



## Newsletter May 2002

Featured Article by Jef Gazley, M.S.

Dr. Daniel G. Amen is the acknowledged leader in the field for the study of Attention Deficit Disorder. He has expanded the classifications of this condition from the standard two types of Hyperactive and Inattentive by adding four more distinct types of ADD. He has done this by exhaustive research and has been aided by the SPECT scan, which is a sophisticated brain scanning tool that measures and clearly shows what part of the brain is most active.

The following information does not supplant that of our last newsletter, but adds to it. The six types of ADD are 1) Classic hyperactive 2) Inattentive 3) Overfocused 4) Temporal 5) Limbic and 6) Ring of Fire. Each of these types has much in common and also differences in symptoms and treatment.

All of the types of ADD have as their primary feature periodic impairment of the prefrontal cortex of the brain and dopamine involvement—please see the April newsletter for further details. Classic ADD is characterized by both hyperactivity and inattentiveness. It is usually quite easy to treat by a combination of a high protein diet, aerobic exercise, a stimulant such as Adderall or Ritalin, and possibly the supplement of L-Tyrosine. Often an anti-depressant is used as well. Inattentive ADD lacks the hyperactivity, but people who suffer from it have a difficult time focusing and are often very scattered. As with the classic type the prefrontal cortex is involved. The treatment for inattentive ADD is usually exactly the same as the classic type.

Overfocused ADD exhibits the same problems and symptoms of prefrontal cortex as with classic and inattentive ADD, but the difference is that the sufferer of overfocused often cannot break away from a thought or behavior. This is because the cingulate area of the brain is overactive and often locks a person into self-destructive, negative, or repetitive behavior. Often a stimulant will cause temper problems. Therefore, it is usually helpful to have the person take an anti-depressant first and only later to add the stimulant. Another possible treatment is to use St. John's Wort, a natural herbal anti-depressant, but it is important not to use both a traditional and an herbal anti-depressant at the same time. The other

forms of treatment such as diet and exercise is the same as the first two types of ADD.

Temporal ADD is still characterized by problems with the prefrontal cortex, but the temporal area of the brain is often affected. This could be from a previous head injury, but not necessarily. All the symptoms remain the same, but often extreme bouts of anger are also included. Treatment is often with a stimulant and an anti-convulsant such as Depacote. All other treatment is the same except the following supplements can be used- GABA, ginkgo biloba, or vitamin E.

Limbic ADD is when the limbic area of the brain is also affected in addition to the prefrontal cortex. This ADD has the symptoms of inattentive ADD, but a significant proportion of depression is also present. A stimulant and a depressant are indicated. Aerobic exercise is needed, but often a complex carbohydrate and protein mixed diet is indicated. The following supplements are used- SAMe or L-tyrosine.

Ring of Fire ADD is a very disorganized and severe form of ADD that is a combination of all the other types. The entire brain is lit up on a SPECT scan. In addition to the standard treatment of a stimulant and an anti-depressant an anti-psychotic like Resperidal is often called for. Dietary and Exercise treatment is the same as in inattentive type. The following supplements are possible needed- GABA or omega-3.

# QUESTIONNAIRE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please rate yourself on each of the symptoms listed below, using the following scale. If possible, also have someone else rate you (such as a spouse, lover, or parent). This is done to obtain a more complete picture of the situation.

- 0**      **Never**
- 1**      **Rarely**
- 2**      **Occasionally**
- 3**      **Frequently**
- 4**      **Very Frequently**
- N/A**    **Not Applicable**

<b>SELF</b>	<b>OTHER</b>	
___	___	1. Is easily distracted
___	___	2. Has difficulty sustaining attention span for most tasks in play, school, or work
___	___	3. Has trouble listening when others are talking
___	___	4. Has difficulty following through (procrastination) on tasks or instructions
___	___	5. Has difficulty keeping an organized area (room, desk, book bag, filing cabinet, locker, etc.)
___	___	6. Has trouble with time. For example: is frequently late or hurried, tasks take longer than expected, projects or homework are "last minute" or turned in late
___	___	7. Has a tendency to lose things
___	___	8. Makes careless mistakes, poor attention to detail
___	___	9. Is forgetful
___	___	10. Daydreams excessively
___	___	11. Complains of being bored
___	___	12. Appears apathetic or unmotivated
___	___	13. Is tired, sluggish, or slow-moving
___	___	14. Is spacey or seems preoccupied
___	___	15. Is restless or hyperactive
___	___	16. Has trouble sitting still
___	___	17. Is fidgety, in constant motion (hands, feet, body)
___	___	18. Is noisy, has a hard time being quiet
___	___	19. Acts as if "driven by a motor"
___	___	20. Talks excessively

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|-----|-----|---|
| ___ | ___ | 21. Is impulsive (doesn't think through comments or actions before they are said or done)                           |
| ___ | ___ | 22. Has difficulty waiting his or her turn  |
| ___ | ___ | 23. Interrupts or intrudes on others (butts into conversations or games)  |
| ___ | ___ | 24. Worries excessively or senselessly  |
| ___ | ___ | 25. Is super-organized  |
| ___ | ___ | 26. Is oppositional, argumentative  |
| ___ | ___ | 27. Has a strong tendency to get locked into negative thoughts, has the same thought over and over                  |
| ___ | ___ | 28. Has a tendency toward compulsive behavior   |
| ___ | ___ | 29. Has an intense dislike of change  |
| ___ | ___ | 30. Has a tendency to hold grudges  |
| ___ | ___ | 31. Has trouble shifting attention from subject to subject  |
| ___ | ___ | 32. Has difficulties seeing options in situations   |
| ___ | ___ | 33. Has a tendency to hold on to own opinion and not listen to others   |
| ___ | ___ | 34. Has a tendency to get locked into a course of action, whether or not it is good for the person                  |
| ___ | ___ | 35. Needs to have things done a certain way or becomes very upset   |
| ___ | ___ | 36. Others complain that he or she worries too much   |
| ___ | ___ | 37. Has periods of quick temper or rages with little provocation  |
| ___ | ___ | 38. Misinterprets comments as negative when they are not  |
| ___ | ___ | 39. Irritability tends to build, then explodes, and then recedes. Is often tired after a rage                       |
| ___ | ___ | 40. Has periods of spaciness or confusion   |
| ___ | ___ | 41. Has periods of panic and / or fear for no specific reason   |
| ___ | ___ | 42. Perceives visual changes, such as seeing shadows or objects changing shape                                      |
| ___ | ___ | 43. Has frequent periods of déjà vu (feelings of being somewhere before even though he or she has never been there) |
| ___ | ___ | 44. Is sensitive or mildly paranoid   |
| ___ | ___ | 45. Has headaches or abdominal pain of uncertain origin   |
| ___ | ___ | 46. Has a history of a head injury or a family history of violence or explosiveness                                 |
| ___ | ___ | 47. Has dark thoughts, may involve suicidal or homicidal thoughts   |
| ___ | ___ | 48. Has periods of forgetfulness or memory problems   |
| ___ | ___ | 49. Has a short fuse or periods of extreme irritability   |
| ___ | ___ | 50. Is moody  |
| ___ | ___ | 51. Is negative   |
| ___ | ___ | 52. Has low energy  |
| ___ | ___ | 53. Is frequently irritable   |
| ___ | ___ | 54. Has a tendency to be socially isolated  |

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| ___ | ___ | <b>55. Has frequent feelings of hopelessness, helplessness, or excessive guilt</b> |
| ___ | ___ | <b>56. Has lowered interest in things that are usually considered fun</b>          |
| ___ | ___ | <b>57. Undergoes sleep changes (too much or too little)</b>                        |
| ___ | ___ | <b>58. Has chronic low self-esteem</b>   |
| ___ | ___ | <b>59. Is angry or aggressive</b>  |
| ___ | ___ | <b>60. Is sensitive to noise, light, clothes, or touch</b>                         |
| ___ | ___ | <b>61. Undergoes frequent or cyclic mood changes (highs &amp; lows)</b>            |
| ___ | ___ | <b>62. Is inflexible, rigid in thinking</b>  |
| ___ | ___ | <b>63. Demands to have his or her way, even when told NO multiple times</b>        |
| ___ | ___ | <b>64. Has periods of mean, nasty, or insensitive behavior</b>                     |
| ___ | ___ | <b>65. Has periods of increased talkativeness</b>                                  |
| ___ | ___ | <b>66. Has periods of increased impulsivity</b>                                    |
| ___ | ___ | <b>67. Displays unpredictable behavior</b>   |
| ___ | ___ | <b>68. Way of thinking is grandiose or "larger than life"</b>                      |
| ___ | ___ | <b>69. Talks fast</b>  |
| ___ | ___ | <b>70. Feels that thoughts go fast</b>   |
| ___ | ___ | <b>71. Appears anxious or fearful</b>  |

The scoring key is as follows: If you answered either frequently or very frequently (3 or 4) 6 or more times on questions 1-14 that indicates Inattentive ADD. This is the pivotal score. Unless this score is six or more the rest of the test is negative. However, if you have six or more on this first section and then six or more on any of the following subsections then Inattentive ADD and the separate subsection ADD is also positive. The following subsections though are not positive unless Inattentive is present.

Classic ADD is when 6 or more frequently or very frequently answers occur in questions 15 to 23. Overfocused are questions 24-36. Temporal-37-49. Limbic-50-58. Ring of Fire-59-71.

## Featured Therapist: Deborah Stengel, R.N.

Deb has been working as a nurse for 27 years and as a Psychiatric Nurse for 22 years. She has a nursing degree from the University of South Dakota and completed further training in Humanistic Psychology from the University of Oregon. She has worked in an outpatient oncology practice and was the volunteer director of the American Cancer Society's outreach counseling program. She has worked as a nurse in an inpatient Chronic Pain program, acute adult and inpatient Psychiatry and Chemical Dependence. She was a crisis assessor for ten years for a major metropolitan hospital. Her most recent experience is in utilization management and is currently employed in administration for the local behavioral health agency as an advocate for about 10,000 seriously mentally ill clients. She believes firmly that people can survive great hardship and go on to be great BECAUSE of their life experiences, not in spite of them. She has been called the queen of optimism! Deb loves animals, and has four dogs, a cat, a parrot, a guinea pig, and an Iguana (Gordon). She lives in Phoenix with her very tolerant partner Terence, who does not like animals. (Does this make her a relationship therapist??) Her other interests are computers, reading (true crime), building animal habitats, pet therapy, and animal nutrition. **At the present time Deborah is only available for chat and e-mail counseling.**

## Upcoming Events

Beginning on May 5, 2002 and continuing on every first Sunday of the month between the hours of 5 & 6 p.m. Arizona Time Asktheinternettherapist will provide free of charge an open chat forum for all members of our site. Simply go to the chat area at the appropriate time and join in. Our first moderator will be Jef Gazley, M.S.

On June 2, 2002 Dr. Tom Fiel will host the online forum from 5-6 PM Arizona Time.

## March Contest Winner

Congratulations to Ronald S. He is our April winner. Enjoy Ronald.

## Featured Mental Health Videotape

### **Communication Assertiveness Video**

In the heat of an argument, do you feel as if no one is listening? Do you ever feel

like you are talking, but not being heard in your relationships? Do you have a hard time expressing how you feel? This Mental Health video teaches the art of effective communication, assertiveness, conflict resolution, and how to express feelings appropriately. These are essential skills for relationships and mental health. By Jef Gazley, M.S. ©1998

**Price: \$49.99 ea.**

[http://www.asktheinternettherapist.com/communication\\_assertiveness\\_iveness\\_videotape.asp](http://www.asktheinternettherapist.com/communication_assertiveness_iveness_videotape.asp)

## Special Note

At the present time the only way that a client can e-mail a therapist for a session is to click on any available appointment time and choose e-mail session. This is the same procedure as for audiovisual, chat, and telephone sessions. We are now developing a quicker and easier way to access e-mail questions from the home page to any staff member without clicking on an available appointment time. We will keep you informed. The procedure will be ready to launch soon.

## Remove

If you would like to be removed from the asktheinternettherapist newsletter just reply to this e-mail and place remove in the subject.

*We believe better health  
begins with better Mental Health.*

Jef Gazley M.S.

[www.asktheinternettherapist.com](http://www.asktheinternettherapist.com)