



CENTER FOR ADHD Connection

SPRING 2018 | A NEWSLETTER FOR PARENTS OF CHILDREN WITH ADHD, OUR COLLABORATORS AND COMMUNITY PARTNERS

Questions to ask when you suspect your preschooler may have ADHD

Tanya Froehlich, MD, and Richard Loren, PhD

All preschoolers can be active, impulsive, defiant, patient, forgetful and careless. So how can parents tell if their child's behavior is "typical," or if there is an underlying issue like ADHD? Asking yourself these questions may help.

1. How often are you getting calls from preschool?

Preschoolers with ADHD are more disruptive, can't sit in one place, and have problems with impulse control much more often than their peers.

2. How is your child doing with circle time?

Their attention wanders more quickly than other children. Because they're not being spoken to directly, children with ADHD get lost in these situations and their attention wanders.

3. Can your child follow one- or two-step directions without getting distracted?

Preschoolers should be able to follow one- and two-step directions, such as, "Hang up your coat" and "put your shoes away." Kids with ADHD often get distracted even after starting and are not able to follow simple directions.

4. Does your child "dart" at the store or at preschool?

Kids with ADHD will frequently "dart." They're supposed to be in line at school, moving from class to recess, but go in another direction much more than other children in their class.

5. Do you avoid taking your child out in public, even to family-friendly places?

Children with ADHD can't sit still and will frequently run off and get into things. This can become so problematic that parents avoid taking them to even family-friendly restaurants.

6. Has your child had his/her hearing checked?

There can be many reasons why your child doesn't seem to listen or has trouble following directions. One reason may be that your child has a hearing problem.

7. Do you think your child understands your words when you speak to him/her?

Children with language or learning issues can also struggle to follow directions. They may not follow an instruction or sit still to listen to a story because they can't understand it.

8. Could your child have another health condition, like sleep apnea?

Sleep problems can mimic ADHD symptoms because children who are not well-rested will not behave well or are often hyper. If your preschooler snores, it could be a sign of sleep apnea.

9. Has your child or family had a big stressor?

If your child (or family) recently experienced a big family stressor, an increase in behavior problems often occurs. Behavioral issues going on for longer than six months is not typical.

Preschoolers with ADHD may behave well at certain times but not at others, so parents may wonder why the child can't "get it together" more consistently. If you have concerns about your child, the first step is to talk to your pediatrician to seek help.



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For more information about Cincinnati Children's Center for ADHD, please contact the Division of Behavioral Medicine and Clinical Psychology Intake Line at 513-636-4336, and press #. The Center is located at:

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About this Newsletter

The Center for ADHD Connection newsletter is published two times each year. To be added or removed from the mailing list for this newsletter, email us at ADHD@cchmc.org.

To give feedback about the newsletter or if you have a story idea, email us at ADHD@cchmc.org.

To see previous newsletters, please go to www.cincinnatichildrens.org/adhd.



Jeff N. Epstein, PhD

FROM THE DIRECTOR

Our Center for ADHD offers a wide range of ADHD treatment services for families including parenting groups, academic skills groups, frustration management groups, and our Summer Treatment Program (see schedules for these services in this newsletter). These treatment programs each last between 6 to 8 weeks. At the

conclusion of these treatment programs, we typically collect ratings from families to assess their satisfaction with treatment, as well as to assess whether the family benefited from the treatment. We only continue to offer treatments that work for the majority of our patients. This is what we mean when we say the treatment programs we offer are “evidence-based.”

When families complete one of our treatment programs, we typically do not receive updates regarding how the child is doing months and years after our treatment program has concluded. This past month, however, we received word from one of our former patients that was both touching and rewarding. One of our Summer Treatment Program (STP) graduates celebrated his bar mitzvah—a Jewish coming-of-age ceremony—this past year. In a speech he gave at the event, he said, “The STP is a program that helps children learn how to deal with their ADHD in different situations. After I attended the 7-week program, I got to start over. It was a clean slate for me. I felt like I could do anything. It was the most important thing that changed my life.”

He followed that up by personally pledging a portion of his bar mitzvah gifts to the STP. In addition, several family members and friends in attendance were motivated to also make donations to the STP. We were overwhelmed by their generosity and happy to see that we had made such a difference in this child's life. We plan to use the donations to “up” the level of “fun” for our “Fun Friday” events during the summer's STP. Children attending the STP work hard each week to earn enough points to attend the “Fun Friday” activity (e.g., water park, roller skating, trampolines). We thank this family and their friends for their donations and feedback regarding this child's benefit from this program.

Center for ADHD clinical services

The Center for ADHD currently provides the following evidence-based services for the families of children and adolescents with ADHD:

- ADHD Evaluations
- Individual/Family Therapy Services
- Parent Training Groups (schedule on page 6)
- Managing Frustration Groups (schedule on page 7)
- Academic Success Groups for Preteens and Teens (schedule on page 7)
- ADHD Summer Treatment Program (STP) for Children 8 to 12 Years Old (for more information, go to www.cincinnatichildrens.org/stp.)



“Sluggish cognitive tempo” and ADHD medication response

Tanya Froehlich, MD

Many children with ADHD improve greatly in their ability to pay attention when they take methylphenidate, the most commonly prescribed first-line ADHD medication. Unfortunately, however, some children who try methylphenidate do not show much improvement. Currently we don't have a good way of predicting who will benefit from methylphenidate and who will not. As a result, doctors use a trial-and-error approach to ADHD medication treatment, but this can be a time-consuming and expensive process.

Recently, researchers at our Center for ADHD tackled this problem. We completed a study (currently in press at the Journal of Clinical Psychiatry) which set out to pinpoint qualities that predict poor response to methylphenidate. For this study, 171 7 to 11 year old children with ADHD completed a 4-week methylphenidate trial. During the trial, they all tried three different doses of methylphenidate, as well as placebo for one week each. At the end of each week, parents and teachers filled out ADHD symptom ratings to see how the children's attention symptoms changed on each dose.

One factor we examined in the study to see how it influenced methylphenidate response is known as sluggish cognitive tempo, or SCT. About 50% of children with ADHD seem to have elevated SCT symptoms. Interestingly, SCT symptoms seem to fall into two separate categories—the Sluggish/Sleepy category (which includes things like being slow to respond, appearing drowsy, and lacking energy) and the Daydreamy category (which includes things like daydreaming a lot, being “in a fog,” and being easily confused).

When we examined the study data, we found that some but not all aspects of SCT made a difference for methylphenidate response. When kids had high levels of Sluggish/Sleepy symptoms, methylphenidate didn't help very much with their inattention problems, and the study doctors were less likely to consider them to be good responders to methylphenidate. On the other hand, when kids had high levels of SCT Daydreamy symptoms, methylphenidate still seemed very effective for improving attention.

Our study is the first to show a link between SCT Sluggish/Sleepy symptoms and poor response to methylphenidate. Like any new scientific finding, we will need to verify the results before we can make firm clinical recommendations. Nonetheless, the findings suggest that knowing more about a child's SCT symptom profile may help doctors determine in advance if a child will be helped by methylphenidate or not. As such, our study may represent one piece of the puzzle as we and other researchers work to predict the best ADHD medication for each child.

Now recruiting for our 2018 ADHD Summer Treatment Program (STP)

What: Our ADHD Summer Treatment Program (STP) is a 7-week intensive summer day treatment program for children 8 to 12 years old with ADHD providing comprehensive behavioral interventions within a camp-like setting. Children learn to improve social skills, manage frustration, and follow instructions, while participating in sports and classroom activities. Your child will enjoy a consistent, daily schedule at a local school filled with fun, recreational and educational activities including:

- Academic learning centers
- Sports and swimming
- Arts and crafts
- Computer lab

When

June 11 – July 27, 2018

To Learn More

Visit www.cincinnatichildrens.org/stp for details, or call us at **513-803-7708**. To register to attend one of our parent information sessions, email us at adhdstp@cchmc.org.

Quality of ADHD medication care impacts ADHD symptom improvement in children

Jeff Epstein, PhD and William Brinkman, MD

In the United States, pediatricians provide the majority of ADHD medication-related care to children diagnosed with ADHD. The quality of medication care provided by pediatricians varies widely in terms of rates and timeliness of office visits/contacts, adjusting medication, and collection of parent and teacher rating scales to monitor whether children are benefitting from ADHD medication.

Investigators at the Center for ADHD conducted a study to identify which components of ADHD care best predict ADHD symptom improvement in their patients. Chart reviews were conducted for 372 children in grades 1 to 5 who were prescribed ADHD medication by a community-based pediatrician in one of 50 practices. As part of the research study, parents completed an ADHD rating scale before starting ADHD medication and again approximately 12 months after starting ADHD medication. Two aspects of ADHD care were related to reductions in ADHD symptoms: 1) Shorter times between prescribing ADHD medication and the first contact after starting medication; and 2) more teacher-completed ADHD ratings collected in the first year of treatment. ADHD symptom reduction for children receiving the highest quality of ADHD care (i.e., initial contact within 30 days and 4+ teacher ratings in first year of treatment) was nearly double that for children receiving the lowest quality of care (i.e., initial contact after 60 days and 0 teacher ratings collected during first year of treatment). It was interesting that timeliness of parents and pediatricians touching base after starting medicine, either by office visits, phone calls, or email communication, predicted more ADHD symptom reduction. Office visits alone, in terms of number or timeliness, did not predict patient outcomes. The association between teacher-completed ratings and symptom improvement made a lot of sense since ADHD medication effects peak during school hours, so it is teachers who can best report about whether medication is working. This study's findings clearly indicate that the magnitude of ADHD symptom reduction that can be achieved with the use of ADHD medications was associated with specific components of ADHD care.



Take home messages for parents are: 1) If your child is prescribed a new medication, check in with your child's physician within the first 30 days of taking the medication to report on ADHD symptom improvement and side effects; 2) Encourage your child's teachers to complete ADHD rating scales periodically and make sure these scales get to your child's physician.

Take home message for teachers is: Completing ADHD rating scales during treatment, even when the child is doing well, is a critical component of ADHD care. When asked by health care providers to complete these ratings, please do so in order that your student's physician has an accurate picture of your student's performance at school.

Take home messages for pediatricians are: 1) You do not need to necessarily rely on office visits to monitor medication response and side effects in the week(s) after initially prescribing medication, but instead could use phone calls or email correspondence to check in with the family. 2) Ask teachers to complete ADHD rating scales (e.g., Vanderbilt ADHD Teacher Rating Scales) approximately every 2 to 3 months after initial titration to continually monitor children's medication response.

Epstein, J.N., Kelleher, K.J., Baum, R., Brinkman, W.B., Peugh, J., Gardner, W., Lichtenstein, P., & Langberg, J.M., (2017). Specific components of pediatricians' medication-related care predict Attention-Deficit/Hyperactivity Disorder symptom improvement. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56, 483-490.

Join an ADHD research study

Our researchers conduct studies to learn more about ADHD and find treatments. Parents and children can help by participating in a research study. Current research studies include:

Teens With ADHD Driving Study

What

A research study to test training programs to see if they might help teens with ADD or ADHD become safer drivers

Who

Teenagers 16 to 19 years who have a history of ADD or ADHD and a valid driver's license (and a parent will also participate)

Pay

Families may receive up to \$300 for their time and effort.

Contact

The study coordinator at 513-803-1343 or ADHDdriving@cchmc.org

The Effects of ADHD Medication (TEAM) Study

What

This research study will look at how children with attention deficit hyperactivity disorder (ADHD) respond to medication. Children will have a full diagnostic evaluation for ADHD, as part of this study.

Who

Children 7 to 11 years old who:

- Have been diagnosed with ADHD and have not previously taken medication for ADHD

OR

- Have ADHD symptoms including: short attention span for age, difficulty listening to others, easily distracted, excessive fidgeting and/or talking, or often interrupting others

Pay

Families may receive up to \$310 for time and effort.

Contact

Study staff at adhdteam@cchmc.org or 513-803-1344

Study for Children Who Are Sluggish, Spacey or Easily Confused

What

This is a research study to learn more about how children with specific attentional difficulties differ from other children, in their cognitive, academic and daily life functioning.

Who

Children 8 to 12 years old who do and do not have attentional problems may be eligible to participate.

Pay

Families may receive up to \$100 for time and effort.

Contact

The study coordinator at CTADHD@cchmc.org or 513-803-0771

Study for Youth with ADHD

What

The purpose of this research study is to investigate brain changes in youth who are currently experiencing ADHD symptoms. Participants will be given mixed amphetamine salts for a 12-week treatment period.

Who

Youth 10 to 18 years of age who are experiencing ADHD symptoms or have been diagnosed with ADHD, and who have not taken an ADHD medication in the past year

Pay

Participants may receive up to \$280 in compensation for their transportation and/or time for study visits. All study visits, tests, and procedures will be provided at no cost to participants.

Contact

Leah at leisclm@ucmail.uc.edu or 513-558-3674

The Center for ADHD 2018 Program Schedules

Understanding and Managing ADHD in Preschoolers Parent Group Program*

This program is for parents of children ages 3.5 to 5 years *who have been or are at risk for being* diagnosed with ADHD. Parents obtain an up-to-date understanding of ADHD and how it affects their child's behavior, as well as training in the use of specific evidence-based techniques for providing the structure and guidance that a preschool-aged child with ADHD needs to succeed both at home and at preschool/kindergarten. Sessions are held on the same day each week for a total of 8 sessions, each lasting 90 minutes. The material in each session builds on that covered in prior sessions, so it is important that parents attend all 8 sessions in order to get the greatest benefit from the program.

Day/Dates	Time	Location	Therapist
Thu 01/25 to 03/15/2018	5 – 6:30 pm	Oak	Heather A. Ciesielski, PhD
Thu 03/01 to 04/19/2018	noon – 1:30 pm	Liberty Campus	Beverly H. Smolyansky, PhD
Mon 03/19 to 05/14/2018 (Skips 04/02)	4:30 – 6 pm	Oak	Heather A. Ciesielski, PhD
Wed 06/06 to 08/01/2018 (Skips 07/04)	noon – 1:30 pm	Liberty Campus	Beverly H. Smolyansky, PhD
Mon 08/20 to 10/15/2018 (Skips 09/03)	5 – 6:30 pm	Oak	Heather A. Ciesielski, PhD
Wed 09/19 to 11/14/2018 (Skips 10/31)	noon – 1:30 pm	Liberty Campus	Beverly H. Smolyansky, PhD
Mon 10/22 to 12/10/2018	4:30 – 6 pm	Oak	Heather A. Ciesielski, PhD

Understanding and Managing ADHD in Children ages 6 to 12 Parent Group Program*

This program is for parents of children ages 6 to 12 years with a primary diagnosis of ADHD. Parents obtain an up-to-date understanding of ADHD and how it affects their child's behavior, as well as training in the use of specific evidence-based techniques for providing the structure and guidance that a child with ADHD needs to succeed behaviorally, academically, and socially. Sessions are held on the same day each week for a total of 8 sessions. Each session is 90 minutes, except for the first session which may run up to 2 hours+. The material in each session builds on that covered in prior sessions, so it is important that parents plan to attend all 8 sessions in order to get the greatest benefit from the program.

+ All 8 sessions of groups at Liberty Campus, which tend to be larger, may run up to 2 hours

Day/Dates (Start-End)	Time (Start-End)	Location	Therapist
Mon 01/29 to 03/26/2018 (Skips 3/12)	4:30 – 6:30 pm	Liberty Campus	Richard E. A. Loren, PhD
Tue 02/06 to 04/03/2018 (Skips 3/13)	5 – 6:30 pm*	Oak	Richard E. A. Loren, PhD
Mon 02/19 to 04/09/2018	6 – 7:30 pm	Mason	Sanford L. Chertock, PhD
Wed 02/28 to 04/25/2018 (Skips 3/14)	noon – 1:30 pm	Oak	Richard E. A. Loren, PhD
Mon 03/05 to 04/30/201 (Skips 4/02)	5:30 – 7 pm	Green Township	F. Lynne Merk, PhD
Tue 03/13 to 05/01/2018	4:30 – 6 pm	Oak	Jessica E. M. Cyran, PhD
Wed 03/21 to 05/09/2018	noon – 1:30 pm	Mason	S. Rachelle Plummer, PsyD
Wed 03/28 to 05/23/2018 (Skips 5/2)	6 – 7:30 pm	Eastgate	James Myers, PhD
Mon 04/16 to 06/11/2018 (Skips 5/28)	4:30 – 6:30 pm*	Liberty Campus	Richard E. A. Loren, PhD
Tue 05/01 to 06/19/2018	4 – 5:30 pm	Fairfield	Heather E. Unrue, PhD
Thu 05/03 to 06/21/2018	4:30 – 6 pm	Oak	Richard E. A. Loren, PhD
Wed 06/13 to 08/08/2018 (Skips 7/4)	12:30 – 2 pm	Oak	Richard E. A. Loren, PhD
Mon 07/09 to 08/27/2018	4:30 – 6 pm	Green Township	Grace D. Shelby, PhD
Wed 07/11 to 08/29/2018	4 – 5:30 pm	Mason	S. Rachelle Plummer, PsyD
Wed 08/29 to 10/24/2018 (Skips 9/26)	5 – 6:30 pm	Oak	Richard E. A. Loren, PhD
Wed 09/05 to 10/24/2018	4 – 5:30 pm	Fairfield	Kristine A. Huiet, PhD
Wed 09/19 to 11/14/2018 (Skips 10/31)	5 – 6:30 pm	Eastgate	Aubrey Coates, PhD
Mon 09/24 to 11/12/2018	4:30 – 6 pm	Green Township	Grace D. Shelby, PhD
Wed 09/26 to 11/14/2018	noon – 1:30 pm	Oak	Jessica E. M. Cyran, PhD
Mon 10/01 to 11/19/2018	4 – 5:30 pm	Mason	S. Rachelle Plummer, PsyD
Mon 10/08 to 11/26/2018	4:30 – 6:30 pm*	Liberty Campus	Richard E. A. Loren, PhD
Tue 10/23 to 12/11/2018	4 – 5:30 pm	Fairfield	Heather E. Unrue, PhD
Thu 10/25 to 12/20/2018 (Skips 11/22)	5 – 6:30 pm	Oak	Heather A. Ciesielski, PhD

Managing Frustration for Children with ADHD Group Program*

This program is designed to address the problems some children with ADHD have with managing their frustration. ***It is NOT an alternative treatment for the core problems with attention regulation and/or impulse control (including oppositional behaviors) associated with ADHD.*** The program is most effective for children whose core symptoms of ADHD are under reasonably good control via ongoing medication and environmental/behavior management. To participate in this group, a child must be between the ages of 9 and 11 **and** be in third through fifth grades at the time the group begins. This group is only offered at the Center for ADHD on Cincinnati Children's Oak Campus (off Exit 3A, I-71). There is a required 75-90 minute pre-group interview attended by both the parent(s) and child that will be scheduled starting a couple of months prior to the start of a new group. There are a total of 12 group sessions, 10 attended by the children and 2 (*the 1st and 7th sessions*) attended only by parents. Most sessions last ~90 minutes. Because what is covered in each session is important, participants need to attend each and every session.

Day/Dates	Time	Location	Therapist
Wed 02/21 to 05/16/2018 (<i>Skips 03/14</i>)	4:30 – 6 pm	Oak	Richard E. A. Loren, PhD
Tue 06/05 to 08/28/2018 (<i>Skips 07/03</i>)	4:30 – 6 pm	Oak	Richard E. A. Loren, PhD
Tue 10/02 to 12/18/2018	4:30 – 6 pm	Oak	Richard E. A. Loren, PhD

Academic Success for Young Adolescents with ADHD Group Program*

This program is designed for young adolescents in sixth through eighth grades who are experiencing academic difficulties as a result of ADHD. It teaches adolescents and their parents proven strategies to improve organization, time management, and study skills. This program is held only at the Center for ADHD. There are a total of 7 group sessions, each lasting 90 minutes, which the adolescent and their parent attend together. Since the material in each session builds on what is covered in earlier ones, it is important that participants plan to attend all 7 sessions. In addition, a pre-group interview with the parent(s) is required.

Day/Dates	Time	Location	Therapist
Mon 01/29 to 03/12/2018	5 – 6:30 pm	Oak	Heather A. Ciesielski, PhD
Thu 03/22 to 05/03/2018	5 – 6:30 pm	Oak	Heather A. Ciesielski, PhD
Tue 08/14 to 09/25/2018	4:30 – 6 pm	Oak	Jessica E. M. Cyran, PhD
Thu 09/06 to 10/18/2018	5 – 6:30 pm	Oak	Heather A. Ciesielski, PhD
Tue 10/02 to 11/13/2018	4:30 – 6 pm	Oak	Jessica E. M. Cyran, PhD

Academic Success for High Schoolers with ADHD Group Program*

This program is designed for freshman and sophomores in high school who are experiencing academic difficulties as a result of ADHD. It teaches adolescents and their parents proven strategies that improve organization, study skills, and academic performance with fewer arguments, less frustration, and reduced conflict between parents and their high school student who has ADHD. This program is held only at the Center for ADHD. There are a total of 8 group sessions, each lasting 90 minutes, which the parent and their adolescent attend together. As the material in each session builds on what is covered in earlier ones, it is important that participants attend all 8 sessions. In addition, a pre-group interview with the parent(s) is required.

Day/Dates	Time	Location	Therapist
Wed 01/17 to 03/07/2018	4 – 5:30 pm	Oak	Aaron J. Vaughn, PhD
Thu 01/18 to 03/08/2018	4 – 5:30 pm	Oak	Aaron J. Vaughn, PhD
Thu 08/30 to 10/18/2018	4 – 5:30 pm	Oak	Aaron J. Vaughn, PhD
Wed 09/05 to 10/24/2018	4 – 5:30 pm	Oak	Aaron J. Vaughn, PhD

* These behavior therapy group programs are covered by most insurance policies which provide coverage for group psychotherapy and multifamily group therapy services, with families responsible for any deductibles and co-pays.

To enroll in any of our behavior therapy group programs, please call the Behavioral Medicine & Clinical Psychology Intake Office at **513-636-4336, option #** (pound/hash key).

For further information about these group programs, including any updates to this schedule, please visit the Cincinnati Children's Center for ADHD website at www.cincinnatichildrens.org/adhd and select the Clinical Services link, then the link for the specific group program of interest.



Center for ADHD

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FORWARDING SERVICE REQUESTED

JOIN US FOR:

Parenting Bright Kids Who Can't Keep Up | A Talk by Dr. Ellen B. Braaten

Some children, especially those with learning disabilities and ADHD, feel left behind in a world where being able to respond quickly is considered an essential skill.

Dr. Ellen Braaten, a renowned psychologist, researcher, television contributor, and author specializing in assessing learning disabilities and attentional disorders, will talk about difficulties with processing speed and how it impacts performance in the classroom and social relationships. She will also provide strategies that parents can use at home to support a child with slow processing speed.

- When:** Monday, March 19, 2018: 7–9 pm
- Where:** Cooper Creek Event Center | 4040 Cooper Rd., Blue Ash, OH
- Cost:** \$25 per person or \$20 per person for multiple tickets
- To Register:** Go to www.springer-ld.org
- Questions?** Call 513-871-6080 ext. 402



Ellen B. Braaten, PhD

*Director, Learning and Emotional
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