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ADHD in 2014

by Nancy Michel, M.A., R. Psych.

Most people have some understanding of what is meant by Attention Deficit Hyperactivity Disorder (ADHD). However, some may not realize that this diagnosis relies on specific criteria and needs to be made by a medical expert- a doctor or psychologist. While it is true that all children can at times be distractible, impulsive and hyperactive, these behaviors are much more prevalent in a child with ADHD. For a child with ADHD, symptoms of attentional limitation, distractibility and/ or hyperactivity and impulsivity undermine his ability to be successful at school and home.

Contrary to popular belief, research shows that most ADHD children have one or two areas of particular interest, for example, reading or Lego, where they are able to demonstrate focus beyond their normal limitations. It is also true that parents often refer to their child's ability to focus on video games as evidence of normal attentional ability. This can lead to the sometimes false assumption that the child is simply unmotivated or non-compliant when he is non attentive.

Research observing ADHD children while playing video games is also illuminating. Results shows that while ADHD children seemed to be attentively engaged while playing, their behavior was still not typical of children without ADHD. The ADHD children were found to still be more restless and less attentive, to make more mistakes and to shed more tears while playing their video games compared to the non ADHD children.

ADHD is not a new disorder and was actually first described by a different name as early as 1910. Currently research shows that when the same criteria are applied, the prevalence of ADHD is 5% worldwide. ADHD is a global disorder that impacts around 5 % of all children. While boys are 3:1 more likely than girls to receive an ADHD diagnosis due to their more overt symptoms, it is probable that ADHD

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Technology Divides

by Denis Boyd, M.A., R. Psych.

We gathered our children and grandchildren and headed to the west coast of Vancouver Island for a short family vacation. As in the past, we were anticipating the opportunity to enjoy each other's company and remove ourselves from the demands of everyday life. We knew that there would be laughter, great food and long walks on the beach.

On this particular trip, we brought along two versions of a board game called "Trains," which all of us knew and enjoyed playing. With the two versions, eight of us could play simultaneously. Throughout the game, there were jokes exchanged as our competitive natures kicked in....all in good fun.

It didn't take long for someone to discover a phone app for the game so several of us downloaded it. At one point four of us were playing the game online. We were sitting alone in various parts of the house and interacting with each other online. There was no conversation or laughter or personal contact at all apart from the odd isolated groan when one of us deked out another in the game.

The online version of Trains separated us from each other although technically we were playing together. There was no laughter or kidding around or random conversation. The house

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impacts girls and boys at the same rate.

We know that ADHD is not the result of poor parenting; rather, the main cause of ADHD is genetic. In identical twin studies, the identical twin of a person with ADHD symptoms is 70-90% likely to be diagnosed with ADHD. A sibling or parent of a child with ADHD is 25% likely to also have ADHD.

We also have discovered that ADHD is not only a childhood disorder, but that for many people ADHD persists through to adulthood. While the symptoms of impulsivity and hyperactivity may abate as the child matures into adulthood, an adult with ADHD adult can continue to struggle with organization and tasks such as prioritizing as well as initiating and following through on tasks.

Our conceptualization of ADHD has been improved as the result of more recent clinical studies, where children with ADHD are compared with non ADHD peers; newer brain scanning techniques and advances in neurological research

ADHD is currently understood as a biologically oriented developmental disorder related to the rate of development of a particular region of the brain. That region of the brain, located in and around the frontal cortex area, can be considered as the brain's CEO, that is, it manages the Executive Functions of the brain. The brain's Executive Functions include directing attention, prioritizing tasks, exercising inhibition (i.e. the decision *not* to perform an action), and maintaining an awareness of time, including relevant information from the *past* as well as *future* goals, all while performing actions in the *present*.

Brain scanning studies have shown that for children with ADHD the physical development of the Executive Functioning region of the brain is delayed by about three years compared to the development in children without ADHD. It is important to note that the pattern of development is the same for both groups of children; it is the rate of growth that is delayed in ADHD children. Other research shows that by the late teen years this difference is no longer apparent; the development in this area of the brain in ADHD children has caught up with that of non ADHD children.

Other research has identified chemical differences related to levels of neurotransmitters in the prefrontal cortex region of the brain between ADHD and non ADHD children. Stimulant medication has been shown to remedy that difference.

Treatment of ADHD is multidimensional but should begin with setting up the child's home and school environments so that he is better supported to be successful. It is important to remember that children with ADHD are limited in their ability to remain cognizant of their past experiences as well as their intended goals while acting in the present, and this seems to impact their ability to maintain focus. Therefore, it is important to provide frequent feedback to the child while he is attending to his task as well as to remind the child beforehand of what reward or privilege he will enjoy upon completing that task. Examples of other adaptations that will support success might include limiting the time required to stay at a task, scheduling predetermined short breaks, and providing a less distracting alternate work area where the child might choose to go to complete his school work.

Research has found that ADHD children do not make use of "self talk" to direct and motivate themselves while performing a task. Cognitive behavioral therapy (CBT) can effectively help the child learn to use the important internal process of self mediation i.e. "self- talk" to self instruct, self regulate and self evaluate. The child might choose, for example, to adopt a mantra such as Just Do It to regularly remind himself to stay on the task.

For many children with ADHD, medication is a critical component of treatment, necessary to allow the child to effectively use important behavioral and cognitive behavioral tools. Research shows that stimulant medication in particular improves the academic work, behavior and social adjustment in the majority of children diagnosed with ADHD.

Children with ADHD face unique and significant challenges to success and without effective support often suffer low self esteem, discouragement, feeling of personal effectiveness and social difficulties. It is critical that the abilities and gifts of each child are recognized and celebrated. An ADHD diagnosis does not limit a child's ability to prosper and to achieve his potential; however, the nurturance and support of adults who understand this disorder is essential to help a child with ADHD to thrive.



Warmest Wishes, Tena.

Our Tena Colton is retiring after 23 years as a member of our therapist team. Tena's compassion, wisdom and gracious hospitality nurtured her clients as well as her colleagues. We have been privileged to work alongside Tena whose skills and genuine kindness have enriched us all. We wish her every happiness at this new stage of her life.



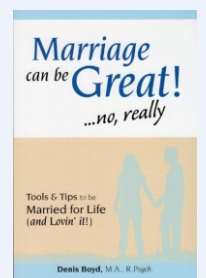
Books

**Marriage can be Great!...
no really**

by Denis Boyd, R.Psych.

**Parenting Teens Without
Power and Strings**

by Rick Hancock, R.Psych.





Serenity

by Rick Hancock, Psy.D., R. Psych.

“God, grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference.” (Reinhold Niebuhr)

Many know that the Serenity Prayer is recited at the end of each meeting of Alcoholics Anonymous. Few realize that one need not be an alcoholic to gain much from applying this simple philosophy to our daily lives.

We all experience unwanted events that we profoundly wish would never occur. Difficult parents or children, the loss of a job, the death of a loved one, traffic jams, poor health and inclement weather all have a way of inflicting hurt, pain, and disappointment on our otherwise happy existence. We tell ourselves, “This isn’t fair and shouldn’t be happening to me.” What we fail to do is accept that life inevitably has problems, and that every day we encounter events and behaviors that we simply do not like. It is helpful to acknowledge that we all have problems, some big, some little. This acceptance is the first step towards changing our lives for the better.

“God, grant me the serenity to accept the things I cannot change.”

We cannot change many of the things we do not like. We cannot change the weather or events that have already occurred. We cannot change our blindness, our height, or our color. At times we cannot change what we have said or done and it may be impossible to change the attitudes and beliefs of others. We fight those things we can’t accept and we are often left bitter, angry, and resentful. To accept what we can, however, is calming and life giving. I am reminded of Richard Kopp, Ph.D. who speaks lovingly of his good friend the dialysis machine. He visits his friend several times a week and is allowed to live with failed kidneys. He doesn’t resent his friend; he appreciates its life giving qualities. Dr. Kopp was handed lemons and chose to make lemonade through his acceptance of that which he could not change.

“Courage to change the things I can.”

We all seem to admire those who have the courage to change the world around them—Martin Luther King, Terry Fox, Gandhi and Mother Teresa. We, too, can influence the happenings in our lives by simply changing ourselves so that we are more accepting, nonjudgmental, compassionate, and loving. We can emphasize the positive aspects and potentials of others and ourselves regardless of impediments. We all have the opportunity to right wrongs, support the good works of others, hug a child, or visit the elderly. We may not change the whole world but maybe we can change a small part of the world in which we live.

“And wisdom to know the difference.”

Our wisdom is our knowledge that we can handle whatever life throws at us—even flow with it. We can accept at some deep level that life has both good times and bad. With calmness and maturity we can discern if this is a situation that cannot be changed and therefore requiring our acceptance or is it one where we can take steps to improve the situation. This philosophical approach for coping with the difficulties of life helps us to enrich the lives of ourselves and those around us.



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was silent.

One of us who was not playing noticed the paradox of being disconnected while being connected and commented on what she saw and didn’t hear. We logged off and headed back to the table to resume the board versions of the game and the lively and enjoyable interactions.

Recent research on families has indicated that young people are becoming depressed and anxious at rates far greater than in the past. The researchers noted that when children do not bond well or connect on a regular basis with their primary family, they choose secondary connections, which are usually with equally immature and impressionable peers.

Many of the teenagers and young adults who were found to be suffering from various mental health issues had been isolated from their family. They were materially well cared for but their emotional needs had been neglected through disconnection and isolation from caregivers.

Parents today are more distracted than they have ever been as there is the constant temptation to check texts or emails or tweets. Media preoccupation takes the parent away from his/her children. One mother looked forward to nursing her baby girl so that she could catch up on her media content: however, she was missing out on some precious and irreplaceable closeness with her child.

On another holiday we found a delightful restaurant to dine in. A few tables away sat a family of four; the mother had her tablet in front of her for most of the meal. The other three members of the family sat mainly in silence except when the mother was able to tear herself briefly away from her distraction.

Technology is amazing on many levels but it can also be a grave cause of concern for family well-being and emotional health because of its potential to distract and divide. It is interesting how a technology connection can so easily lead to disconnection with the people next to us. When those who are being disconnected are our own loved ones, we are unintentionally demeaning and neglecting the very people we should be honouring with our undivided attention.



Play Therapy

by Erika Bardal, M.A., R.C.C.

What is Play Therapy?

Young children do not typically come into the therapy room, sit down, and begin to discuss their problems. This kind of “talk therapy” requires abstract thinking and a level of ability to verbalize thoughts and feelings that most children have not yet acquired.

Instead, therapy with children must take into account their developmental needs and abilities. Terry Kottman describes play therapy as “an approach to counseling young children in which the counselor uses toys, art supplies, games, and other play media to communicate with clients using the 'language' of children—the 'language' of play.” Play therapy can be directive, where the therapist leads the play, or nondirective, where the therapist allows the child to lead the play. It may also combine these two approaches.

How does it work?

As Kottman says, play therapy allows children to communicate in their natural “language.” Play is familiar to children; they know how to engage in it. A child's play gives the therapist insight into their thoughts, feelings, perceptions, and desires; it provides a sense of who the child is and what they need. Play can also help the child to address feelings from a safe psychological distance. For instance, a child may not feel ready to share her own feelings about her parents' separation, but might be able to talk about how the characters feel in the book “Dinosaurs Divorce” or tell a story about the baby puppet who wonders whether it's her fault that the mommy and daddy puppets are fighting.

Children can also use play to try out different solutions to their problems. A child experiencing bullying at school can have a doll play out different responses to the other dolls' insults. What happens if the doll runs away? Fights back? Tells a trusted adult? Playing out different scenarios allows the child to take risks and explore the pros and cons of various responses in a safe environment.

Children who have experienced a traumatic event and been unable to process it can do so through play therapy. Replaying a situation in which a child felt helpless, such as a motor vehicle accident, can help a child gain a sense of power over the incident. The therapist assists this process by providing a safe environment, and by suggesting other options when a child seems stuck. Children can return to a theme or a scenario as many times as they need to. As play therapist Eliana Gil explains, they “can create stories, undo them, transform them, forget them, or keep bringing them up.” In this way, the child



can revisit a traumatic event or a difficult situation as many times as necessary to regain a sense of power and well-being.

What can I do as a parent to assist the play therapy process?

- As with any kind of therapy, the most important determination of efficacy is the client-therapist relationship. Change cannot take place if the child does not feel safe with and unconditionally accepted by the therapist. Consequently, it's important to find a therapist with whom both you and your child feel comfortable.
- Be patient! Know that the play therapy process may be lengthy. Your child needs to feel comfortable and the therapist needs to get to know him or her before change can happen. As your child works through some difficult feelings, you may see an increase in troublesome behaviour before things improve.
- It is important for your child to feel safe in the playroom and not worry that what he does or says will be reported back to his parents. However, therapy is generally most effective when parents are an active part of the process. Many play therapists handle this by sharing with parents themes and patterns that they observe, while keeping the specifics confidential. Talk to your child's therapist to find out how he or she handles confidentiality.
- Finally, be prepared to work as part of the team. While your child may be the official client, the best outcomes occur when the family as a whole can make changes. Be open to receiving feedback and suggestions from your child's therapist, and be honest with them about how things are going at home. Remember that you, your child, and the therapist are working as a team.

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