

WITH DR. JAY GORDON

PARENT MANAGEMENT TRAINING

Parents learn a new set of skills for managing their child's behavior through Parent Management Training (PMT). PMT is based on sound, proven, well researched principles of operant conditioning, social learning theory, behavioral therapy and applied behavioral analysis. Behavioral interventions/techniques include: contingency management, transition planning, communication training, positive attending, time outs, token/point systems, response cost (penalties or punishments), various monitoring programs, and education. Along with medication, Parent Management Training is the only empirically supported treatment for the behavioral problems associated with ADHD. PMT is effective in reducing parent-child conflict, defiant behavior and disruptive behavior associated with ADHD, Oppositional Defiant Disorder, and Autistic Spectrum Disorders. PMT helps reduce parent and household stress. PMT can also improve the effectiveness of medication. Dr. Gordon is now offering Parent Management Training classes.

Classroom Management Strategies for ADHD

These simple steps can make school more manageable for your child. Talk with his/her school to help implement these strategies.

- Provide preferential seating in low traffic area or near the teacher
- A class routine will provide structure and predictability to a child's day
- Allow opportunities for breaks
 - Do not restrict recess time
 - Attempt to make material as interesting as possible. Use creative, engaging, and interactive teaching strategies
 - 🖗 Present material in novel ways
 - Focus on strengths
 - Reduce homework
 - (go for quality, not quantity)
 - 🖗 Allow extra time on tests
 - 🖗 Repeat directions
 - Provide an extra set of books
 - Allow tests to be taken in a quiet environment
 - Provide cues (verbal, visual, tactile) at the point of performance
 - Utilize a behavioral management system

Dr. Jay Gordon is a licensed psychologist located in Brick, Freehold and Manahawkin, New Jersey. His practice, ADD Solutions NJ, treats patients diagnosed with ADHD/ADD. He has been published in local newspapers and is a regular guest on talk radio.



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Tips for the Angry Child

All children become angry. But when, as a parent, you feel caught in a vicious cycle of yelling, threatening and shouting in a futile effort to get your child to behave or follow directions, then your child's anger and your response to it may no longer be healthy. Often parents feel



that no matter what they do, they cannot achieve peace in their home. Parents may even learn to dread giving a child corrective comments or directions. They may feel their relationship with their child has become frayed and lose their confidence in their ability to defuse their child's outbursts. It is important to remember that anger does not occur in a vacuum. Behavioral principles discussed elsewhere in this newsletter can be very useful in helping parents get a grip on decreasing their child's angry and aggressive behavior. Our Parent Management Training program reviews proven techniques that help reduce anger outbursts.

Below are some general parenting tips for decreasing a child's anger.

The Pre-Anger Stage

- 1. Attempt to avoid situations which lower your child's ability to cope with frustration (hunger, lack of sleep, long sustained boring activities, etc.).
- 2. Attempt to match your expectations and task demands to the developmental level of your child.
- 3. Model good communication to your child.
- 4. Teach problem solving skills.
- 5. Maintain an atmosphere of respect and caring in the home.

The Anger OUTBURST

- 1. Stay calm
- 2. Breath....it is imperative that you stay calm
- 3. Listen
- 4. Take a break. Time out to cool off
- 5. Label the feeling your child is feeling ("I know you are really disappointed we can't go to the park today")

The Post-Anger Stage

- 1. Monday morning quarterback....review what happened with your child when everyone is calm
- 2. Hold a family meeting to discuss the problem and brainstorm solutions
- 3. Follow through with the household's established rules and established consequences
- 4. Hate the sin, love the sinner
- 5. Practice forgiveness

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Because there are so many children, adolescents, and adults with ADHD that also have co-existing, other problems it is imperative to have a thorough evaluation and accurate diagnosis.

	30-65% (children)	Oppositional Defiant Disorder
THOSE	20.25% (abildrop) 25.40% (adulta)	Anxiety Disorder
WITH	10-30% (children) 10-47% (teens/adults)	Depression
ADHD	12-60% (children)	Learning Disability
MAY ALSO HAVE	Over 50% (children)	Sleep Problems
		Sleep Froblems

Contact us today at 732-840-5266 or email us at <u>drgordon@add-solutions-nj.com</u> for an appointment or more information and start finding the right solutions for your child and family.

The ABC's of Behavior

When attempting to understand and change behavior in children, teens and adults, there are three aspects of behavior that need to be considered.

BEHAVIOR (B)

First is the behavior (B) itself. The "B" must be observable and measurable. Examples of behavior a parent may want to change include: amount of time of off-task behavior during homework, the number and length of tantrums, the number of times a child talks without raising his/her hand during a class, the number of times a child hits another child or sibling during a certain time period, and so on. Sometimes in order to achieve a particular desired behavior which rarely occurs, a technique called shaping is used. With shaping, behaviors that approximate the desired behavior is reinforced until slowly but surely the behavior occurs. For example, instead of expecting a child to go from doing no homework at all to doing 30 minutes of homework, a parent might initially train a child to do 10 minutes of homework. Once this is established, slowly increase the time on task.

ANTECEDENT (A)

What comes before the "B" is called the antecedent (A). Behavior is greatly influenced by the "A", though often this aspect of behavior is forgotten by parents, teachers and spouses. The environmental and contextual condition in which a behavior occurs needs to be considered. This includes the physical setting in which the behavior takes place, the emotional and physical state of the person displaying the behavior, the task demands, and the behavior of others

around the person (ie parents, teachers, siblings, peers). A child not getting enough sleep or being hungry will influence the "B". A child feeling tense, sad, or worried because of a fight his parents had the night before or because of bullying from a peer can also influence behavior.¹ A boring or over stimulating environment or an environment fraught with past failure can make a big difference in determining how a child acts. A child's past history of success or failure will influence the initial starting conditions. Additionally, the way a teacher presents a lesson or a parent gives a command will impact a child's behavior. How, when and what a teacher or parent communicates can greatly influence a child's response. For example, a tired, stressed father giving a tired, hungry child a harsh-sounding command can set the stage for non-compliance. Providing appropriate prompts or cues prior to an expected behavior can set the stage for a desired behavior to occur.

CONSEQUENCE (\mathbf{C})

Finally, there is the consequence (C) or what happens after the occurrence of a "B". For a consequence to have value in changing behavior, it must be dependent on the occurrence of a particular behavior. A "C" works only when it is available after the desired "B" and is otherwise not available. A "C" that occurs randomly will not influence behavior. There are three important types of consequences; reinforcement, punishment, and extinction. Reinforcement increases

a behavior. Positive reinforcement is when something is given following a behavior which increases the behavior (i.e. positive attention or token), Negative reinforcement is when something is taken away to increase a behavior (i.e. after a teenager escapes to his room, his parents stop nagging him to do chores increasing the likelihood that he will go to his room upon entering the house). In general, a child will continue a maladaptive behavior because he/she gains power, attention, thrill, or is able to avoid something they do not want to do.

Punishment is something that decreases a behavior. Too much focus on punishment over reinforcement can have negative results, such as a disintegration of the parent child bond and avoidance/escape behavior on the part of the child. In Parent Management Training the use of mild punishment is taught.

Finally, extinction is when reinforcement for an undesired behavior is stopped resulting in a reduction of the behavior.

A child's behavior always occurs for a reason. Using the ABC principles of behavior, a parent or teacher can systematically analyze a behavior and make a well educated hypothesis as to the cause of the behavior. Based on this hypothesis, appropriate interventions can be developed which will result in behavioral change. A therapist can help lead a parent through this process.

Relaxation and ADHD



Children, teens and adults with ADHD often find themselves in a state of chronic stress as they try to cope with the difficulties and challenges from their disorder. Learning to relieve this stress can go a long way in improving a person's feeling of well being, ability to control anger and impulses, as well as improve focus. Stress, tension and anxiety have a deleterious effect on emotions, behavior and cognition. Techniques for reducing stress include: positive thinking, exercise, time management, social interaction, applying problem solving strategies, massage, yoga and slow movement exercises, participating in hobbies, and of course, breathing and relaxation strategies.

There are a multitude of relaxation strategies that can be useful, including diaphragmatic breathing, visualization, self-hypnosis, progressive muscle relaxation, and autogenic relaxation. Biofeedback is also an excellent way to learn how to better recognize and then reduce your body's tension and stress. Contact Dr. Gordon to learn more about our biofeedback program.

Can a Social Skills Group be Helpful to My Child? by Bailey Frumen, MSW, LCSW



Social Skills Groups can be an effective tool to help coach appropriate social behavior for children. It is important to

identify your child's social strengths and areas for improvement in problem-solving, communication, and recognition of their feelings. Social Skills Groups give children an opportunity to improve learning and academic performance by developing competencies in listening skills and task proficiency. The goals for an effective social skills group should include:

Focus on improving social skills to enhance interpersonal relationships with peers and adults:

- Conversation with Peers and Adults
- Helping Others
- Apologizing
- Accepting Responsibility
- Conflict Resolution

Develop problem-solving abilities through enhancing communication aptitude:

- Self-control
- Accepting Consequences
- Making Decisions
- Relaxation

Help build self-esteem, resilience, and independence Identifying and expressing feelings:

- Personal Feelings
- Recognizing the Feelings of Others
- Anger Management

"Social skills are all the things that we should say and do when we interact with people. They are specific abilities that allow a person to perform competently at particular social tasks." - Michele Novatni, Ph.D.