

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

a FRIENDLY chat

WITH DR. JAY GORDON

Let's Talk

We are blessed with the best communication tools ever imagined; the cell phone, email, and even Facebook. These technical advancements, however, haven't necessarily ensured that your communication with your children will be effective or even happen. Meaningful and helpful communication dialogue between parents and children is essential on their paths to development as young adults. Most importantly, it shows your children that you love communicating with them and that you have fun chatting.



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Learning to Communicate Starts at Home

Effective communication with your children can result in several desirable outcomes;

- ◆ Your child will learn important social skills (by observing their parents communicating with them).
- ◆ Communication builds trust between parent and child.
- ◆ Expectations for behavior are clear and understandable.
- ◆ Children who communicate with their parents have higher self-esteem.



"To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others."

Anthony Robbins

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How can you communicate more effectively?

- * Take time to prepare. Clear your head and focus fully on the child.
- * Begin with some praise and reassurance.
- * Ask if it's a good time to chat.
- * Talk to your child like he/she is a partner in the family.
- * Demonstrate positive regard. Your child will know if you have faith in his/her ability to handle situations on his/her own.
- * Begin with a question: How do you think today went?
- * Listen attentively. Let the child know that you hear and understand his/her views and reasoning; right or wrong.
- * If discipline is required, stick to the problem behavior. Do not blame the child. Learn to separate the "deed" (the observable behavior) from the "doer" (the person).
- * Summarize the conversation and come to an agreement. Maintain firmness; who is the boss?
- * If it doesn't go well, praise the "close approximation" (a good try) and plan together to chat again in the near future.
- * Always demonstrate that you like communicating and look forward to more time to talk.
- * If you text with your child, be aware that often texting, by its brevity, is sometimes misleading.



Communication with your child is powerful and rewarding. Good communication takes time. Because you are busy, prioritize effective communication time.

When silence is golden: Effective use of ignoring

Children often misbehave because they are skilled at obtaining attention or power as an unintentional consequence of their behavior. An excellent strategy for improving a child's behavior is to drastically increase attention to positive behavior and ignore negative behavior.

The steps for using ignoring as a strategy to change behavior are:

1. Choose a specific behavior.
2. Remove all attention when the behavior is negative. This means no touching, no talking, no eye contact. Resist the urge to argue, teach, or scold your child.
3. Make sure the targeted behavior is not rewarded in some other way such as with a material reward or activity reward.
4. Stick to it! Often a behavior will increase before it decreases once a behavioral intervention is implemented. Therefore, once you choose a behavior to ignore, stick to it.
5. Be sure to continue to pay attention to appropriate behaviors and provide copious amounts of attention once the targeted behavior has stopped.

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.

How to Give Effective Commands

Act don't react. In other words, stay calm and in control. Use your normal voice, but be firm. Plan your actions. Your emotions need to be under your control and not dependent on your child's actions, attitudes or thoughts.

Act don't yak. Once you give a command or choice, act on it immediately. Spending time begging, explaining, criticizing, threatening, screaming, and pleading just leads to power struggles and unintended attention to your child. This attention can be very rewarding to your child (negative attention is still attention and reinforcing!) and you can end up strengthening negative behavior instead of diminishing it.

Say what you mean. Commands are best when they are specific, direct, short and focused on behavior. 'Soft' commands such as "would you", "let's", "how about we" give your child the message that not complying is a viable alternative to complying. Give one command at a time and attempt to make it as clear, simple and specific as possible. And remember, we are concerned with behavior, not the thoughts, attitudes or worth of your child.

Mean what you say. Said another way, pick your battles. Too many demands and commands on your child can shut down communication and ruin the positive connection between you and your child. Once you decide the command is important, necessary, and urgent, be prepared to follow through with it.



Give choices. Children, especially strong-willed children, like to test limits. Providing your child with clear choices will make the consequences of non-compliance clear to your child. Choices also let the parent know what their next action needs to be (see Act don't yak) and puts an end to power struggles. Choices are best when they are naturally or logically associated with the intended behavior. Choices also need to be reasonable (make sure the punishment fits the crime), and most importantly, under the parents' control.

It takes time to be a success, but time is all it takes.

- Anonymous -

CAN NEUROPSYCHOLOGICAL TESTING HELP MY CHILD?

Too often a diagnosis of ADHD is made without taking the time or putting in the energy to gather all the necessary information to make an accurate diagnosis. The best interventions for correcting someone's symptoms and/or inappropriate behaviors will be very different depending on the diagnosis. Often other disorders and problems can mimic the symptoms of ADHD. For example, a stressed out, depressed, or anxious child can become inattentive and distracted at home and at school. To make matters even more complicated, approximately 80% of individuals diagnosed with ADHD also have other coexisting psychiatric disorders that require professional attention and unique solutions.

Frequently ADHD leads to problems with peer relationships, parent-child relationships, marital relationships, and academic and/or work under-performance. A comprehensive evaluation will answer why an individual is struggling in these areas. A correct conceptualization of the underlying causes of a problem is the crucial first step to finding the right solutions. A good comprehensive evaluation will also identify a person's strengths. Ultimately, success depends on discovering ways to work around and compensate for areas of relative weakness in an individual and utilize and capitalize on his/her strengths.

A neuropsychological battery includes behavioral questionnaires, IQ tests, personality tests, tests of cognitive abilities (attention, memory, language ability, spatial ability, reasoning, executive functioning, etc.), and academic testing. Based on this evaluation, a clearer picture will emerge and an individualized treatment plan can be developed.

Reasons to administer neuropsychological testing include:

- Obtain an accurate and comprehensive diagnosis
- Develop a clear conceptualization of an individual's behavioral or academic problems
- Recommend behavioral and academic interventions and accommodations
- Evaluate for specific learning problems and clarify cognitive strengths and weaknesses to guide educational and behavioral interventions

Associated Disorders which can cause similar symptoms as ADHD

The following is a list of possible psychiatric disorders that could coexist with ADHD or could be responsible for the symptoms also frequently associated with ADHD:

- ➔ Oppositional Defiant Disorder
- ➔ Conduct Disorder
- ➔ Learning Disability
- ➔ Anxiety Disorder (Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Post-traumatic Stress Disorder, etc.)
- ➔ Depressive Disorder
- ➔ Bipolar Disorder
- ➔ Autistic Spectrum Disorder (Autism, Asperger Syndrome, Pervasive Developmental Disorder, NOS)

