



## THE BUFFALO NEWS

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UB center helps parents improve behavior-management skills

### UB shifts the focus for treating ADHD

By Paula Voell - News Staff Reporter  
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Dealing with kids who have ADHD is as easy to remember as ABC — antecedent, behavior, consequences. Translation for parents: Tell them what you want, observe what they do, respond accordingly.

Easy to remember, perhaps, but difficult to do when kids are inattentive, impulsive, restless, even defiant. In fact, it's so challenging that parents are taking classes on how to manage children and bring order to their households.

The Center for Children and Families at the University at Buffalo offers such classes. Called COPE (Community Parent Education), the program was developed at Mc-Master University in Hamilton, Ont. In turn, UB staffers have trained others in the New York City area, with plans to work with 40 more agencies there in January. And the work being done at UB, a highly regarded center for such studies, was mentioned in a recent BBC broadcast on the topic.

The university is in the second of a three-year study of 150 children with ADHD, funded by the National Institute of Mental Health, to research Attention-Deficit/Hyperactivity Disorder. Besides dealing with children and dealing with parents, the program involves teachers, who agree to provide a daily behavior report. What researchers have learned is that behavior management, coupled with a low dose of medication, is as effective as a high dose of medicine alone in treating ADHD, said pediatrician Dr. Martin T. Hoffman.

In other words, rather than reaching for a bottle of medicine, parents learn to reach into their own bag of parenting tricks.

If they don't have any, or have become exhausted by the struggle, COPE offers techniques to try at home and a chance to interact with other parents about a problem that can't be cured and is not going away.

"ADHD is the No. 1 problem for school-age children in this country," said Hoffman, who is on the university faculty and who has specialized in the disorder for more than 20 years. About 4.4 million children (7.8 percent of the school population) are affected with the syndrome, according to the U.S. Centers for Disease Control and Prevention.

#### Finding balance

That's no surprise to Sue and Dave Stang of Clarence, whose three daughters, ages 8, 12 and 17, all have ADHD.

When their oldest was 4 years old, they got their first call from school, said Sue Stang.

"The message was that she wouldn't listen, was always running around and didn't care about anything," said Stang.

In the intervening years, and with the added diagnosis of their other daughters, the Stangs try to find a balance between medication and

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effective parenting. As well as a system they can both live with.

"I'm from the old school," said Dave Stang. "You listened, or you got the belt."

With their children: "He either caves in or walks away," said his wife. "That's why I want him to come to these classes."

Though he was dubious, Stang listened to all that staff clinician Alli Garefino had to say during a recent two-hour class. For one, Garefino explained how crucial it is to give a child clear and direct instructions.

For example, "Instead of saying 'go clean up the garage,'" she said, "tell them to sweep the leaves and put the hockey gear where it belongs."

If they don't comply, Garefino added, parents need to follow through with a prudent consequence. "But don't say that you are going to cancel going to the Sabres game unless you really mean it," she said.

### **Runs in families**

Before the Stangs' oldest daughter was diagnosed, the couple say they knew nothing about ADHD, though now they suspect that Dave Stang also has it.

That wouldn't be unusual. In fact, studies show that ADHD runs in families, with 76 percent of children with ADHD having a relative with the same condition.

And it's becoming better understood that parents are central to treating ADHD, said William T. Pelham, director of the Center for Children and Families.

"Medicine has good shortterm benefits, but not long term," he said, adding that the parental bond remains long after medication has been stopped. In fact, he said, surveys show that 80 percent of children who start taking medication stop within the first 12 months.

"And all stop by age 18," he said. "At that point, if you haven't built up a good relationship, it's hard to start. When a parent is dealing with ADHD, it has to be spot on."

Recently, an FDA review of medication used for treating ADHD proclaimed it safe and effective, with hyperactivity the symptom most apt to lessen. But, of course, there can be side effects. The most commonly noted — and some are significant — are sleep and eating disorders, along with the possibility of irritability, stomach pain and nausea.

Also, parents sometimes report that children seem dull and listless upon taking medication, but pediatrician Hoffman notes: "That could just be in contrast to them normally bouncing around the world. Now that they've settled into normal, you have to be clear that the behavior isn't being misinterpreted."

Clinically, ADHD is diagnosed when symptoms are developmentally inappropriate, said Hoffman. "In other words — how does this 5-year-old compare with other 5-year-olds," he said.

Some ADHD kids are inattentive only, some hyperactive only, but 80 percent to 85 percent are a combination, he said. And the condition may not become obvious until they get beyond the first couple of years at school.

"Because kindergartners and first-graders do the same thing over and over, difficulties might not show up until a later grade," said Hoffman. "In retrospect it shows up with report card comments such as 'He's a pleasure to have in class and I know he'll succeed if he learns to be quiet.'"

Also complicating ADHD is that there are often co-existing conditions, including learning disorders, anxiety, depression and oppositional defiant disorder.

"So medication can help a kid concentrate better to do his homework," said Hoffman, "but if he has [a learning disorder], it won't help his reading.

### **Evaluation**

Sue Stang said that they are constantly assessing how to deal with ADHD with their daughters.

"A lot of things work for a while, but they outgrow them as they mature," she said during a recent class session.

“At first,” she said, “nothing we took away mattered. Nothing.”

Garefino countered with: “There has to be *something* they want. Find out what it is, and offer it as a reward.”

When parents contact the UB center for help, it’s clear that they don’t know what else to try.

“When we talk to them, they’ll say ‘I’ve tried everything,’ or ‘He’s just doing it on purpose,’ or ‘Nothing works,’ ” said Fran Arnold, clinic coordinator.

During classes, parents can bring up specific concerns and they can hear what other parents do.

“It can be very validating if you understand there are others going through struggles,” said Lisa Burrows-MacLean, the center’s clinical director. “This is very solution-focused, so parents can leave that night with a new thing to manage a problem that may have been going on for many years. It’s not that you are a bad parent, but you need to look at a better way to manage the problem.”

Though ADHD has been known about, studied and treated for decades, parents are often stymied when it shows up in their children.

“It’s unbelievable all that we’ve tried,” said one obviously beleaguered father, who was at the class but asked not to be identified.

“I’ve tried five different systems in a year,” he said, describing his attempts to cope with his 10-year-old son, who has oppositional defiant disorder.

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