Kristine Kent, Contributor

A recent study comparing the high school academic experience of adolescents with and without childhood ADHD revealed that children with ADHD continue to experience significant underachievement throughout high school. Using data from the Pittsburgh ADHD Longitudinal Study (PALS), 326 males with childhood ADHD and 213 demographically similar males without ADHD were compared on yearly data collected from parents, teachers, and school records at the completion of grades 9, 10, 11, and 12.

Results indicated that adolescents with ADHD experienced significant academic impairment in high school relative to comparison adolescents, including lower overall and main academic subject grade point averages (GPA), higher rates of course failure in all main academic subjects, and lower levels of class placement (e.g. remedial vs. honors). Despite this lower level placement, with its less rigorous curriculum, adolescents with ADHD performed worse than non-ADHD comparison participants in GPA. This indicates that simply placing an ADHD high school student in a remedial class may not be sufficient to overcome academic difficulties. Additionally, previous studies have typically examined grade retention rather than rates of course failure. Examining only grade retention, which is rare in high school because students may re-take a course or attend summer school, may substantially underestimate the rate of failure for these adolescents.

One interesting finding was that as a group, by the time the students with ADHD were in 12th grade, they had better GPA’s overall and in certain academic courses than they had in earlier grades. As a group, control adolescents generally had decreasing GPA’s over the school years. However, it is important to note that even with this increasing GPA over the years, adolescents with ADHD still had lower GPA’s than comparison adolescents. One possible reason for these findings is that there was a higher rate of high school dropout in the ADHD sample, which increased annually. The students with ADHD who were performing the poorest early in high school were most likely to dropout.

Adolescents with ADHD were also significantly more likely to be absent or tardy during the academic year. In our sample, adolescents with ADHD were absent or tardy approximately 26 days per school year, compared to approximately 14 days per year among controls. Adolescents with ADHD were eight times more likely than adolescents without ADHD to drop out of high school. These findings suggest that children with ADHD continue to experience academic impairment through high school. Given the lack of information available about the management of ADHD-related impairment in high school, these findings help pinpoint specific deficits in school functioning that need to be targeted.
As we work along this fall, our attention turns to our continuing clinical services and the conclusion of two of our major treatment research grants: Behavior Modification and Young ADHD Children, and Adaptive Interventions for Children with ADHD. We wrapped up the treatment phases of these studies at the end of the 08-09 school year and have been busy entering and analyzing data. We will provide a summary of the results for these projects in the Spring newsletter. We will be contacting families for brief follow up telephone interviews and/or visits beginning in December and stretching until June. Under the direction of Erica Coles, our Friday Night Respites are a resounding success where parents of children involved in our research and treatment programs can receive child care from 5:30 -10:00 P.M. for $6.00 per child, with dinner and snacks included. Our parenting skills classes, Coping for Parents, continue to be offered two nights per week and our Saturday Treatment Program (SatTP) will begin on February 6, 2010. Dr. Waxman’s AIM program specializing in the treatment of children with ADHD and impairments in mood and Dr. Fabiano’s COACHES program for fathers continue to serve families, and Dr. Hoffman continues to provide evaluations for children with learning problems. For more information about how to register for any of these programs, please see our Happenings section on page 4. Finally, plans for the summer treatment program get underway in January, so contact us then if you are interested.

As the next generation of researchers are trained in our graduate programs, new perspectives and interests in how ADHD affects various aspects of children’s and adolescents’ lives emerge. From our large, long-term study being conducted jointly with our lab at the University of Pittsburgh, we report more results on the adolescent and young adult outcomes for ADHD children. On page 1, Kristine Kent reports that remedial classes may not be sufficient in helping adolescents with ADHD succeed. Dara Babinski has been delving into gender issues related to ADHD, and she finds that young women with ADHD continue to have problems in relationships and academics (see page 3). Also on page 3, Maggie Sibley’s research reveals that about a third of adolescent boys with ADHD commit more serious crimes, and at an earlier age, than their non-ADHD counterparts.

Finally, it is with a heavy heart that I announce that I will be leaving UB after this academic year. I will be relocating to Florida International University in Miami to embark on a new endeavor to establish a new CCF and to be a part of a new doctoral training program in child psychology and a new medical school. Two other CCF faculty members, Drs. Jim Waschbusch and Dan Waxman, will also be relocating to FIU after the school year, as well as a number of CCF staff members, graduate students, and recent graduates. Although we did not seek out this opportunity and the decision to leave Buffalo has been a very difficult one, this is an exciting opportunity to bring the programs and services that we offer here in Buffalo to a new community and to create a collaborative network of researchers in New York and Florida.

The future of the CCF at UB and the services that we have routinely offered beyond this year is not certain. Four of our colleagues - Drs. Greg Fabiano, Larry Hawk, Marty Hoffman, and Lisa Burrows-MacLean - will remain in Buffalo. As a group, we are talking with the UB Administration and hope to craft a plan that will keep the CCF doors open so that the CCF may continue to provide clinical services and research programs to families and schools. The faculty moving to Miami and those remaining at UB have already made plans, pending UB approval, to apply for grants to continue joint projects similar to those that we have implemented over the past 8 years — studies of school interventions, parent training, and summer programs. As soon as we have heard what UB’s plans are for the CCF, we will let you know.

You – our CCF families and the children’s teachers – have been the driving force behind the work we have done in Buffalo, and I personally cannot thank you enough for the support and participation you have generously given over the past fourteen years. Through our research, you have helped contribute to transformative change in the way ADHD children are treated in the U.S., and we hope that you and your children have benefitted from the studies and services we have provided. I hope to see you before I leave for Miami and on many visits back to Buffalo.

William E. Pelham, Jr., Ph.D., ABPP
Director, Center for Children and Families
WOMEN WITH ADHD

Dara Babinski, Contributor

Although a great deal of research has been conducted on ADHD in recent decades, the literature has almost exclusively focused on males. One reason for this male focus is that, in childhood, ADHD is estimated to occur 2 to 9 times more frequently in males than in females. Studies have found few differences between girls and boys with ADHD in symptomology, impairment or treatment response, and as a result, ADHD had not been considered a relevant issue for females.

Recent research on adult ADHD has challenged this assumption. In adult-ascertained samples, the gender disparity in the prevalence of ADHD has been reported to decrease and to become virtually non-existent. Now, research on females with ADHD has increased, but the majority of research on female ADHD comes from samples of women who self-present with ADHD for the first time in adulthood, who may or may not have met diagnostic criteria in childhood. Given that the functioning of individuals initially presenting for treatment in adulthood is typically less severe than the adult outcomes of children diagnosed with ADHD, it is important to understand the adult outcomes of females with ADHD prospectively, and whether or not there are differential gender outcomes of ADHD in adulthood that can inform identification and treatment.

So far, three prospective longitudinal studies comparing girls diagnosed in childhood with ADHD to girls without ADHD have been reported, and have found that females with ADHD are generally more impaired compared to females without ADHD in areas such as relationship and academic functioning. These studies, though informative, have only followed females with ADHD into adolescence and have not reported on the functioning of adult women with ADHD or gender differences in ADHD.

DELINQUENCY AND ADHD

Maggie Sibley, Contributor

A recent finding from the Pittsburgh ADHD Longitudinal Study (PALS) suggests that boys with ADHD are more likely than non-ADHD peers to engage in severe delinquency during adolescence. The PALS is a study of children who participated in the Summer Treatment Program (STP) from 1987-1996. These children were followed into adolescence and adulthood, coming in for yearly interviews with research staff. Now that most participants are in their twenties and thirties, we are able to review the information they offered about their adolescence to learn about how they behaved during these years.

According to the recent study (Sibley et al., under review), boys with childhood ADHD were not only more likely to commit more severe crimes in adolescence, but they also committed a greater variety of crimes. Boys with ADHD initiated delinquent activity at earlier ages than boys without ADHD. In addition, boys with ADHD and comorbid Conduct Disorder were twice as likely as boys with ADHD-only to commit severe crimes in adolescence. Thus, it may be the case that there are multiple pathways from ADHD in childhood to delinquency in adolescence. Some boys with ADHD may commit crimes due to escalating conduct problems that peak during adolescence. Other boys with ADHD may commit crimes due to impulsivity, or not thinking through the consequences of engaging in delinquency.

The results of this study suggest the importance of continuing treatment for ADHD into adolescence. In addition, there are several things that parents can do to protect their ADHD teens from engaging in delinquency. Monitoring your teen’s whereabouts by asking questions about where he/she is going and when he/she will return, as well as knowing your teen’s friends, has been shown to protect against the development of delinquency. Also, parents who reward good behavior and provide consistent consequences for negative behaviors have teens that are less likely to engage in delinquent behavior.
GROUP CLINICAL SERVICES

Coping for Families
The CCF offers parenting strategies classes on Tuesday and Wednesday evenings from 6:15 pm – 8:00 pm. Registration is in room 106 Diefendorf Hall. The classes are open to parents of children ages 5-12 who show inattentive or disruptive behavior. Children participate in a social skills training group while parents attend class. Childcare is also provided for siblings aged 3+. Families can start the class at anytime and attend as often as they like during the year. Topics repeat every 10-12 weeks. The fee for the course is $60. For more information: Please contact Karen at 829-2244, x182.

Saturday Treatment Program: A Mini Version of the STP
The Center for Children and Families is now accepting applications for the 2010 Saturday Treatment Program (SatTP). The program is open to children in K-7th grade with academic or behavioral problems. This is a unique opportunity for you and your child. Children will spend 2 hours per day playing sports and engaging in recreational activities and social skills training with other children their age. Treatment involves the same procedures we use in our award winning Summer Treatment Program. Each group will consist of up to 15 children and 4 staff members. Parents are encouraged to attend a parenting strategies group while their children are at the program. We are offering two session in 2010. Each session is 6 weeks long. The program runs from 9-11 on Saturday mornings. The first session in 2010 runs from February 6th to March 20th (no meeting on 3/13/10). The second session in 2010 runs from March 27th to May 8th (no meeting on 4/1/10). The cost is $180/session. All activities will take place on UB’s Main Street Campus. Please contact Karen Fumerelle at 716-829-2244, x182 for application information.

INDIVIDUAL CLINICAL SERVICES

Diagnostic Assessment
The CCF provides comprehensive psychosocial assessments for children and adolescents suspected of having a mental health disorder (e.g., ADHD, phobias, OCD, depression). Fees are determined by a sliding scale that takes income and family size into consideration. Please contact Karen Fumerelle at 716-829-2244, x182 for more information.

Individual Therapy
The CCF provides individual therapy for children and adolescents with anxiety disorders and anger control problems. We also work individually with families on issues related to disruptive behavior problems if group treatment was not sufficient to meet their needs. Fees are determined by a sliding scale that takes income and family size into consideration. Please contact Karen Fumerelle at 716-829-2244, x182 for more information.

School Consultation
The CCF provides individual school consultation to teachers and other school personnel to address behavioral difficulties in the school setting. This service is only open to existing CCF clients and is intended to supplement other treatments the family is currently receiving at the CCF. The goal of consultation is to facilitate the implementation of an individualized behavioral program in the school setting or to troubleshoot existing interventions. The fee for a school consultation visit is $50/per visit plus an additional $10 per 10 miles of distance from the CCF. Interested families should speak with their clinician or group leader about this service or call Karen Fumerelle at 716-829-2244, x182.

STAND Together: Supporting Teens’ Academic Needs Daily
Stand together is a unique parent-teen intervention for adolescents with ADHD. Following an assessment phase, families receive relevant treatment modules designed to improve the adolescent’s academic performance and reduce parent-adolescent conflict in the home. Treatment is delivered individually to each family and content it tailored to meet each family’s distinctive needs. The cost of this service is $200. Please contact Karen Fumerelle at 716-829-224, x182 for more information.

COMMUNITY SERVICES

Friday Respite Nights
The CCF is now offering a respite service for families involved in any of our research or treatment programs. Respite care is being offered on Friday evenings for children ages 3 to 12 through May 2010. Parents may drop their children off at the CCF at 5:30 pm and pick them up by 10:00 pm. The cost is $6.00 per child and dinner and snacks are provided. Families must pre-register for this service by calling Karen Fumerelle at 829-2244, x182.

In-Services
The CCF offers free in-service training on disruptive behavior disorders to local school staff and community parent groups. A presenter from the CCF can deliver presentations ranging from 1 hour up to an entire day. Presentation content is developed in conjunction with the specific informational request and target audience. Please contact Lisa Burrows-MacLean, Ph.D, at 829-2244, x128 for more information.

RESEARCH OPPORTUNITIES

Attention Teachers, Principals and School Psychologists!
The University of Buffalo’s (UB) Center for Children and Families is looking to partner with elementary schools in New York to develop a new measure that will identify, document, and track teachers’ use of common instructional and classroom management procedures. This measure may someday be helpful to teachers and school districts inter-
Maggie Sibley, Contributor

In the summer of 2009, nineteen adolescents participated in the Summer Treatment Program-Adolescent (STP-A). This year, the program was divided into a middle school group and a high school group. Over the summer, the teens worked hard to improve core academic skills in Writing, Health, History, and Science classes. They spent time each day developing organization and time management skills, which they applied to their daily schedules and academic requirements. In addition to the academic components of the program, the adolescents participated in a vocational program designed to prepare teens for leadership roles and first jobs. This program possessed two components: 1) a teen-managed business with daily meetings and weekly sales and 2) junior counselor positions in the STP (i.e., assistant coach, classroom assistant, art assistant, camp video team). Recreational activities gave adolescents opportunities to practice social skills with feedback from STP staff members. The adolescents of 2009 worked exceedingly hard to meet individualized program goals. We are confident that these teens will carry their success into the upcoming school year. Below are a few excerpts from end-of-summer interviews with the teens:

**What obstacles are there to making my school year go well?**

“My first obstacle is ADD and my impulsiveness to do and say stuff...Teachers that have something against me...Friends that tell me to do things I’m not supposed to.” - 10th grade male

“Some obstacles...are telling my friends how I’m truly feeling, homework, grades, asking questions and getting help. Balancing my time between relationships, friends, family, and sports. Talking to parents and letting them help me with my problems.” - 9th grade female

“What is my plan to make the next school year go well?“

“I’ll set up a system for homework. I’ll set up a binder for daily assignments. I’ll set up a (Daily Report Card). I will work on organization just like at camp. Someone will check it and go through it.” – 7th grade female

“I will set up a schedule, study a little bit every day. Use my planner. Problem-solving to solve issues with people.” – 8th grade male

“Ask for help if needed for a subject. Keep my locker and materials organized. Build better friendships. Keep my temper down with my parents.” - 10th grade female

“Have a (Daily Report Card). It will be helpful both in school and at home. And to not visit the principal’s office and to have a good attitude.” - 9th grade female

“Have a good attitude about everything without complaining...have a reward for everything good you do in school. Be a good person in order to have a lot of friends and set goals for yourself.” – 7th grade female

**HAPPENINGS (cont’d)**

* It may also someday be helpful for documenting classroom-based services on Tier 1 of the Response to Intervention (RTI) approach.

* If a school qualifies for the study, teachers will be asked to complete a brief questionnaire and observations of the classroom will be completed by another person who works in the school (such as a principal, school psychologist, school social worker).

* Teachers, and other school participants will receive compensation for participation.

To learn more or to apply please call: 829-2244, x167

**Congratulations to the following employees for reaching employment anniversaries with the CCF during April-September:**

12 years: Lisa Burrows-MacLean

5 years: Jessie Verley

3 years: Pete Belin, Jacob Dormann

2 years: Melina Buck, Karen Morris, Caroline Mullen
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.

CONTRIBUTORS

Thank you to the following Faculty, Staff and Students for contributing to this issue of The Focus:

Dara Babinski, Lisa Burrows-MacLean, Kristine Kent, Maggie Sibley, William E. Pelham, Jr.; Editor: Neda Burtman

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:

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