

OUTREACH

MOUNTAINSIDE HOSPITAL

P A R E N T I N G A C H I L D W I T H

Attention Deficit-Hyperactivity Disorder

Robby, 7, fidgets and taps his pencil against his desk. He often bounces out of his chair and blurts out the weather conditions to his teacher.

Emily, 12, must complete two homework assignments and an art project. But she can't find her textbooks or art supplies, and can't remember whether she brought them home from school or left them there.

Both children have symptoms of attention deficit-hyperactivity disorder (ADHD), which is characterized by patterns of inattention, hyperactivity-impulsivity, or a combination of both. ADHD can occur in children and adults, interfering with social, academic, and occupational functioning. "ADHD affects almost one in every 20 children, so chances are there's one child in every classroom who has it," says Mark Faber, M.D., staff psychiatrist, who has a private practice in adult and child psychiatry in Upper Montclair.

ADHD likely occurs due to dysfunctioning of several regions of the front part of the brain. In the majority of children, symptoms begin prior to age seven, although the disorder may be present several years before it is diagnosed. Many children simply "grow out" of ADHD, but one-third to one-half will continue to have symptoms into adulthood.

According to Dr. Faber, ADHD is genetically inherited. Although it is

believed to be found more often in boys than girls, there is some discussion as to whether it is underdiagnosed in girls because their social conditioning is different than boys. Also, the hyperactivity-impulsivity component, the symptoms of which are more readily apparent, appears more often in boys, which may lead parents to overlook ADHD symptoms in their daughters.

Children or adults with the inattention component have difficulty paying attention to details, are unable to sustain their attention to schoolwork or job tasks, are easily distracted or frequently interrupt tasks because trivial noises disturb them, have difficulty organizing tasks and activities, and often lose items necessary for schoolwork or job assignments.

The hyperactivity-impulsivity component causes fidgeting, difficulty remaining seated, inappropriate running or climbing, difficulty playing or studying quietly. Children appear to be in constant motion, tapping their hands and shaking their feet, blurting out answers, and refusing to wait their turn. Adults may be restless, talk incessantly, or have difficulty engaging in quiet, sedentary activities, such as reading.

Dr. Faber says that the first step toward a proper diagnosis is to have your youngster evaluated by a child psychiatrist, who may then refer him or her back to your family pediatrician or a pediatric neurologist for follow-up care when appropriate.

Elisabeth Dagress, L.C.S.W., clinical coordinator of outpatient psychiatry services, who counsels children with ADHD and their parents, offers the following tips:

- Apply limits, with clear and consistent instructions.
- Act as your child's advocate with teachers.
- Teach your child problem-solving methods and how to relax.
- Help your child organize homework assignments by dividing them into timeframes based on importance and difficulty.
- Have your child use a calendar to list school and social engagements to avoid double-booking, which adolescents with ADHD often do.
- Teach perspective and priorities.
- Discuss with your child how to act with self-esteem.
- Find the best physician you can, one who regularly treats ADHD.
- Ask your child's physician about enrolling him or her in social skills training, an important tool for those with ADHD.
- Enlist a relative or friend to serve as a back-up when you need a break.
- Join a support group, such as CHADD (Children with Attention Deficit Disorder), which has regional offices throughout New Jersey.
- Consider parent skills training, which can be taught by a therapist who treats those with ADHD.

continued inside



A MESSAGE FROM WILFRID LIEBHAUSER, M.D. CHAIRMAN OF PSYCHIATRY

Welcome to the inaugural issue
of OUTREACH.

Major research findings and
treatment advances within the
last decade have revolutionized
the way we are now able to
help individuals achieve and
maintain a productive life filled
with dignity. As we learn more
and more about how the brain
works in conjunction with the
entire body, we have been able
to find innovative solutions to
the challenges imposed by
mental health disorders.

For more than 30 years,
Mountainside has been a
leader in providing comprehen-
sive mental health and alco-
hol/substance abuse services to
individuals throughout north-
ern New Jersey. Our team of
Board Certified physicians and
mental health professionals
works hand-in-hand with
patients and their families,
offering a continuum of
services throughout all stages
of illness and recovery.

At some time in their lives,
almost every family will be
touched by one of the disorders
we collectively term "mental
illness." Remember, you are
not alone.

ATTENTION DEFICIT-HYPERACTIVITY DISORDER

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"Treatment for ADHD is what we call 'multi-modal,'" he says. "We start with a school-based intervention, working with a child's teacher to reward and praise the child for completing tasks and for controlling inappropriate behavior in the classroom."

Dr. Faber says the second mode is to enlist the parent as a coach: "We teach them how to help their child structure his or her day and how to help build self-esteem, which is often low or lacking in these children."

The third treatment mode is medication, which may include stimulants such as Ritalin or Dexedrine (both are given in short- or long-acting doses). Cylert, another stimulant medication, is also longer acting. Other medications used in treating ADHD include Clonidine, a medication also used in adults to treat high blood pressure, and antidepressants, such as desipramine or more recently, Wellbutrin.

Sometimes counseling or psychotherapy is needed to address

difficulties that may have arisen, such as peer isolation, anxiety, behavioral problems, or low self-esteem. "The important thing for parents to remember is that by having your child diagnosed and treated while he or she is still young may help squelch the dangerous activities — such as substance abuse or risky behaviors — that individuals with ADHD tend to get involved with as adolescents or young adults," says Dr. Faber.

OVERCOMING

Substance Abuse

We treat alcohol and substance abuse like other medical illnesses, such as diabetes or heart disease," says Robert Gajdos, M.D., assistant director of alcohol/chemical dependency (ACD) services, who is an internist certified in addiction medicine. "People who have been dependent on alcohol or drugs — both prescription and illegal — go through acute and chronic stages of their illness and need different treatment methods, both intensive and less structured, at each interval."

The goal of ACD services is to help individuals understand their illness, cope with it, and eventually control it. Treatment is provided by a mental health team, headed by Dr. Gajdos and Catherine Liebhauser, M.D., staff psychiatrist for ACD services. Both oversee specially trained therapists, who have been certified in alcohol and substance abuse counseling.

According to Steve Woodstock, M.A., C.A.D.C., clinical supervi-

sor of ACD services, the incidence of alcohol and drug abuse is about 10 to 15 percent of the population, with a greater prevalence among people under age 30.

Helping an individual overcome an addiction requires the support of family members. "The

first question a spouse or loved one must ask is 'Am I going to stay?'" explains Mr. Woodstock. "If the answer is 'Yes' they must learn to live with the recovering abuser, making family sessions crucial to their emotional and mental health."

THE CAGE QUESTIONNAIRE

Alcohol is the most abused drug in the world. Nine out of 10 people who drink do so responsibly. The tenth person will enter early stage alcoholism, characterized by an increase in alcohol tolerance, an onset of memory blackouts, secret drinking, feelings of guilt, drinking to take the edge off, urgency of first drinks, and an inability to discuss the problem.

The **CAGE** questionnaire can be a useful indicator of alcoholism or drug addiction. A "yes" response to any of the following questions could mean that you have a problem with alcohol or drugs.

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever tried to C ut down on your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you A nnoyed when people ask you about your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever feel G uilty about your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever take a morning E ye-opener? | <input type="checkbox"/> | <input type="checkbox"/> |

Reference: Ewing JA. Detecting alcoholism: the CAGE questionnaire. JAMA. 1984;252:1905-1907.