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# New Oakland NEWS

Fall 2015, Issue 20



## Dr. Ismail Sendi: A Tribute (1935 – 2015)

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by Greg Sendi  
New Oakland Communications Director



I'd like you to know a little bit about our founder (and my dad), Dr. Ismail Sendi. He died on July 2.

First, here are some little things you may not have known: He was deeply into Hemingway and Pink Floyd and the Russian novel *The Brothers Karamazov*.

He had what might be described as an unwholesome relationship with all-you-can-eat buffets.

He believed glue was the answer to all home repair challenges. He once told me to fix our VCR with glue.

He loved professional wrestling and the NFL . . . and he knew one of them was rigged and a total fraud, just staged for TV ratings and to rile people up.

And the other one had Hulk Hogan.

Now onto the bigger things. He was one of Michigan's leading psychiatrists and among the strongest voices in advocating for the unique needs and rights of people

with mental illness in the state's public and private mental health systems.

He was born in Iran and moved to the United States in 1961 to begin his medical career. He met my mom in 1962 and they married and moved to Detroit in 1963, where he remained for his entire life.

He studied at Detroit's Lafayette Clinic — at the time, one of the world's leading psychiatric research and training institutions, closed in 1992 due to state funding cuts.

In the 70s, 80s and 90s, Dad served as Director of Fairlawn Center in Oakland County one of Michigan's nationally recognized public mental health facilities for children and teens.

When budget cuts forced the closure of Fairlawn and other state-funded mental health facilities, my dad founded New Oakland Family Centers — where he continued his passion for the work that helped so many people.

When my dad started his career, Michigan had one of the most effective mental health systems in the country. Today it's a different story. Little by little, we have dismantled what made us great.

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## Dr. Ismail Sendi: A Tribute

(continued from page 1)

Dad was never angry about it. He was too optimistic for that. But he would say it's long past time to start rebuilding what made Michigan great when it comes to mental health care. Not rebuilding the old facilities. They are gone. But building something new, something even better.

We face enormous challenges that only a strong new mental health system can address.

Rates of teen suicide are too high. Rates of substance abuse are too high. Rates of depression and domestic abuse and trauma are too high. Rates of PTSD among our veterans returning from Iraq and Afghanistan are too high. The list goes on and on. When people with mental illness wind up in our criminal justice system or create a market for illegal drugs in our state or divert the resources of our local police departments or clog our hospital emergency rooms or are unproductive at work — this creates social costs that far exceed the cost of helping them get the care they need.

My dad would say Michigan has the talent and expertise to do the job. What we lack is the right perspective to make it happen.

[www.NewOakland.org](http://www.NewOakland.org)



He would say (and did, many times) we can't view the fight against mental illness as some other family's problem. In Michigan and around the country, the epidemic of mental health issues is everyone's problem. We are one family when it comes to addressing the problems.

That perspective was the foundation of his lifelong commitment to helping families find the care they need to build and rebuild their lives — often when other parts of our mental health system could not find a place for them or find a way to take an interest in them.

He touched the lives of tens of thousands people all over our community — so many of them children and teens and families — people who came to him when they were hurting. Those many thousands of people found him because they heard about his care, patience, insight and dedication to healing.

Today, strong collaborations between public, private and community resources have the opportunity to carry on his work and to do things the older system couldn't do. Together, he would say, we can build a new system that is more agile, affordable and focused on results that benefit all of us.

My dad was funny and smart and fearless and the hardest working person you will ever know. He never shied away from a fight and he fought hard to stay with us for as long as he could.

So as you think about your own perspective on mental health care, please remember that fight and his strong belief in our collective connection to the human family.

And if you remember those two things because you learned a little bit about him here, you will sleep well tonight and he will sleep well, too.

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To learn more about New Oakland's state of Michigan-licensed FACE to FACE day program, visit us online at [www.NewOakland.org](http://www.NewOakland.org)

# What is Attention Deficit Hyperactivity Disorder (ADHD) and How Do We Approach Diagnosis and Treatment?



**By Ismail B. Sendi, MD  
Founder, New Oakland  
Family Centers**

*(As part of our tribute to Dr. Ismail Sendi, in this issue, we reprint this item from the first issue of New Oakland News)*

Most children have moments where they do something impulsive . . . like blurt out something they didn't mean to say or lose interest in one task and switch to another before the first is complete.

As a parent, knowing when to have a child evaluated can be difficult to determine. It may be an ordinary and expected part of growing up. But if these challenges persist or become hard to manage, it may be related to the condition known as attention deficit hyperactivity disorder (ADHD).

ADHD is a biological, brain based condition that is characterized by poor attention and distractibility and/or hyperactive and impulsive behaviors. It is among the most common mental health disorders that develop in children. An estimated three to five percent of children in the U.S. (approximately two million youth in total) have ADHD.

## New Oakland Announces New Wayne County Center in Southgate

New Oakland is excited to announce the opening of a new full-service location in Southgate, MI.

The new center will serve Detroit's downriver community and join our Livonia location as New Oakland's second Wayne County center.

New Oakland's Southgate center will be located at **13305 Reeck Road (near I-75, exit 37, Northline Rd.)**. The Southgate center is expected to open its doors in late September and be fully operational in October. Once open, you'll be able to reach New Oakland/Southgate at **734-225-2090**.

"We're excited about our continued growth throughout the Detroit area," said New Oakland Vice President/Operations Kevin Sendi. "It signals that our core idea — delivering the right care at the right time — is one that is really resonating with the people and communities we serve."

ADHD begins in childhood but 30-70 percent of children with ADHD will continue to have symptoms into adolescence and adulthood. If left untreated, ADHD can lead to poor school or work performance, poor social relationships and a general feeling of low self-esteem.

The exact cause of ADHD has not been determined; but the condition is thought to have biological and genetic components. Many research studies currently focus on identifying which genes, or combination of genes, may make a person more susceptible. Physical differences in parts of the brain are also thought to be linked to ADHD.

Regardless of cause, an individualized treatment program should be developed for children and 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.

### It's Important Not to Oversimplify

In the early days, ADHD was referred to as "Strauss Syndrome". Since then, the scientific community has changed the name of the syndrome several times — from Hyperkinetic Disorder to Minimal Brain Dysfunction, to Attention Deficit Disorder (ADD) and now to ADHD.

At New Oakland, we believe it is important not to oversimplify the process of arriving at an ADHD diagnosis. When a diagnosis is made too quickly or without in depth evaluation, it risks giving too little attention to the educational, social and interfamily stressors that are just as important to address as ADHD but don't have the same easy labels or well-established answers.

When labeled with ADHD based on an oversimplified diagnosis, children may become ostracized and alienated from their peers ultimately being forced to live with the negative label that ensues.

It's also an oversimplification when some parents and doctors hastily view complaints of inattention as full-blown ADHD.

At New Oakland, we hear it all the time. "My child isn't sitting quietly at his desk. We think he has ADHD." He or she he may indeed have ADHD — but it very well could simply be an expected part of childhood, and isn't pathological.

### A Clinical Study of ADHD

Over the last 15 years, New Oakland Family Centers has studied more than 1,500 children/adolescents referred for reevaluation of previous ADHD diagnosis. Our research has shown:

- 72% of ADHD-diagnosed children and teens simultaneously suffered from cognitive, perceptual, sensory or motor delay or dysfunction. (This is more prevalent among preadolescents and girls.)
- 68% of the same group experience a more advanced form of learning disability. (This is more prevalent among adolescents and boys.)
- 78% suffer from emotional difficulties, depression, anxiety, impaired self-esteem and eventually poor motivation and rage reaction
- 72% of the families of ADHD-diagnosed children and teens have conflicting parenting styles (for example, pro-active mothering and reactive fathering or vice versa).
- Along with these discoveries, New Oakland has also discovered a significant link between children and adolescents diagnosed with ADHD and the secondary mental health issue of anger control and management.

### How to Treat ADHD

Because ADHD is, in part, as resulting from abnormal chemical levels in the brain that impair a person's impulse control and attention skills, medication can often help dramatically. But medications (like Ritalin and Adderall) are only part of the answer and can often lead to challenges of their own.

At New Oakland, we pride ourselves on using medication conservatively and as part of a whole-person approach to ADHD treatment. We recognize that medication can sometimes work wonders. But it's wrong to view them as a quick-fix before we're fairly certain it's truly in a child's best interests.

Effective treatment also involves family, interpersonal or cognitive behavioral therapy that work hand-in-hand with medication (if and when medication is appropriate) to help set an individual with ADHD back on a path toward constructive and productive behavior.

Above all, the most important factor is getting a comprehensive assessment to provide a practical approach for moving forward with ADHD treatment planning.

# The Art of Dealing with Misbehaving Children

**By Katie Parker  
New Oakland Clinical  
Training Coordinator  
and Therapist**



On a daily basis, New Oakland faces any number of incidents where young people with illnesses and disabilities act out aggressively, and we are ethically, morally and legally required to deescalate situations safely, without inflicting harm.

Whether it's schools or police or mental health providers like New Oakland, the rules of engagement are made clear in the extensive training we undergo.

On the other hand, when authority figures are either improperly trained or fail to act appropriately, the consequences can be serious.

A case in a Frankfort, Kentucky, elementary school had some of us at New Oakland aghast. An 8-year-old boy and a 9-year-old girl, both weighing about 55 pounds, were put in handcuffs by a "school resource officer." Both children had been disruptive and both had been diagnosed with ADHD.

Kentucky state regulations ban school officials from physically restraining students. "Shackling children is not okay. It is traumatizing, and in this case it is

also illegal," Susan Mizner, disability counsel for the ACLU, said in a news release.

A resulting lawsuit says that the experience caused "a severe mental health crisis" and the resource officer called for a "medical crisis team." The girl was taken by ambulance to a hospital for a psychiatric assessment and treatment.

New Oakland complies with the non-violent crisis intervention approach advocated for by the Crisis Prevention Institute (CPI).

Each child in our care has an individualized treatment plan, and it is essential that we look to CPI approaches when working with kids in our care.

CPI uses a team approach as a last resort when a situation requires physical intervention with a focus on CARE, WELFARE, SAFETY and SECURITY.

But most of the situations that occur can be de-escalated with verbal interventions. For those with autism, even simple body contact can be traumatizing and exacerbate the problem.

The key to CPI training is to recognize and respond to behavior levels before they escalate to crisis. Early and effective verbal intervention can help defuse a situation and avoid a crisis all together.

## Meet Christina Polk: Clinical Supervisor, Clinton Township and Warren Centers



Christina received her Master of Arts in Professional Counseling from Oakland University.

Prior to her current role, Christina has held various positions since joining New Oakland in 2011, most recently as a primary FACE to FACE therapist at New Oakland's Clinton Township Center.

As a Clinical Supervisor, Christina has a unique vantage point from which to view the many ways New Oakland helps contribute to the lives of the consumers we serve.

"Every day brings with it a new set of challenges, but I love the opportunity to make a positive difference in people's lives every time I come to work," Christina says. "I'm excited to be a part of an organization that is helping people find the care they need at some of the most difficult times in their lives."

We offer choices and set limits. We're careful to never make unenforceable threats and ultimatums, such as, "You better behave or else!" To translate to a school setting we may say, "You can stay here and do your work or you can sit with me in the principal's office." The child may not have control of his symptoms, but can make choices. We offer simple, clear options that we must be able to enforce. We use a calm and non-threatening tone. No matter how frustrated we may feel, we can't get in a child's face. If we escalate, the child escalates.

Managing the misbehavior of someone with a mental health challenge can be extremely pressure-filled and difficult. The best professionals stay calm under pressure and pride themselves on performing the proper techniques without panicking. That serves two purposes: doing what's best for those you are serving and feeling pride in doing one's job effectively despite the circumstances we may face.

## New Oakland locations to serve you

**Center Line Center**  
26522 Van Dyke Avenue  
Center Line, MI 48015  
586-759-4400

**Clarkston Center**  
6549 Town Center Drive  
Clarkston, MI 48346  
248-620-6400

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

**Farmington Hills Center**  
32961 Middlebelt Road  
Farmington Hills, MI 48334  
248-855-1540

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

**Warren Center**  
8150 E. 13 Mile Road  
Warren, MI 48093  
586-825-9700

**FACE to FACE Crisis  
Stabilization Services**  
877-800-1650  
(24 hours/day)