach maturity have a smaller vocabulary than females.

Experiments

Experiments conducted at several college laboratories demonstrate that hard rock music played to colonies of termites cause the insects to enter a kind of frenzy and to chew through wood at twice their normal rate.

IQ

Based on the total number of people tested since IQ tests were devised, women have a slightly higher average IQ than men.

FACE to FACE 7 Step Approach to Family Crisis Assessment & Intervention

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