

## IN THE NEWS

**OCD Educational Event – Save the Date**

On December 5, 2015, Lindner Center of HOPE will be offering a full day educational event for clinicians on “Advances in the Treatment of OCD and Comorbid Disorders.” Topics covered will include an overview of the diagnosis and treatment of OCD, treatment of individuals with OCD and eating disorders, advances in pharmacological approaches and medical procedures for treating OCD, OCD and addiction treatment, diagnosing and treating Pediatric Autoimmune Neuropsychiatric Syndrome (PANS), and treatment of morbid and violent obsessions.

Presenters will include research and clinical faculty of the University of Cincinnati’s Department of Psychiatry including **Dr. Susan McElroy**, who is internationally known for her research in bipolar disorder, eating disorders, OCD, obesity, and impulse control disorders. In addition, presenters will also consist of members of the Lindner Center of HOPE’s OCD and Anxiety Disorder Treatment program, such as Charles

Brady PhD and Jennifer Wells, LISW. Six CME hours for physicians, nurse practitioners, psychologists, and social workers and counselors will be offered. Please contact Pricila Gran at [pricila.gran@lindnercenter.org](mailto:pricila.gran@lindnercenter.org) or (513) 536-0318 for additional information.

**More on the Web - [lindnercenterofhope.org](http://lindnercenterofhope.org)****> Library of Resources**

This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

**> Treatment Teams**

Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

**> Support Groups**

Review the list of support groups available at the Center.

**> For the Patient with Complex, Co-Morbid Needs**

A short-term residential treatment center where clinicians are dedicated to bringing the latest treatment methods to optimize successful patient outcomes. Call (513) 536-0537 to learn more about Sibcy House.

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

(513) 536-HOPE (4673)

Lindner Center  
of HOPE |  Health™

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**Interested in touring  
Lindner Center of HOPE?**

Contact Jennifer Pierson at (513) 536-0316.

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# The Source

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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

OCTOBER 2015



## Events

**November 3**

**Grand Rounds: R. Douglas Mitchell, DMin, BCCI, Director, Pastoral Services, The Christ Hospital Network Presents: Grief Recovery: The Criteria for Wellness at Noon, Lindner Center of HOPE Gymnasium/Conference Center**

**November 4-7**

IECA Scottsdale

**November 11**

Mason Community Outreach, **What is Motivation for Change and how important is it?** Presented by Melissa McCarthy, MS, CRC, CPRP, Life Skills Development Coach, Mason Community Center, 6:30 - 7:30 p.m.

**November 12-14**

ABCT Conference Chicago

## Patient Satisfaction

Patient Satisfaction results for September 2015 averaged a rating of **4.5 out of 5**, with 5 signifying the best possible care.



## ADHD and Kids

By Jennifer Bellman, Psy.D., Lindner Center of HOPE Staff Psychologist

Ah, fall. For many it means a time for apples, visiting fall farms, enjoying the cooler respite from the days of Indian summer, and purchasing any pumpkin-spice-infused food or drink or scent that hits the consumer-driven market. It's also the time of year when parents (who might have been holding their breath for the first few weeks of school) may grow concerned about their homework-resistant child and when interim reports and/or parent-teacher conferences provide knowledge about a child's academic progress and behaviors at school. And for some families, notices and emails of concern from teachers arrive well before the parent-teacher conferences are even scheduled.

Fall. It is when the referrals start pouring in from parents who wonder if their child might have Attention Deficit/Hyperactivity Disorder (ADHD).

Often, referrals for ADHD evaluations take on different forms, depending on the age of the child. Generally speaking, the younger the child, the more behavioral problems he or she has likely exhibited in the classroom. These can include anything from talking in class, interrupting the teacher, blurting out answers, pushing others as they form a line, invading others' personal space, and needing continual reminders to sit in one's chair. All these are symptoms of impulsivity and hyperactivity and are the most noticeable symptoms teachers observe in class, and they are the most "disruptive" to the process of teaching and learning. It is not uncommon for these children

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to start exhibiting these difficulties in preschool, when they first enter into a structured group environment with expectations of age-appropriate rules and directions.

Struggles with inattentiveness (without impulsivity or hyperactivity) may start being observed in children as early as the 2nd or 3rd grades, when the fundamentals of reading and math are already expected to have been sufficiently established. Many of these children are not exhibiting outward signs of problems, nor are they causing enough of a disturbance in the class for teachers to place on their radars. Instead, these children are ones who may struggle to complete their seatwork and are required to take it home to finish, make “simple” mistakes in their work, sometimes “stare into space,” forget to turn in their homework, become distracted by other tasks, and/or “do not seem to be performing up to their academic potential.” Due to the quiet nature of inattention, it is also not uncommon for children to first become identified as having ADHD until junior high or high school, when the demands for the academic work become increasingly more difficult. Sometimes, high intelligence in a child can mask underlying inattention and distractibility; the child may still grasp the academic work without showing any difficulties. The more complex the work in school becomes, though, the more opportunities there are for a highly intelligent child with ADHD to exhibit their underlying struggles.

Many people only focus on struggles with inattentiveness, distractibility, impulsivity and/or hyperactivity when wondering if a child has ADHD. The less obvious (and yet very important) areas to consider are those of executive functioning. These are higher-order cognitive abilities “housed” within the frontal lobe of the brain, which is the last lobe of the brain to develop and is not fully formed until one’s mid-to-late 20’s. These skills involve planning, organizing, inhibiting (or, controlling) one’s impulses or behaviors, and other complex skills. We can easily observe how behavioral disinhibition (i.e., dyscontrol) is represented by impulsive acts. Two other areas of executive functioning that are especially noteworthy to consider when wondering about ADHD (and how impairments are observed) include:

**Poor time management:** procrastination; conceptually minimizing the time it actually takes to complete a project or an activity; rushing; arriving late most of the time; not utilizing one’s time most effectively; taking longer to complete homework than is expected

**Disorganization:** having a messy backpack; keeping a messy bedroom or other areas of personal space; being unprepared; losing or misplacing belongings; difficulty knowing how to prioritize tasks in terms of importance; problems completing tasks or projects; forgetting assignments, due dates, appointments, or other tasks

Many parents question whether their child is just “not motivated enough” to complete their work. This is certainly of note to consider. It is important to understand, though, that for individuals with ADHD, it is much less about internal motivation to complete a task and much more about the desire to avoid the difficult work one faces with having to sit for a seemingly long duration, sustain one’s attention, organize one’s thoughts, and minimize distractions. We have a natural tendency to avoid what we find difficult; so, of course, individuals with ADHD try to put off tasks that require significant mental effort.

Besides medication, strategies to help improve attention, inhibitory control, organization, and time management involve implementing structure and routine. Limits and expectations, especially for house rules such as not allowing leisure or “screen” time until homework is completed, are helpful. Reminding children about the differences between tasks that are required (i.e., homework) versus optional (i.e., play time) can also be helpful. Using multiple forms of scheduling items also is recommended, such as a daily agenda, a week-in-view planner, and a month-in-view calendar help to prioritize activities and time so as to accomplish tasks.

Of course, the struggles discussed here may also represent other underlying issues beyond ADHD. For instance, problems with impulsivity, inattentiveness, behavioral disruption, and physical restlessness could be accounted for by an underlying medical condition (e.g., hyper- or hypo-thyroidism), insufficient or poor quality of sleep, adjustment to significant changes in one’s life (e.g., a move or a parents’ divorce), affective or mood states (e.g., anxiety or depression), a behavioral disorder (e.g., Oppositional-Defiant Disorder), or other possible contributions. These must always be considered when assessing whether one has ADHD. Regardless of the underlying cause of such struggles, the recommendations used for improving structure, time management, and organization are helpful for most children, anyway.

### Openings in DBT Groups

Lindner Center of HOPE has openings in their Dialectical Behavior Therapy groups, both afternoon and evening groups. To refer someone, please call Kelly at (513) 536-0634.



### Meet Lindner Center of HOPE’s Outreach Team

Over the last seven years, Lindner Center of HOPE has worked to engage quality programs and providers in the mental health and addictions field. We are committed to establishing and maintaining relationships built on the mutual goal of helping patients and families connect with resources that will not only offer them HOPE but will be a good fit given each patient’s unique needs and goals. We’ve fondly called this our Network of HOPE.

Our outreach team members are the stewards of this network. Some faces may be familiar to you, others may be new. Regardless, these individuals are eager to connect with you and learn about ways we can collaborate to better serve patients and families who need our help.



#### Tom Parker, LISW, Director

*External Relations*

Tom joined Lindner Center of HOPE 5 years ago and has been integral in establishing the Network of HOPE. Tom takes a lead role in strategic outreach and takes an active role in sharing our brand on the national stage. (513) 536-0308



#### Mischele Hagood

*Regional Outreach Specialist*

Mischele joined the Lindner Center of HOPE nearly 5 years ago, initially focusing on local outreach. She eventually took on more regional territories and now focuses her efforts on outreach outside of our immediate tri-state area but within a 5-hour drive. (513) 536-0326



#### Anthony Wood, MBA, AMR

*Regional Outreach Coordinator*

Anthony joined Lindner Center of HOPE about 3 months ago to help increase regional and national outreach efforts, with the goal of developing new markets. Anthony has 14 years of sales experience. (513) 508-5376



#### Maria Sulcer

*Outreach Specialist*

Maria also joined Lindner Center of HOPE about 3 months ago to take on outreach throughout the tri-state area. Locally she has built contacts for the last 20 years, most recently in the mental health and addictions field. (513) 508-2689

