

Center for Children and Families

# The Focus



## Center for Children and Families Partners with Buffalo Public Schools and Closing the Gap on Summer School Project

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This summer, the CCF had the opportunity to collaborate with the Buffalo Public School system and the Closing the Gap program through United Way to provide an adjunct to the BPS summer school curriculum. Using our Summer Treatment Program as a model, we developed an afternoon recreational program for the students at BPS 27, Hillery Park Elementary. From July 10<sup>th</sup>-August 4<sup>th</sup>, students entering grades K-3 in the 2006-2007 school year attended a morning academic program through the BPS, and then continued their day with our staff in the afternoon. We were fortunate that the school has access to great outdoor facilities, so we had plenty of space for all our sports!

Briannon O'Connor, the CCF Coordinator for this collaborative project, worked closely with Maggie Hoeltke, Site Facilitator at BPS 27 for Closing the Gap.

Each group consisted of approximately 15 children, four counselors, and two junior counselors. A lead counselor was assigned to each group—either a CCF or BPS staff member. Along with the lead,

each group also consisted of a UB undergraduate student, and two local high school students—all of whom participated in a week-long intensive training alongside our own STP staff. In addition, we also had two junior counselors per group, who were Leaders in Training. The Leaders in Training were, 6<sup>th</sup>-7<sup>th</sup> grade students at BPS 27 who demonstrate appropriate leadership qualities.

The students participated in two age-appropriate sports activities each afternoon (softball, T-ball, soccer, kickball, basketball). Warm-up drills before each activity were also conducted to teach fundamental skills to the children before formal game play.

A comprehensive behavioral management system that reflected the system implemented during the school year through the ABC Program was in place at all times during the day. Social reinforcement for appropriate behavior, standard rules and behavioral expectations, and social skills training were the key components.

Children were rewarded for behaving appropriately during each activity. If a child earned the reward after both activities,

he or she received a Daily Good Note to bring home. Parents were told to reward their children when they brought one home in the beginning of the summer. Children who received Good Notes on at least 3 days during the week were able to attend Fun Friday.

Fun Friday was the weekly motivator for the students. The children chose a few activities they wanted to have and worked hard all week to attend. Some of the activities included: dance party, karaoke contest, field days, water balloon fun, and even an end of summer party with a bounce house and cotton candy machine.

The summer recreational program held at Hillery Park Elementary was a great opportunity for the CCF to expand our STP to a community setting. We hope to be able to build on this experience in the future!



Briannon O'Connor

## FROM THE DIRECTOR

The past six months have been very busy here at the CCF. On May 19, 2006, we hosted our first local interdisciplinary conference on "Changing the Community Standard of Care for ADHD." The conference was co-sponsored by the Dr. James E. King, Post Graduate Fund and Blue Cross Blue Shield of Western New York. More than 200 participants and key opinion leaders from the fields of medicine, education, social work, and psychology, spent the day learning about comprehensive evidence-based care for the long-term management of childhood ADHD. The participants then had an opportunity to exchange ideas about turning the Buffalo-Niagara region into a model community for the treatment of childhood ADHD. Many participants volunteered to work on ad hoc committees to initiate this process and facilitate communication among professionals from multiple disciplines. This January, we plan to begin working with these committees to advocate for a higher standard of community care for ADHD children.

We have also launched two federally funded studies aimed at changing the standard of care for children with ADHD on a national level. Currently, there are three evidence-based treatments for ADHD: 1) behavior modification, 2) stimulant medication or Stattera; and 3) a combination of medication and behavioral treatment. Practice guidelines from the American Academy of Pediatrics advise pediatricians to use stimulant medication to treat ADHD as the first approach to treatment. While the guidelines recognize be-

havioral treatment as valuable, the recommendation to utilize behavioral treatment to manage ADHD symptoms is much weaker. In response to this, we are conducting the "Behavior Modification in Young ADHD Children" study. This three-year longitudinal study began last August and 143 children medication-naïve children, who entered Kindergarten or first grade in the fall of 2006, are participating. Affectionately known as the "Little Kids" study, enrolled families are receiving one of three levels of service for the next three years: Enhanced behavioral treatment, standard behavioral treatment, or community care and monitoring. This study will allow us to examine how much behavioral treatment at home and at school young ADHD children need to receive in order to reduce or eliminate the need for medication treatment and special education classroom placements. It is our hope to demonstrate the benefits of early behavioral intervention so that educators, health care providers, and mental health practitioners around the country will rely more on behavioral treatments and less on medication to manage ADHD symptoms in children.

The "Adaptive Treatment for Children with ADHD" study is also a three-year study designed to answer some important questions about ADHD treatment in children. In September, 52 children between the ages of 5-12 began the school year receiving medication or behavior therapy as the first line of treatment for their ADHD. Children in this study are being carefully monitored in order to determine if and when they need more treat-

ment. When children qualify for more treatment, they either receive more of the first type of treatment, such as a higher dose of medication or more intensive behavioral treatment, or the second type of treatment is added to their treatment regimen. Children in this study are followed for 1 school year. We will be recruiting a new group of children to participate in this study each year for the next 2 years. Information from this study will help to answer questions about whether a child diagnosed with ADHD is better off beginning their treatment with medication or behavior therapy and then what should be done if the first treatment is not enough to successfully manage the ADHD symptoms.


We have also been making changes in the standard of care for ADHD children on an international level. For the past two years, we have been collaborating with doctors in Japan to offer behavioral treatment for ADHD children. Surprisingly, the prevalence rates of ADHD in Japan are about the same as in the US (a conservative estimate is 5% of the school-aged population). But unlike the US, until recently the only treatment option for Japanese ADHD children was Ritalin. Now, because of the efforts of CCF staff members Andrew Greiner and Elizabeth Gnagy, there is a Summer Treatment Program in Kurume, Japan. The Japanese STP has been running successfully for the past two summers under the direction of Dr. Yu-shiro Yamashita, working in collaboration with the Kurume Schools. Plans are already underway for next summer!

Prompted by the Kurume

STP, a large group of visitors from multiple cities in Japan spent 6 days at the STP this past summer learning about how it runs and about treatment of ADHD in America. Some of the visitors were front-line clinicians working in mental health and school settings, while others were among the leading academic scientists working with children in Japan. The visitors learned a lot and had a good time enjoying the sites in Western New York. We hope that the visit will facilitate STPs being started in other cities in Japan, including Tokyo, Hiroshima, Sapporo, and Osaka.

Finally, we were proud to be able to conduct an afternoon STP in conjunction with the Buffalo Public Schools summer school at School 27. Briannon O'Connor worked closely with Maggie Hoeltke and staff of the United Way Closing the Gap initiative to serve almost 60 children at school 27. In addition, of course, our regular STP was conducted at UB under the able guidance of Jessica Robb and Katie Walker. They served 30 children, with children attending the STP from as far away as Paris, France. The parents of the child from Paris are trying to talk Katie into coming to Paris to run an STP there!

We will continue to update you on our progress in changing the community standard of care for ADHD children. In the meantime, we wish all of our readers a very happy holiday season and a prosperous new year!



William E. Pelham, Jr., Ph.D.  
Director, Center for Children  
and Families

## SUMMER TREATMENT PROGRAM

The Center for Children and Families was again proud to host its award-winning Summer Treatment Program (STP). This summer was an exciting one, with cool group names and exciting field trips! Our campers thought of some of the most inventive group names seen in the camp's history- Group 1: Cigam (that's magic spelled backwards) and Group 2: Burning Twister (picture a tornado with flames)- both of whom laid claim to the grounds of the University at Buffalo.

Fun field trips this year included a French café, a Karoke party with live rock star music, a dance party, an "All for Wheels" day of fun, a video game marathon, a swimming party, and Capture the Flag competition in the woods. Phew! We are thrilled to announce that every member of groups Ci-

gam and Burning Twister made at minimum Level Three this summer, so all campers were able to experience the Friday field trip fun.

The Cigamers really showed their stuff on the soccer field with hat tricks abound, and worked hard during their classroom time to make sure they earned recess. Many Cigamers earned the field trip every week, and all Cigamers worked hard over the summer to make friends, achieve in the classroom, and show teamwork on the sports field. They finished the summer with an amazing production called the Princess Pat in the end of summer talent show and blew away their families, their counselors and teachers, and the other camp-

**CIGAM**



ers!

The Burning Twisters had an intense summer with projects including a pizza fundraiser in order to stripe the soccer and softball fields, as well as working together in a group contract in which good behavior earned the whole group extra swim or recess time. Burning Twisters really worked hard on their sportsmanship and on their productivity within the classroom. Awesome!



Several group counselors came from the greater Buffalo area (Aaron Schraeder, Erik Lazenski, Janine LaTart, John Ross, Peter Belin, Justin Naylor, Chrishawn Mitchell and Wendy Putt) while other came from Chicago, IL (Niraj

Patrawala) and central Pennsylvania (Jaclyn Purcell). We were also pleased that our classroom teacher, Brandon Lundy, returned for another great summer. Many of the counselors continue to work at the Center for Children and Families this year.

Thanks to all of our campers for their hard work, and to all of the parents for their support and celebration of the children's successes. The summer wouldn't have been as memorable without the impressive level commitment from our campers and their families.



Jessica Robb & Katie Walker

## ALUMNI NEWS

We would like to publish news and accomplishments about your children in future editions of this newsletter.

We know many of you have singing stars, tae kwon do champions and academic scholars. Hearing about other ADHD children's accomplishments can be inspirational for children and parents.

If you would like news of your ADHD child's accomplishments published in future editions of this newsletter, please email lbm@buffalo.edu. Children

will be identified by first name, last initial, program and year they participated (e.g., Adam S., STP 1998), unless you give us permission to print your child's full name.

### *Now for our own alumni news:*

Anil Chacko (STP Lead Counselor '02, '03) is a Post-Doctoral Fellow at the Mount Sinai School of Medicine in New York City.

Andrea Chronis— (STP '96-'00) was awarded the

Young Scientist Research Fund Award by CHADD.

Erika Coles (STP Lead Counselor '02) is an Assistant Professor of Psychology at the University of Maine.

Pete Belin, Erik Lazenski, Chrishawn Mitchell, Niraj Patrawala, and John Ross (STP Counselors '06) have all joined the CCF as full-time Research Assistants.

If we've left out one of your favorite staff members, contact us and we'll let you know where they and what they are doing.

**We want to keep in touch with you! If you've moved or are planning to move, please contact us with your new address. If you know a family we've lost touch with, please have them contact us for a newsletter.**

## STUDY FINDINGS

### Are Parents of ADHD Children At-Risk for Divorce?

For well over 25 years, researchers have found that child behavior is connected with how their parents talk and problem-solve with each other. Studies consistently find that marital conflict is commonly associated with child misbehavior. Notably, evidence indicates that parents of youth with ADHD, especially those with more severe conduct problems (e.g., aggression), are more likely to report lower marital satisfaction, argue in front of their children, and fail to resolve conflicts over childrearing issues than parents of children without ADHD. Curiously, despite the elevated levels of marital conflict in families with ADHD youth, studies have found that divorce rates between parents of children and adolescents with ADHD are not always greater than the rates of divorce among parents of youth without ADHD. Researchers at UB and University of Pittsburgh ADHD Program decided to explore divorce rates among families participating in the Pittsburgh ADHD Longitudinal Study (PALS) to see how long marriages last for parents of children with ADHD compared to marriages between parents of children without ADHD.

Brian Wymbs, one of Dr. Pelham's graduate students at the CCF, has worked for the past year gathering data from PALS for a study examining marital stability among parents of adolescents and young

adults with and without ADHD. Brian has collected divorce information from questionnaires completed during Wave 1 visits as well as through phone calls placed last summer and fall.

Results of the statistical analyses indicated that marriages between parents of adolescents and young adults with ADHD, especially those with other conduct problems, did not last as long as marriages between parents of adolescents and young adults without ADHD. However, divorce rates for parents of adolescents and young adults with and without ADHD in PALS (36% and 24%, respectively) were well below commonly reported national divorce rates (50%). Thus, even though marriages between parents of ADHD adolescents and young adults were more likely to end in divorce sooner than marriages between parents of adolescents and young adults without ADHD, marriages were more likely to succeed for PALS families than those in the rest of the U.S.

Additional analyses were conducted looking at what parent or child characteristics might "predict" how long marriages last between parents of ADHD offspring. Parents of adolescents and young adults without ADHD were not included in these analyses. Using information collected for PALS families prior to their enrollment in the Summer Treatment Program (STP) between 1987-1996, analyses indicated that parent reported ADHD severity, as

(continued next page...)

### The Cost of Attention-Deficit/Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a common mental health disorder of childhood. Children with ADHD often experience distress, limitations, and impairment in various areas of their life. For example, it is not uncommon for children with ADHD to have difficulties in school, such as falling behind academically or having discipline problems. Children with ADHD are at high risk for showing impairment in other areas of their life as well, such as having difficulties with friends, siblings and parents; getting into trouble with the law; and getting into accidents that require visits to the doctor or emergency room. Children with ADHD use health services, mental health services, and educational services more frequently than children without ADHD.

All of these factors have monetary costs associated with them. For example, special education services require more time and money than regular education services. Children with ADHD use more special education services than children without ADHD. Children with ADHD also see health care professionals more often than non-ADHD children and fill more prescriptions for medication. ADHD children's disruptive behaviors also result in higher societal costs

such as use of the juvenile justice system. Family members of ADHD children also report greater absenteeism from work, presumably because they spend more time at teacher conferences, disciplinary meetings at school, and doctor's appointments. Again, all of these outcomes haven monetary costs associated with them.

When researchers assess the costs associated with these different outcomes they are conducting what is known formally as a Cost of Illness (COI) study. Several COI studies on ADHD have been published, but often only one area (i.e. the cost of mental health services) has been studied at a time. Dr. Pelham and graduate student Jessica Robb partnered with E. Michael Foster, Ph.D., at the University of North Carolina, Chapel Hill, to systematically reviewed the published COI studies on ADHD in order to establish an overall cost of ADHD. Based upon these COI studies of children and adolescents with ADHD, it is estimated that the annual cost of ADHD is \$14,576 per individual (2005 dollars), with a reasonable range being between \$12,005 and \$17,458 per individual.

Applying this figure to the estimated number of children and adolescents with ADHD in the US (i.e., assuming a prevalence rate of 5%), a conservative estimate of the annual societal cost of ADHD in childhood and adolescence is \$42.5 billion, with a range between \$36 billion

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## STUDY FINDINGS (cont'd from page 4)

### Parents (cont'd)

well as the frequency of the mother's prior marriages and receipt of mental health treatment, prior to the STP all significantly predicted the length of marriages among parents of adolescents and young adults with ADHD. Specifically, the greater the 1) severity of childhood ADHD exhibited by adolescents and young adults, 2) mental health problems reported by mothers prior to the STP, and 3) number of prior marriages experienced by mothers prior to the

STP, the greater the likelihood of eventual divorce in families with ADHD offspring.

Importantly, results of this study do NOT suggest that children with ADHD cause their parents to divorce. However, it does indicate that ADHD is one of potentially many factors that increase the risk for divorce among parents. The results of this study will likely have an important influence on improving treatment for children with ADHD and their families.



Brian Wymbs &  
Jessica Robb



### Cost (cont'd)

and \$52.4 billion. These estimates are similar to the costs associated with other mental health disorders. For instance, the annual COI major depressive disorder in the U.S. is \$44 billion, the annual aggregate COI of stroke in the U.S. is \$53.6 billion (in 2004 dollars), and the annual aggregate cost of substance abuse in the U.S. has been estimated to be \$180 billion dollars.

## HAPPENINGS

### Coping for Parents

The CCF is now offering parenting classes Monday and Wednesday evenings (you can choose which night to attend) from 6:15 pm – 8:00 pm in room 106 of Diefendorf Hall. The classes are open to parents of children ages 5-12 and children participate in a social skills training group while parents attend class. Childcare is also provided for siblings aged 3+. Enrollment is open, families can start the class at anytime and topics repeat every eight weeks. The fee for the course is \$45. For more information: Please contact Fran Arnold at 829-2244, ext. 140.

### Support Groups

The ADDRESS support group now holds meetings for adults with ADHD on the 2<sup>nd</sup> Wednesday of the month from 7:00 – 9:00 pm and for

parents of children with ADHD on the 4<sup>th</sup> Tuesday of the month from 7:30 – 9:00 pm for parents of ADHD children. Meetings are held at the Ascension Lutheran Church at 4640 Main Street in Snyder, New York.

A second parent support group has been added, meeting the 2<sup>nd</sup> Tuesday of the month from 6:30 – 9:00 pm at the Parent Network, EPIC Building, 100 Main Street in Buffalo.

### Adaptive Treatment for Children with ADHD

The CCF has received a grant from the Institute of Educational Science to study two questions 1) Should children with ADHD receive medication or behavior modification as a first line of treatment? and 2) If the first line of treatment proves insufficient, is it better to increase the treatment the child is already re-

ceiving or add the second kind of treatment? Children enrolled in this study will begin the 2007-2008 school year with medication or standard behavior therapy, which includes parent training, school consultation and a Daily Report Card. If the child is still struggling, the child will then receive either more of the same treatment or the second treatment. One of the innovative aspects of this study is that children in need of additional behavior modification therapy will receive treatment that is completely individualized and may include academic tutoring, social skills training, and/or a free Saturday Treatment Program. The study is open to ADHD children between the ages of 5-12. Children enrolled in the program will participate for the entire 2007-2008 school year. All medication will be prescribed

and monitored by our staff physicians, Drs. Hoffman and Waxmonsky. And of course, all study visits, medication, and psychological treatments are free. Interested families should call the CCF as soon as possible as there are only 48 slots available this year. Families on the waiting list from last year will be given the first opportunity to enroll

*For more information about any of these programs please call us at 829-2244, ext. 5.*

in this program. Enrollment for '07-'08 will start in February.

### Inhibitory Control and Clinical Response in ADHD

Dr. Larry Hawk is collaborating with the CCF to study the

## Center for Children and Families

106 Diefendorf Hall  
3435 Main Street, Bldg 20  
Buffalo, NY 14214  
Phone: 716-829-2244 | Fax: 716-829-3692

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*The Center for Children and Families is an interdisciplinary Center at the University at Buffalo that focuses on a tripartite mission of education, research, and service.*

*Our goal is to increase the knowledge of mental health and learning problems in children and adolescence, to disseminate new information to the professional, educational and family communities, and to provide state-of-the-art treatments for families whose children have mental health and learning problems.*

### HAPPENINGS (cont'd from page 5)

relationships between stimulant medication, incentives, and the cognitive processes of inhibition, attention, and memory in children with ADHD and how incentives (but not medication) affect these processes in children without ADHD. This is an NIMH-funded study. Dr. Hawk hopes to find out if we can predict which children

will respond best to medication in real-world settings by measuring the effects of medication on cognitive processes in the laboratory. Enrollment is open to 10-12 year old children with and without ADHD. Children will participate for 1 full week over the summer.

#### **Effects of Co-Parenting and Childrearing Problem-Solving on the Quality of Interactions between Mothers, Fathers, and Children**

Brain Wymbs has obtained federal funding to examine how parents work together to manage child behavior (i.e., co-parent). Enrollment is

open to parent couples (biological, adoptive, parent/step-parent or parent/live-in partner) who have shared parenting responsibilities for at least the past two years of a 9-12 year boy.

*For more information about these programs please call us at 829-2244, ext. 5.*

### GIVING THANKS...

The CCF is now offering monthly drawings to participants in the Behavior Modification and Young ADHD Children and Adaptive Treatments for Children with ADHD studies. Prizes are given to the teachers and parents who turn in their study ratings on time. We have been soliciting donations from local businesses, and would like to thank the following organizations for their generosity:

- Al Cohen's Famous Rye Bread
- Aquarium of Niagara
- Buffalo and Erie County Historical Society
- Buffalo Spree
- Buffalo Zoo
- Burchfield-Penny Art Center
- Cafe Aroma
- Dash's Markets
- Eaton Office Supply
- Hart Hotels
- Prentice Office Environments
- R Salon
- Salvatore's Italian Garden
- Western New York Family Magazine

*Thank You*

#### ***Interested in donating to the CCF?***

Please complete the following and return to us at 106 Diefendorf Hall, 3435 Main Street, Buffalo, NY 14214

***Enclosed is my donation for:***

\$50     \$100     \$250     \$500     \$1,000     Other: \_\_\_\_\_

Please make checks payable to UB Foundation, Inc. and indicate *Center for Children and Families* in the memo line.

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