childpsych PSYCHOLOGY PRACTICE

childpsych LEARNING CENTRE

childpsych:psychology practice and learning centre

childPSYCH News

A newsletter for professionals and parents

We have seen over 4500 children!

Volume 10, Issue 2
Term 2 2015

Inside this issue:

We are now consulting in Springfield and Ipswich!

COGMED

Concentration and Attention Problems?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

Concentration Deficit Disorder

Never heard of it but seems familiar to you? You'd be right then. Concentration Deficit Disorder (CDD) is a type of AD/HD sometimes called "Sluggish cognitive tempo".

A new diagnostic label?

CDD is not an official diagnosis but is being researched as a second attention disorder. The current diagnostic criteria lumps "attention" and "behavioural" problems under the label of AD/HD. You can have ADHD with concentration problems only, or ADHD with hyperactive problems only or you can have ADHD with both hyperactive and concentration problems. Some researchers feel that if you only have attention problems, calling it ADHD is a bit of a stigma and seems to convey "behavioural problems" . Other researchers have shown that those individuals with ADHD-concentration problems only, are quite different from those with ADHD-concentration and hyperactive problems and ADHD-hyperactive problems only. These researchers feel another label is needed for these "Attention only" people instead of calling it ADHD.

Attention Vs sluggish processing

To make things more complicated, the type of attention problem in CDD is supposed to be different to the attention problem in ADHD. So in ADHD the concentration problem is more one of having trouble sustaining attention, easily distracted and so on. In CDD, the attention problem is more about "slow" processing. These individual's seem to be characterised by: a difficuty with stating awake, daydreaming, mentally foggy/easily confused, under active, "spacy", lethargic, slow moving, doesn't process questions well etc

Get the picture? The ADHD individual with concentration problems is appropriately active and seems responsive but is easily distracted. The CDD person is slow in every way—almost lazy and docile .

Now this doesn't mean the CDD individual is unintelligent. Such individual's are typically of at least average intelligence. I have worked with teens in the past who could be called CDD and they have had above average intelligence.

"CDD is not an official diagnosis but is being researched as a second attention disorder"

So if CDD is really a different type of attention disorder, we would expect a different brain profile?

Neuropsychological profile of CDD

Research is scarce on the neuropsychological profile of this type of attention disorder. Typically, problems with working memory are common in the ADHD "inattentive type" but some studies suggest that CDD has a different neuropsychological profile.

In particular problems with visual-spatial memory is typical of CDD but not other attention disorders. This makes sense as visual spatial processing is located in the right side of the human brain. The right side of our brain is for fast processing compared to the left which is for slow and detailed processing. Not surprisingly then, CDD students have greater problems with mathematics (which draws on visual spatial memory skills).

Interestingly CDD people have largely adequate organisation skills and planning skills as well as self control skills. This is in contrast to the ADHD-Inattentive Type who is often unorganised and chaotic.

As child psychologists we like to conduct cognitive or neuropsychological testing on children. This testing not only helps us work out the specific type of attention problem a student may have, but also to predict the impact on learning. For example, working memory problems lead to problems with reading comprehension and writing.

Other researchers have shown that any organisational problems are not as severe compared to the ADHD-Inattentive Type. It appears CDD may be diagnosed later in primary school compared to say ADHD which is noticeable at a young age.

So no one really knows where in the brain these problems originate from. Daytime sleepiness seems to be a significant factor in many CDD sufferers. It may be CDD could also be due to low arousal levels or a poorly alert brain!

Mental health concerns

Unfortunately, being the quiet reserved type of person, the sufferer of CDD is at risk of anxiety and depression. Research has shown that CDD sufferers read social cues poorly, are neglected/forgotten by their peers (note: not rejected), and tend to withdraw themselves from social contact.

Treatment?

Like it or not, medication is one of the treatment options for attention disorders. Psycho stimulants such as Ritalin are frequently used with good success. However, studies have shown that psycho stimulant medication is only modestly successful (almost everyone can derive some benefit from a psycho stimulant). This does support the view that CDD is another type of attention disorder.

Interestingly, psychological interventions have been shown to be more successful. Social skills training and behavioural interventions designed to address symptoms have been shown to help CDD sufferers.

Conclusion

Perhaps the lesson from all of this is to understand that new disorders are being identified all the time. This is because science is always evolving as more research is conducted. If a professional says No to a diagnosis such as ADHD. It doesn't mean there isn't a problem—only there isn't a diagnostic label yet!

For now insist on a thorough evaluation of any concern with the aim of the assessment being to find out what the neuropsychological profile is and what can be done. Be less concerned about diagnostic labels!

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Can an adult have separation anxiety disorder?

Yes! Sounds odd doesn't it, but an adult can be diagnosed with separation anxiety disorder (SAD). Until recently, Separation Anxiety Disorder was only able to be diagnosed in childhood according to the diagnostic criteria. However, research has shown that about 4-6% of adults meet the criteria for SAD in early adulthood. It appears that SAD runs in families.

One study examined anxiety and mood disorders in already diagnosed adults, and found that 20% had SAD. The same study found that of all these adults with SAD, 21% had separation anxiety disorder as children. This means almost 80% of these adults developed SAD in adulthood.

The majority of adults with SAD will often come into counselling for treatment for another condition. The majority will have Panic Disorder (33%), some 28% will have a tendency to worry excessively (Generalised Anxiety Disorder) and 7% will have Social Anxiety Disorder.

You may have heard of Panic Disorder (PD)? PD is characterised by recurring, unexpected panic attacks (i.e., shortness of breath, feeling choked, increased heart rate etc). It appears that for some adults with PD, they may well have undiagnosed separation anxiety disorder. Unfortunately, many adults with SAD are only treated for some other co occurring condition such as depression.

As expected then, the presence of SAD in adults impairs the sufferers ability to work and form and maintain social relationships. It appears adults with SAD are either underemployed or unemployed.

The treatment of adult SAD is still being considered but typical Cognitive Behavioural Therapy does not seem so successful. Given this area of research is very new, it is likely that the treatment will differ from that of childhood SAD. One group of researchers have commented that the reason for some patients failing to improve in counselling , may be because of undiagnosed adult SAD. These same researchers have suggested that the clients needs to form a secure bond with the psychologist so that they can begin to change other aspects of their life. In essence, the psychologist almost becomes a "secure attachment figure" for the client throughout therapy. This then provides the client with confidence to manage their life.

child and family program™

The child and family program is part of our Community Conscience Program.

The child and family program is designed for families on a low income to access psychology services.

To be eligible for this program, legal guardians must hold in their name a:

1. Low income Health Care Card *OR*
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Contact our office for more information

Early predictors of separation anxiety disorder in children

Separation Anxiety Disorder (SAD) occurs in up to 4% of children. Unfortunately, childhood SAD is considered indicative of later mental health problems such as Obsessive Compulsive Disorder, Depression, Panic Disorder and Generalised Anxiety Disorder. SAD is characterised by a fear of separation from a significant attachment figure. In children it is characterised by such symptoms as distress upon separation from a caregiver, refusal to attend school and "shadowing" behaviours. In adults it can resemble a clinginess with a partner (see the article above).

Researchers have investigated the degree to which genetics influences the expression of anxiety. In addition, researchers have examined if parents with mental health problems somehow bring about SAD in their children.

Research has shown that children with SAD are more likely to have an anxious temperament style characterised by a strong "stranger danger" reaction. Temperament refers to the biological aspect of personality or "how you are wired". The "stranger danger" response is normal in childhood but researchers have argued that children with SAD perhaps did not overcome or master this anxiety. This certainly points to the role of parents in teaching their children how to be cautious around strangers but also not completely fearful or avoidant.

Of importance in rearing children at risk of SAD is the parenting style they receive. It is logical to conclude that anxious parents may encourage the further development of the child's anxious temperament. In our practice we assist parents to explore their parenting style to determine what they can do to respond and better manage an anxious child. We try to help create a "good fit" between child temperament and parenting style.

The treatment of SAD in children is reasonably successful. Cognitive Behavioural Therapy (CBT) has been shown to be successful in young children and older children.

CBT is a psychological approach to treating anxiety with high success rates. In general the CBT approach involves conducting what is called Exposure (or "getting used to separating from the caregiver" in it's simplest form). Typical CBT treatment programs involve helping the child to understand their emotions, rate their anxiety levels, learn to identify how thoughts influence feelings and then actions, help parents respond to the anxious child in a way that builds resilience and confront their fears.