

STATE OF NEW HAMPSHIRE

**SB 427 STUDY COMMISSION
TO STUDY ALL ASPECTS OF SAME SEX CIVIL MARRIAGE
AND THE LEGAL EQUIVALENTS THEREOF,
WHETHER REFERRED TO AS CIVIL UNIONS,
DOMESTIC PARTNERSHIPS, OR OTHERWISE**

September 12, 2005

Testimony of Ellen Perrin, M.D.

Professor of Pediatrics at Tufts-New England Medical Center,
Director of Developmental-Behavioral Pediatrics and the Center for Children with Special Needs

My name is Dr. Ellen Perrin. I am a Professor of Pediatrics at the Floating Hospital for Children at Tufts-New England Medical Center, and the Director of the Division of Developmental-Behavioral Pediatrics and the Center for Children with Special Needs. I speak to you today as a recognized expert in child development. One of my areas of special expertise is in the development and well-being of children whose parents are gay or lesbian.

I have reviewed hundreds of articles and books and written and published a good deal myself about what happens to children whose parents are the same sex. My curriculum vitae, which lists my extensive publications, my clinical research experience, and my professional associations, will be shared with you at the conclusion of my testimony. See Exhibit A (Curriculum Vitae). Suffice it to say, I am considered to be one of the pediatricians most expert in the country on the topic of the development and well-being of children whose parents are gay or lesbian.

I am here today to offer my expert opinion of the effects on children of being raised by same sex parents. I want to be clear, however, that the issue I am here to discuss is not whether children of same-sex couples will exist if same-sex couples are permitted to marry because gay and lesbian persons have been raising children for many years and will continue to do so in the future. The real issue is whether those children will be raised by married or unmarried parents – and whether those kids will have the same benefits of a secure and permanent family that other children can take for granted.

My Opinion

It is my opinion that there is no relationship between a parent's sexual orientation and any measure of a child's emotional, psychosocial and behavioral adjustment. Absolutely no scientifically valid data have pointed to any risk to children as a result of growing up in a family with one or more gay parents. Over 25 years of documented research and clinical experience has taught us that children thrive better in families that include two loving, responsible and committed parents. We also know that conscientious and nurturing adults, whether they are men or women, heterosexual or gay or lesbian, can be excellent parents. In sum, there is ample evidence to show that children raised by gay and lesbian parents fare just as well as those raised by heterosexual parents.

In addition, there is an inextricable link between the health and well-being of all children and the legal protection afforded to the family relationships. Marriage is a social institution that promotes healthy families by conferring a set of rights, benefits, and protections that cannot be obtained by other means. Marriage can foster psychosocial stability and financial and legal security as well as an augmented sense of societal acceptance and support. Legal recognition of a spouse can increase the ability of adult couples to provide and care for one another and fosters a more nurturing and secure environment for their children. The children of same-sex couples can benefit from the legal protections afforded to their parents just as the children of different-sex parents do.

I am aware that some gay and lesbian parents have been deprived of the ability to stay home and care for their children because the non-bio working mom could not obtain health insurance for the child she co-parents or for her stay-at-home partner. I am aware of children who have been deprived of the ability to seek child support from their non-bio parent when the relationship between their parents disintegrates. I am aware of children who will not receive social security payments in the event their non-bio parent passes away, thus depriving the surviving family of income that may be essential to their survival. All of these dangers arise when gay and lesbian families are treated as legal strangers to each other. The lack of legal recognition given to the relationships of gay and lesbian parents and their children creates needless instability that helps no one and only serves to harm the children.

Research

In formulating my opinion, I have relied on all of the current relevant research studying and examining the health and development of children raised in same-sex parent households. A full bibliography citing the relevant research on the topic of same-sex parenting will be shared with you as part of my written submission today, see Exhibit B (Research Bibliography), as well as a summary chart that describes the particulars of each study comparing children whose parents are gay against those whose parents are not. See Exhibit C (Summary Chart).

The studies and research have reached consistent results in finding that children of gay and lesbian parents suffer no more psychological problems and no greater developmental disabilities than children raised by heterosexual parents. Comparisons between lesbian and heterosexual mothers have revealed few differences in child rearing practices, life-styles, role conflicts, and coping strategies.

The initial studies of the 1980s assessed children whose parents had divorced, comparing those who were living with lesbian mothers with those who were living with heterosexual mothers. They found no differences in cognitive, social, academic, behavioral or emotional adjustment.

Then a series of studies was done evaluating the well-being of children who had grown up from the beginning with lesbian mothers, comparing them to children who had grown up with heterosexual mothers. Again, they found no differences in academic success, self-esteem, behavior, emotional adjustment or social relationships. For the most part, the boys were typical boys and the girls were typical girls. The only difference found was the teachers rated the children whose parents were gay as less aggressive, and more affectionate and nurturing than the children who were raised by heterosexual parents.

There have been criticisms leveled at this entire body of research because the number of children in each study is small, and they were all based on volunteers who came forward and agreed to participate in the studies and so the samples were quite unrepresentative, being mostly white, urban, well-educated and affluent. While it is true that the samples in each study were small, taken together we have data on more

than 500 children whose parents were gay or lesbian, and there is an amazing consensus about the results.

Moreover, there more recently have been studies that have avoided the selective sampling that has been criticized in earlier studies. One of these studies used data from a cohort study that enrolled all children born within a particular county in England during one year, the well-being of 7 year old children whose parents self-identified as lesbian was compared to the well-being of peers whose parents were heterosexual. No differences were found in maternal warmth, emotional involvement, enjoyment of motherhood, frequency of conflicts, supervision of the child, abnormal behaviors reported by parents or teachers in the child, children's self esteem, or psychiatric disorders.

On the other hand there were significant differences in warmth, parenting quality and enjoyment, emotional involvement, imaginative play activities, severity of conflicts, supervision of the child, maternal stress, and abnormal child behaviors reported by teachers--all favoring two-parent families (lesbian or heterosexual) over single parent families.

The other used a national random sample of US adolescents, a project that was funded by the federal government to try to understand adolescent development in the US. The study I am referring to here demonstrated that adolescents living with two women in a "marriage-like" family arrangement were similar to peers whose parents were heterosexual in measures of self esteem, depression, anxiety, school functioning, school 'connectedness', and school difficulties. Overall, these adolescents reported positive family relationships, including parental warmth, care from others, personal autonomy, and neighborhood integration, and again there were no systematic differences between the same-sex and the opposite-sex parent families. Girls reported somewhat higher levels of care from adults and peers than did boys. There was no difference between the two groups in the proportion of adolescents who reported having had sexual intercourse, nor in the number who reported having a 'romantic relationship' within the past 18 months.

So these studies too found basically the same thing as earlier studies had found: children who were raised by same-sex parents were found to be undistinguishable from children whose parents were heterosexual in any important ways.

Professional Organizations

The consistency of the scientific research regarding same sex parented families has prompted numerous medical, psychological and child-welfare organizations to adopt policies and opinions to the effect that:

- (1) Same-sex parents have parenting abilities at least equal to those of heterosexual parents; and that
- (2) Children of same-sex parents are as healthy, happy and well-adjusted, and fare as well on all measures of development, as their peers.

Among the organizations to reach these conclusions are the American Academy of Pediatrics, the American Academy of Family Practitioners, the Child Welfare League of America, National

Association of Social Workers, National Council on Adoptable Children, American Psychological Association, American Psychiatric Association and American Psychoanalytic Association.¹

Of these organizations, I would like to highlight the positions taken by the American Academy of Pediatrics (AAP), an organization with which I have long been affiliated. The AAP was formed in 1930 and is an organization of 60,000 pediatricians whose mission is to attain the optimal physical, mental, and social health and well-being for infants, children, adolescents and young adults. One of the ways AAP accomplishes its mission is to further the professional education of its members by issuing policy statements. Policy Statements are AAP's way to collect the prevailing research on a particular topic and disseminate it not only to its members but to the public at large.

There are two statements by the AAP that I would like to bring to your attention.

First, in 2002, the AAP published a Technical Report and Policy Statement entitled *Coparent or Second Parent Adoption by Same-Sex Parents*. See *Pediatrics* Vol. 109 No. 2, February 2002, pp. 339-344. I was the principal author of the Technical Report and a consultant on the Policy Statement, both of which summarized three decades of research on the well-being of children raised by gay or lesbian parents. The formal policy adopted by the AAP stated that children who grow up with "gay or lesbian parents fare as well in emotional, cognitive, social and sexual functioning as do children whose parents are heterosexual. Children's optimal development appears to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes."

The AAP also stated that "Children deserve to know that their relationships with both of their parents are stable and legally recognized. This applies to all children, whether their parents are of the same or opposite sex." In conclusion, the AAP policy called upon pediatricians to "support the right of every child and family to the financial, psychologic, and legal security that results from having legally recognized parents who are committed to each other and to the welfare of their children."

More recently, in July, 2005, the AAP released its analysis of the complex challenges that gay and lesbian parents and their children face due to the exclusion of same-sex parents from marriage, which analysis is entitled *The Effects of Marriage, Civil Union, and Domestic Partnership Statutes and Amendments on the Legal Financial and Psychosocial Health and Well-Being of Children*. See **Exhibit D (AAP Analysis, July 2005)**. I was a consultant to the AAP in connection with this report. In this report, the AAP takes note of the scientific evidence that lesbian mothers and gay fathers are no different from heterosexual parents in ways that are important to their children's well-being, but it also goes on to recognize the critical role that marriage plays in supporting and stabilizing families:

- Children benefit when couples can take family leave to care for one another during illness, when each spouse can automatically inherit from the other, and when both spouses are legally and financially responsible for the children.
- Children benefit in health care and travel situations when doubt about their relationship to their parents is erased.
- Children benefit from having legal protections in place in the case of divorce.
- Children benefit from the social respect and acceptance that marriage confers on their families.

¹ The American Academy of Family Physicians has also adopted a policy recommending its members "be supportive of legislation which promotes a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive parents, regardless of the parents' sexual orientation." Most recently, in June, 2005, the American Medical Association's House of Delegates overwhelmingly endorsed a policy to "support legislation and other efforts to allow adoption of a child by the same-sex partner" who "functions as a second parent or co-parent to that child."

In essence, marriage formalizes committed relationships between the parents and thereby facilitates the stable caretaking, permanence and security that come from having two available parents. Based upon these considerations, among others, the AAP has recognized the inextricable link between the health and well-being of children, the support and encouragement of all parents, and the protection of strong family relationships. Moreover, the AAP has concluded that the denial of marriage rights to gays and lesbian parents harms these couples and their children, by denying them access to the critical rights, protections and obligations that stabilize and support families.²

Common Misperceptions

I understand that witnesses before this Commission have stated that children and the social institution of the family will be irreparably hurt if gay and lesbian parents are given full marriage rights and responsibilities as parents. I can tell you that this allegation has no valid scientific basis whatsoever. No scientifically reliable data have pointed to any risk to children as a result of growing up in a family that includes two loving, responsible, and committed parents.

Also, to the extent there also have been attempts to compare children whose parents are gay or lesbian with children whose parents are divorced or have a single parent, such assertions miss the point. If one parent in a two-parent family is absent as a result of divorce or some other cause, that does cause a problem – at least a diminution in resources available to the child at both the economic and emotional level – and that may, indeed, adversely affect the child. That assertion, however, has no bearing whatsoever on two same-sex parents raising a child together. Again, research and clinical experience have soundly demonstrated that children thrive better in families that include two loving, responsible and committed parents, regardless of whether those two parents are of the same sex or different sex.

Finally, children of gay and lesbian parents are as likely to be heterosexual as are children of heterosexual parents. That is, gay and lesbian parents produce heterosexual children much like heterosexual parents produce gay and lesbian children.

Conclusion

As a pediatrician and an expert in child development, I take care of many children from many different family structures. That includes children whose parents are single or divorced, and parents who are of different sexes or of the same sexes. I assure you that the stability and the permanence of the parents' relationship with each other is a huge factor in children's optimal development.

Our society provides a set of stabilizing structures to children of married couples. We as a society have done that because it is in the best interest of children to grow up in a stable home and family. Children of same-sex couples deserve an equal opportunity to enjoy those protections that are central to every child's development.

I know that the welfare of children is central to your deliberations. If you believe that the legal protections of marriage contribute to stable homes and relationships for the children of married parents, then your Study Commission Report should recommend that the State of New Hampshire stop denying marriage rights to same-sex couples and their families because marriage would afford the children of

² Notably, in May, 2005, the American Psychiatric Association also approved a statement in support of legalizing marriage for same-sex couples for many of these very reasons. See http://www.psych.org/edu/other_res/lib_archives/archives/200502.pdf.

same-sex parents an equal opportunity for stable homes and relationships, so central to all children's optimal development. It just does not make sense for the State of New Hampshire to put legal impediments in the way of parents who are committed to each other and to their children, making it harder for them to establish and maintain a permanent family unit.

As a clinician, I work with many same-sex couples with children, all of whom work very hard to establish security, safety, health and happiness for their kids - just like all parents do. I'd like to end by sharing with you what one such mom told me:

"Chris and I love our children with all of our hearts, and our lives revolve around theirs. We are active participants in our kids' education. We are soccer, baseball, basketball, football and swimming moms. We are active in our church, and our kids sing in the children's choir. We are active in our community. We go camping and hiking and fishing and have fun together. We go on family vacations. And most importantly, we tuck our kids into bed each night with a hug and a kiss, reminding each of them how much we love them with all of our hearts."

I appreciate your time and consideration and would be happy to answer any questions you may have.

CURRICULUM VITAE

Ellen C. Perrin, M.D.

Office Address:

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Tufts-New England Medical Center
750 Washington Street, # 334
Boston MA 02111

Education:

1964 A.B. Columbia University (Barnard College)
1968 M.D. Case Western Reserve University
1981 M.A. University of Rochester (developmental psychology)

Postgraduate Training:

1968-1969 Intern in Pediatrics
Strong Memorial Hospital
1969-1971 Resident in Pediatrics (Chief Resident, 1970-1971)
Children's Hospital of the District of Columbia
1976-1977 Fellow in Behavioral Pediatrics
University of Rochester

1993-1995 Advanced Training in Family Systems and Family Therapy
Family Institute of Cambridge

Hospital Appointments:

1971-1975 Director, Pediatric Emergency Department
Strong Memorial Hospital

1971-1977 Associate Director, Pediatric Ambulatory Services
Strong Memorial Hospital

1973-1977	Associate Pediatrician Strong Memorial Hospital
1978-1986	Active Staff, Pediatrics Vanderbilt University Hospital
1989-2000	Active Staff, Pediatrics University of Massachusetts Medical Center
2000-present	The Floating Hospital for Children Tufts New England Medical Center

Faculty Appointments:

1971-1973	Instructor in Pediatrics University of Rochester
1973-1977	Assistant Professor of Pediatrics and of Nursing University of Rochester
1978-1986	Assistant Professor of Pediatrics Vanderbilt University
1983-1986	Scientist John F. Kennedy Center for Research on Education and Human Peabody College, Vanderbilt University
1983-1986	Assistant Professor Department of Psychology and Human Development George Peabody College
1986-1988	Research Fellow M. I. Bunting Institute
1986-1990	Research Associate Harvard School of Public Health
1989-1994	Associate Professor of Pediatrics University of Massachusetts Medical School
1994-2000	Professor of Pediatrics University of Massachusetts Medical School
2000-present	Professor of Pediatrics Tufts University School of Medicine

Professional Organizations:

Fellow, American Academy of Pediatrics
 Member, Ambulatory Pediatric Association
 Member, Association for the Care of Children's Health
 Member, Society for Developmental-Behavioral Pediatrics
 Member, Society for Research in Child Development
 Member, Society of Pediatric Psychology
 Member, Collaborative Family Health Care Consortium
 Society for Developmental and Behavioral Pediatrics:

1993-1999	Committee on Subspecialty Certification
1994-1996	Executive Council
1995-present	Member, Research Committee

1995-present	Member, Program Committee
2002-present	Member, Practice Issues Committee Chair, Productivity subcommittee
1996-1998	President-elect, President
1997-1999	Chair, Executive Committee, Committee on Subspecialty Certification
1998-1999	Immediate Past President

Licensure:

Diplomate, American Board of Pediatrics
 Diplomate, National Board of Examiners
 Tennessee, New York, Massachusetts

Awards:

1971	Maynard Cohen Award Children's Hospital of the District of Columbia
1992	Senior Residents Teaching Award University of Massachusetts Medical Center

Faculty Activities:

1971-1977	University of Rochester Faculty Preceptor, General Pediatrics Clinic and Pediatric Coordinator, Pediatric Continuity Program Preceptor, Pediatric Nurse Practitioner Training Program,
1978-1986	Vanderbilt University Pediatric Continuity Care Program (Vanderbilt Pediatric Group) Medical Director, Behavioral Pediatrics Clinic Faculty Adviser, General Pediatrics Clinic Faculty Adviser, Graduate Degree Committees: Briel, M. F.: The effect of children's experience with asthma on their health locus of control beliefs, 1982. Mendlowitz, D. R.: Children's understanding of the digestive and respiratory systems, 1982
children	Dunlap, S. L.: Cognitive regression during hospitalization Meredith, B.: Understanding of illness concepts among Navajo children, 1984.
disorders	Campbell, K.: Family relationships as mediators of perceived impact of chronic illness, 1985. Shagena, M.: Health locus of control in children with seizure understanding of illness, 1985. Gerrity, P. S.: The development of understanding of illness

- Shapiro, E.: Effects of social support, coping, and illness-related impact on adaptation of families of chronically ill children,
Hanson, S.: The premenstrual syndrome: A critical analysis and proposed model, 1986.
Goodman, N.: Preschool children's understanding of reproduction,
1987.
Shagena, M.: Causal attributions regarding illness in children with a chronic illness, 1988.
- 1989-2000 University of Massachusetts Medical Center
 Division of Developmental and Behavioral Pediatrics
 Director, Developmental and Behavioral Pediatrics Residency
 Member, Faculty Development Program
 Member, Primary Care Training Program
 Adviser, Graduate Degree Committees:
 Brenman, A.: Health behavior: An analysis of children's eating habits, 1989.
 Ayoub, C.: Adjustment of children with a chronic illness: Parent, child and teacher perspectives, 1990.
 Sayer, A.: Academic achievement among children with a chronic illness: A retrospective longitudinal study, 1991.
 Treistman, J.: Factors affecting the self-concept of children with chronic health conditions, 1996.
 McMenamy, J.: Children's understanding of physical and psychological conditions, 2000.
- 1987 to 1999; 2002 to present: Resident Adviser
1989-2000; Resident Education Committee
 Faculty Development Subcommittee
 Advocacy Subcommittee
- 2001 -present: Resident Curriculum Committee
- 1991-2000 Facilitator, Collaborative Office Rounds (monthly seminar)
1992-2000 Member, Steering Committee, Behavioral Science Research Core
1992-1996 Member, Departmental Personnel Action Committee
1994-1996 Acting Co-Director, Division of Developmental and Behavioral
 Member, Search Committee for Director of the Growth and Nutrition Program
 Member, Search Committee for Director of Developmental and Behavioral Pediatrics
 Member, Search Committees for faculty members in Child Abuse, Developmental and Behavioral Pediatrics, and Child Life
 Member, Search Committee for Behavioral Science Director, Department of Family and Community Medicine
- 1995-2000 Adjunct Professor, University of Massachusetts School of Public Health
1996-2000 Departmental Representative to Affirmative Action Committee
 Minority Faculty Subcommittee
 Disability Subcommittee
- 1997-1999 Chair, Departmental Personnel Action Committee
1999 Chair, Search Committee: Departmental Research Coordinator

1999-2000 Visiting Lecturer, Harvard School of Public Health
1999-2000 Member, Search Committees for Director of Psychology and for
Director of ADHD Clinic

Other Professional Activities:

1982-1996; 2004 Member, Research Consortium on Chronic Illness in Childhood
1988-1994 Coordinator, Greater Boston Behavioral Pediatrics Practice Group
1990-1993 Consultant, Center for AIDS Prevention Studies, University of California
(San Francisco) School of Medicine
1990-1993 Coordinator, Eastern New England General Pediatrics Research
Consortium
1990-1995 Consultant, School-based AIDS Education and Children's Health
Concepts Project, Yale University School of Medicine
1990-1996 Member, Committee on Psychosocial Aspects of Child and Family
Health, American Academy of Pediatrics
1991-1997 Editorial Board, *Journal of Developmental and Behavioral Pediatrics*
1993-present Member, Eastern New England General Pediatrics Research
Consortium
1994 Consultant to Maine Medical Center: Development of a resident
teaching program in Developmental and Behavioral Pediatrics
1995-1997 Editorial Board, *Ambulatory Child Health*
1995-present Editorial Board, *Family, Systems & Health*
1997-2002 Editorial Board, *Journal of Pediatric Psychology*
1997-2002 Co-Editor for Special and Review Articles, *Journal of Developmental and
Behavioral Pediatrics*
2002-present Editorial Board, *Journal of Developmental and Behavioral Pediatrics*
1997-1999 Member, Cochrane Review Group for Developmental-Behavioral
Pediatrics
1998-2002 Member, Special Emphasis Panel (RPHB-3), Center for Scientific Review,
National Institutes of Health
2001-2002 Member, Consortium on Behavioral Pediatrics, American Academy of
Pediatrics Child Health Research Institute
2002-present Editorial Board, *Ambulatory Pediatrics*
1999-2003 Chair, Subboard of Developmental-Behavioral Pediatrics,
American Board of Pediatrics
2003-2006 Member, Subboard of Developmental-Behavioral Pediatrics,
American Board of Pediatrics

Journal Reviewer:

A. Regular

Archives of Pediatrics and Adolescent Medicine
Journal of Developmental and Behavioral Pediatrics

Journal of Pediatric Psychology
Pediatrics
Ambulatory Pediatrics
Families, Systems, and Health

B. Occasional

Child Development
Children's Health Care
Journal of Pediatrics
New England Journal of Medicine
Public Health Reports

Grants Awarded

1. William T. Grant Foundation
Understanding illness project: 1981-1983 (PI)
Adjustment of children to chronic illness: 1983-1986
Total award: \$441,853
2. March of Dimes Foundation
Understanding illness project: (PI) 1981-1983 -- \$25,000
3. March of Dimes Foundation
The contribution of the intensity and duration of physical illness to children's adjustment: (PI) 1986-1988 -- \$30,000
4. William T. Grant Foundation
Facilitating family-centered, community-based care for children with special health care needs: (PI) July 1991-June 1993 -- \$97,423
5. Jessie B. Cox Charitable Trust
Facilitating family-centered, community-based care for children with special health care needs (PI) . September 1991-August 1993 -- \$75,000
6. U.S. Bureau of Maternal and Child Health
Guiding Appropriate Pediatric Services (GAPS) for children with special health care needs and their families: Approved for five years -- March 1993-December 1997 (PI)
\$204,940 per year
\$973,465 total award
7. Public Service Endowment Fund
Education and communication resources for families of children with chronic health conditions: (PI) 1992-1993 --\$5,900
8. Joseph P. Healey Grant
Pediatric care for gay or lesbian families: (PI) 1993-1994 -- \$3,812.15
9. Joseph P. Healey Grant
Knowledge and attitudes of pediatricians regarding children with gay and lesbian parents: (PI) 1994-1995 -- \$6,000

10. Innovations in Medical Education Grant (University of Massachusetts): Children's Understanding of Illness (production of videotape). \$7500.00 (one year)
11. Department of Health and Human Services
Training Program in Behavioral/Developmental Pediatrics: (PI) Approved and funded for 5 years: 1991-1996; \$129,836 annually
12. University of Massachusetts Center for Adoption Research and Policy
Investigating the relationship between adoption and ADHD: (PI) September 1998- August 1999 -- \$14,656
13. Innovations in Medical Education Grant (University of Massachusetts): Families of Children with a Chronic Health Condition –production of a teaching videotape, 2000 (one year); \$9,000.
14. The Noonan Foundation, Cultural Concepts: Chinese-American children's understanding of ADHD; co-investigator (PI: Jannette McMenamy, Ph.D.) \$51,000 (one year, 2001)
15. New England Medical Center Research Fund, Children's Understanding and Coping with ADHD; co-investigator (PI: Jannette McMenamy, Ph.D.) \$49,000 (one year, 2001)
16. Natalie Zucker Research Award for Women Scholars, pilot project investigating the impact of a sibling's suicide upon adolescents and young adults. (one year, 2001) \$15,000.
17. National Institute of Mental Health: Preventive Intervention for Children at risk for ADHD. (PI) (three years, pilot/feasibility project); 2003-2006
18. Commonwealth Fund: Preventive Intervention for Children at risk for ADHD: an urban extension (PI); one year 2003-2004

Grants under Review:

The Experience of Stigma among Children and Adolescents with ADHD. Revision submitted to NICHD November 2004 ((initial score 184)

Preventive Intervention for Toddlers at risk for ADHD: a randomized control trial. Submitted to NIMH Feb. 1, 2005

Peer-reviewed Publications:

1. **Perrin EC**, Goodman HC: Telephone management of acute pediatric illness. *The New England Journal of Medicine* 298:130-135, 1978.
2. Goodman HC, **Perrin EC**: Evening telephone call management by nurse practitioners and physicians. *Nursing Research* 27:233-237, 1978.
3. **Perrin EC**, Gerrity PS: There's a demon in your belly: Children's understanding of illness. *Pediatrics* 67:841-849, 1981.
4. **Perrin EC**, Perrin JM: Clinicians' assessments of children's understanding of illness. *American Journal of Diseases of Children* 137:874-878, 1983.

5. **Perrin EC**, Gerrity PS: Development of children with a chronic illness. *Pediatric Clinics of North America* 31:19-31, 1984.
6. Eisenberg D, Kirchner SG, **Perrin EC**: Neonatal skull depression unassociated with birth trauma. *American Journal of Radiology* 143:1063-1064, 1984.
7. **Perrin EC**, Shapiro E: Who's in charge? Health locus of control beliefs of healthy children, children with a chronic physical illness, and their mothers. *Journal of Pediatrics* 107:627-633, 1985.
8. **Perrin EC**, Ramsey BK, Sandler HM: Competent kids: Children and adolescents with a chronic illness. *Child: Care, Health and Development* 13:13-32, 1987.
9. Stein R, Gortmaker S, **Perrin E**, Perrin J, Pless IB, Walker DK, Weitzman M: Severity of illness: Concepts and measurements. *Lancet* 1506-1509, December 26, 1987.
10. Shagena MM, Sandler HM, **Perrin EC**: Concepts of illness and perception of control in healthy children and children with a chronic illness. *Journal of Developmental and Behavioral Pediatrics* 9:252-256, 1988.
11. Mendlowitz D, Cerreto M, Tarnowski K, **Perrin E**: Understanding respiration and digestion: A developmental comparison of healthy and asthmatic children. *Children's Health Care* 17:45-49, 1988.
12. Perrin JM, MacLean WE, **Perrin EC**: Parental perceptions of health status and psychological adjustment in children with asthma. *Pediatrics* 83:26-30, 1989.
13. Merkens MJ, **Perrin EC**, Perrin JM, Gerrity PS: The awareness of primary physicians of the psychosocial adjustment of children with a chronic illness. *Journal of Developmental and Behavioral Pediatrics* 10:1-6, 1989.
14. Triggs BG, **Perrin EC**: Who's listening? Improving communication about parents' concerns regarding behavior and development of preschool children. *Clinical Pediatrics* 28:185-192, 1989.
15. **Perrin EC**, West PD, Culley B: Is my child normal yet? Correlates of vulnerability. *Pediatrics* 83:355-363, 1989.
16. Culley B, **Perrin E**, Chaberski M: Parental perceptions of vulnerability of formerly premature infants. *Journal of Pediatric Health Care* 3:237-245, 1989.
17. Walker DK, Stein REK, **Perrin EC**, Jessop D: Assessing psychosocial adjustment of children with chronic illnesses: A review of the technical properties of PARS III. *Journal of Developmental and Behavioral Pediatrics* 11:116-121, 1990.
18. **Perrin EC**, Sayer AG, Willett JB: Sticks and stones may break my bones.... Reasoning about illness causality in children who have a chronic illness. *Pediatrics* 88:608-619, 1991.
19. **Perrin EC**, Stein REK, Drotar D: Cautions in using the Child Behavior Checklist: Observations based on research about children with a chronic illness. *Journal of Pediatric Psychology* 16:411-421, 1991.
20. Sanger MS, **Perrin EC**, Sandler HM: Development in children's causal theories of their seizure disorders. *Journal of Developmental and Behavioral Pediatrics* 14:88-93, 1993.
21. **Perrin EC**, Ayoub CC, Willett JB: In the eyes of the beholder: Family and maternal influences on perceptions of adjustment of children with a chronic illness. *Journal of Developmental and Behavioral Pediatrics* 14:94-105, 1993.
22. **Perrin EC**, Newacheck P, Pless IB, et al: Issues involved in the definition and classification of chronic health conditions. *Pediatrics* 91:787-793, 1993.
23. Sayer AG, Willett JB, **Perrin EC**: Measuring understanding of illness causality in healthy children and in children with chronic illness: A construct validation. *Journal of Applied Developmental Psychology* 14:11-36, 1993.
24. Schonfeld DJ, Johnson SR, **Perrin EC**, O'Hare LL, Cicchetti DV: Understanding of AIDS by elementary school children. *Pediatrics* 92:389-395, 1993.

25. Gold M, **Perrin E**, Futterman D, Friedman S: Children of gay or lesbian parents. *Pediatrics in Review*, 15:354-358, 1994.
26. Johnson S, Schonfeld D, Siegel D, Krasnovsky F, Boyce J, Salita P, Boyce T, **Perrin E**: What do minority children understand about the causes of AIDS, colds, and obesity? *Journal of Developmental and Behavioral Pediatrics* 15:239-247, 1994.
27. Drotar D, Stein REK, **Perrin EC**: Methodological issues in using the Child Behavior Checklist and its related instruments in clinical child psychology research. *Journal of Clinical Child Psychology* 24:184-192, 1995.
28. Schonfeld DJ, O'Hare LL, **Perrin EC**, Quackenbush M, Showalter DR, Cicchetti DV: A randomized, controlled trial of a school-based, multi-faceted AIDS education program in the elementary grades: The impact on comprehension, knowledge and fears. *Pediatrics* 95:480-486, 1995.
29. **Perrin EC**, Kulkin H.: Pediatric care for children whose parents are gay or lesbian. *Pediatrics* 97:629-635, 1996.
30. Cheng TL, **Perrin EC**, DeWitt TG, O'Connor KG: Use of checklists in pediatric practice. *Archives of Pediatrics and Adolescent Medicine* 150:768, 1996.
31. **Perrin E**: Pediatricians and gay and lesbian youth. *Pediatrics in Review* 17:311-318, 1996.
32. Bauman L, Drotar D, Leventhal J, Perrin E, Pless IB: Interventions to prevent or reduce psychosocial risks of chronic physical illness in children. *Pediatrics* 100:244-251, 1997.
33. McEvoy P, Cunningham M, **Perrin E**: What do kids think: The development of children's concepts of illness. *Academic Medicine* 72:430-431, 1997.
34. **Perrin E**: Children in diverse family constellations. *Pediatrics* 99:881-882, 1997.
35. **Perrin EC**, Sack S: Health and development of gay and lesbian youth: Review and implications for HIV/AIDS. *AIDS Patient Care* 12:303-313, 1998.
36. **Perrin EC**: Ethical questions about screening. Commentary. *Journal of Developmental and Behavioral Pediatrics* 19:350-352, 1998.
37. **Perrin EC**: Children whose parents are lesbian or gay. *Contemporary Pediatrics* 15:113-130, 1998.
38. **Perrin EC**: The promise of collaborative care. *Developmental and Behavioral Pediatrics* 20:57-62, 1999.
39. **Perrin EC**: Collaboration in primary care: A pediatrician's view. *Journal of Pediatric Psychology*, October 1999.
40. **Perrin EC**, Lewkowicz C, Young MH: Shared vision: Concordance among fathers, mothers, and pediatricians about unmet needs of children with chronic health conditions. *Journal of the Ambulatory Pediatric Association*, January 2000.
41. **Perrin EC** and Starr S Addressing Common Pediatric Concerns Through Children's Books. *Pediatrics in Review*. 21:130-138, 2000
42. Starr S and **Perrin EC**, Teaching about Schools in Pediatric Residency. Being revised for *Ambulatory Pediatrics*
43. McMenemy, JM and **Perrin, EC**. Integrating psychology into pediatrics: The past, the present, and the potential. *Family, Systems, and Health*. 2002
44. Young, M, McMenemy, JM, **Perrin, EC**. Parent advisory groups in pediatric practices: Parents' and professionals' perceptions. *Archives of Pediatric and Adolescent Medicine*. 155: 692-698, 2001
45. Sack S, Drabant B, **Perrin EC**: Communicating about Sexuality: An initiative across clerkships. *Academic Medicine*, 77: 1159-1160, 2002

46. Horwitz SM, Kelleher KJ, Boyce WT, Jensen P, Murphy M, **Perrin EC**, Stein REK, Weitzman M. Barriers to Health Care Research for Children and Youth with Psychosocial Problems, *Journal of the American Medical Association*, 288:1508-1512, 2002.
47. **Perrin EC** and Stancin T. A Continuing Dilemma: Whether and how to screen for concerns about children's behavior. *Pediatrics in Review*: 23:264-275, 2002.
48. **Perrin EC**. Technical Report: Coparent or Second-parent Adoption by Same-sex Parents. *Pediatrics*, 109: 341-344, 2002
48. McMenemy, JM, Wisner, M, **Perrin, EC**. Age-related differences in how children with ADHD understand their condition: Biological or psychological theories? *Journal of Applied Developmental Psychology*; in press.
49. McMenemy, JM and **Perrin, EC**. Filling the GAPS: Evaluation of a primary care intervention for children with chronic health conditions. *Ambulatory Pediatrics*. June 2004, p. 249-256.
50. **Perrin EC**, editor, Cohen K, Gold M, Ryan C, Savin-Williams R, Schorzman C: Gay and Lesbian Issues in Pediatric Health Care. *Current Problems in Pediatric and Adolescent Health Care*, 34(10), 349-404, 2004
50. **Perrin EC**: Pediatricians' personal histories as predictors of attitudes about psychosocial issues. In preparation.
52. McMenemy, JM and **Perrin, EC**. Children's and parents' understanding of the nature, causes treatment of ADHD. In preparation for *Journal of Developmental and Behavioral Pediatrics*

Other Publications:

1. **Perrin EC**: Urinary tract infections in children. *Update International* 1:219-223, 1974.
2. **Perrin EC**: Pediatric care over the telephone, pp. 147-159 in *The Effectiveness of Primary Health Care to Children*, JA O'Shea, ed, DC Heath and Company (Collamore Press), Lexington MA, 1980.
3. **Perrin EC**: Children's understanding of illness, pp. 293-306 in *Pediatrics Update: Reviews for Physicians*, Vol. 5, A Moss, ed, Elsevier Press, New York, 1983.
4. **Perrin EC**: The development of concepts about illness, pp. 32-41 in *Child Health Care Communications*, SM Thornton and WK Frankenburg, eds, Johnson & Johnson Company, 1983.
5. **Perrin EC**, Perrin JM: Anti-intellectual trends and traditions in academic medicine, pp. 313-326 in *Conflict and Consensus*, W Powell and R Robbins, eds, The Free Press, New York, 1984.
6. **Perrin EC**: How kids understand diabetes: The development of concepts about causation and treatment. *Diabetes Forecast* 39:36-39, 1986.
7. **Perrin EC**, Pemberton S: A new twist in health education. *Science and Children* 1986.
8. **Perrin E**, West PD, Culley BS: Is my child normal yet? *Advances of the Institute for the Advancement of Health* 6:14-17, 1989.
9. **Perrin EC**, Perrin JM: Ambiguity and dysfunction in the training of physicians, in *Social Roles and Social Institutions*, JR Blau and N Goodman, eds, Westview Press, San Francisco, 1991.
10. **Perrin EC**: Hospitalization, surgery, and medical procedures, pp. 297-300 in *Developmental-Behavioral Pediatrics*, MD Levine, WB Carey, and AC Crocker, eds, WB Saunders Company, 1992.; also in third edition 2000.

11. **Perrin EC:** Children in hospitals: Commentary. *Journal of Developmental and Behavioral Pediatrics* 14:50-52, 1993.
12. **Perrin E, Starr M:** Letter to Editor, *Journal of Learning Disabilities* 26:426-427, 1993.
13. **Perrin E:** Children with a chronic health condition, in *Behavioral and Developmental Pediatrics: A Handbook for Primary Care*, S Parker and B Zuckerman, eds, Little, Brown and Company, Boston, 1995.
14. **Perrin E:** Pediatric screening for behavioral problems, in *Behavioral and Developmental Pediatrics: A Handbook for Primary Care*, S Parker and B Zuckerman, eds, Little, Brown and Company, Boston, 1995.
15. **Perrin E, Schonfeld D:** Psychosocial aspects of physical illness, in *Rudolph's Pediatrics*, 20th Edition, 1995; 21st Edition, 2000.
16. Gold M, **Perrin E:** Diverse family constellations and their effects on the children, in *Adolescent Health Care*, S Friedman, ed, 1996.
17. Schonfeld DJ, **Perrin EC**, Quackenbush M, O'Hare LL, Showalter DR, Cicchetti DV: Success by regular classroom teachers in implementing a model elementary school AIDS education curriculum, in *AIDS Education*, Schenker et al., eds, Plenum Press, New York, 1996.
18. **Perrin E, Gold M:** Children in gay- and lesbian-headed families, in *Primary Pediatric Care*, 3rd Edition, RA Hoekelman, ed, Mosby Company, 1997.
19. **Perrin E:** Discipline, in *Primary Pediatric Care*, 3rd Edition, RA Hoekelman, ed, Mosby Company, 1997; 4th Edition, 2000.
22. **Perrin EC:** Gay and lesbian issues in pediatric health care, in *Ambulatory Pediatrics*, 5th Edition, M Green, R Haggerty, and M Weitzman, eds, WB Saunders, 1998.
23. Regular contributor, "Ask the experts". *Contemporary Pediatrics* 14:33-38, 1997-present.
24. **Perrin EC.** Helping Parents and Children Understand "Gender Identity Disorder", *The Brown University Child and Adolescent Behavior Letter*; January 2003
25. **Perrin, EC,** Chronic Conditions, in *Developmental and Behavioral Pediatrics*, 2nd edition, Parker, Zuckerman Augustyn, eds., Lippincott Williams and Wilkins, Philadelphia 2005
26. **Perrin EC,** Gender Identity Issues, in *Developmental and Behavioral Pediatrics*, 2nd edition, Parker, Zuckerman Augustyn, eds., Lippincott Williams and Wilkins, Philadelphia 2005
27. **Perrin EC,** Gay and Lesbian Parents, in *Developmental and Behavioral Pediatrics*, 2nd edition, Parker, Zuckerman Augustyn, eds., Lippincott Williams and Wilkins, Philadelphia 2005
28. Stancin T and **Perrin EC,** Behavioral Screening, in *Developmental and Behavioral Pediatrics*, 2nd edition, Parker, Zuckerman Augustyn, eds., Lippincott Williams and Wilkins, Philadelphia 2005
29. Menvielle E, Tuerck C, and **Perrin EC.** The Beat of a Different Drummer: Children who do not follow gender-typical expectations; *Contemporary Pediatrics*, Feb 2005, vol. 22.

Videotapes:

1. **Perrin EC,** McEvoy P, Cunningham M: Children's understanding of illness concepts, 1996.
2. **Perrin EC,** Schott J, Somehow we'll make it work: Children with chronic health conditions and their families: 2002

Book:

Ellen C. Perrin, *Sexual Orientation in Child and Adolescent Health Care*.
Kluwer-Plenum Academic Publishers, New York, 2002

Presentations:

1. Telephone management of acute illness. Annual meetings, Ambulatory Pediatric Association, May, 1977.
2. The development of concepts regarding illness. Annual meetings, Society for Research in Child Development, March, 1979.
3. Children's understanding of illness. Annual meetings, Ambulatory Pediatric Assn, May, 1979.
4. Quality of care provided by nurse practitioners. University of Alabama, Sept., 1979.
5. The development and communication of concepts about illness in preschool children. Johnson & Johnson Round Table, Colorado Springs, Colorado, October, 1982.
6. Competence of children and adolescents with a chronic physical illness. Annual meetings, Society for Behavioral Pediatrics, April, 1984.
7. Learning from experience? Children's understanding of illness. Annual meetings, Society for Behavioral Pediatrics, April, 1984.
8. Health locus of control beliefs of healthy children, children with a chronic physical illness, and their mothers. Annual meetings, Ambulatory Pediatric Association, May, 1984.
9. Developmental implications of chronic illness. Case Western Reserve University, Cleveland, December, 1984.
10. Hyperactivity in children. Presentation on Channel 5 (TV), August, 1985.
11. Competent kids: Children and adolescents with a chronic illness. Annual meetings, Society for Research in Child Development, April, 1986.
12. Children's locus of control beliefs and understanding of illness concepts. Annual meetings, Society for Behavioral Pediatrics, May, 1986.
13. Improving communication about behavior and development by using a checklist. Annual meetings, Ambulatory Pediatric Association, May, 1986.
14. The development of beliefs and concepts about illness. British Psychological Society, Section on Developmental Psychology, Exeter, England, September, 1986.
15. Coming to understand: How children learn about illness. Henry A. Murray Research Center Colloquium, November, 1986.
16. Outcomes of prematurity: The vulnerable child syndrome. Annual meetings, Society for Research in Child Development, April, 1987.
17. Conversation hour: Issues and possibilities in research with children with a chronic illness. Society for Research in Child Development, April 1987.
18. Special issues for special kids: Research with children with a chronic illness and their families. Mary Ingraham Bunting Institute, Radcliffe College, Cambridge, Massachusetts, Sept., 1987.
19. Reasoning about illness and body functioning in children with a chronic illness. Florida Conference on Child Health Psychology, April, 1989.
20. Adjustment of children with a chronic illness. FL Conf. on Child Health Psychology, April, 1989.
21. Parents' and children's perspectives on adjustment of children with a chronic illness. Annual meetings, Society for Research in Child Development, April, 1989.
22. Chronic illness and cognitive development. Annual meetings, Soc. for Research in Child Development, April, 1989.

23. Adjustment of children with a chronic illness: Parents', children's, and teachers' perspective on family influences. Annual meetings, Society for Research in Child Development, April, 1989.
24. Growth over time in children's understanding of illness concepts. Annual meetings, Society for Behavioral Pediatrics, November, 1989.
25. Children's understanding of seizures and epilepsy. Annual meetings, Society for Behavioral Pediatrics, Nov. 1989.
26. Family influences on the adjustment of children with a chronic illness. Annual meetings, American Psychological Association, August, 1990.
27. Family characteristics predicting successful adjustment among children with a chronic illness. Annual meetings, Society for Behavioral Pediatrics, September, 1990.
28. Perspectives on successful adjustment of children with a chronic illness. Annual meetings, Society for Behavioral Pediatrics, September, 1990.
29. Adjustment of children with a chronic illness: The contributions of characteristics of the child to perceptions of adjustment. Annual meeting, Soc.for Research in Child Development, April, 1991.
30. Construct validity of a scale assessing children's understanding of illness causality. Annual meetings, Society for Research in Child Development, April, 1991.
31. Factors affecting different perceptions of children's adjustment. Annual meetings, Society for Behavioral Pediatrics, September, 1991.
32. The influence of child characteristics on child adjustment in children with a chronic illness. Annual meetings, Society for Behavioral Pediatrics, September, 1991.
33. Illness severity as a predictor of children's adjustment. Ambulatory Pediatric Association-Region I, February, 1992.
34. Associations among severity and duration of illness and children's adjustment. Annual meetings, Ambulatory Pediatric Association, May, 1992.
35. Adjustment of children with a chronic condition: The contribution of family, child, and illness characteristics. Annual meetings, Ambulatory Pediatric Association, May, 1993.
36. Children's understanding of AIDS, colds, and cancer. Annual meetings, Ambulatory Pediatric Association, May, 1993.
37. Elementary school AIDS education: The impact on children's comprehension, knowledge, and fears. Seventh International Conference on AIDS Education, November, 1993.
38. Early recognition of children in trouble. American Academy of Pediatrics Fall Meeting, November, 1993.
39. Systematic management of behavior problems in practice. American Academy of Pediatrics Fall Meeting, November, 1993.
40. One teenager in ten: Pediatricians and gay and lesbian youth. Grand Rounds, Dartmouth University School of Medicine, November, 1993.
41. Pediatric care for children whose parents are lesbian or gay. Annual meetings, Society for Behavioral Pediatrics, September, 1994.
42. One teenager in ten: Pediatricians and gay and lesbian youth. Grand Rounds, Brown University School of Medicine, Hasbro Children's Hospital, November, 1994.
43. Children's understanding of AIDS: Implications for education. Symposium discussant: Society for Research in Child Development, April, 1995.
44. Pediatric care for children whose parents are gay or lesbian. Gay and Lesbian Medical Association Symposium, August, 1995.
45. One teenager in ten: Pediatricians and gay and lesbian youth. University of Connecticut Combined Community Grand Rounds, November, 1995.
46. Attitudes of primary care pediatricians towards psychosocial issues in practice. Annual meetings, Society of Developmental and Behavioral Pediatrics, September, 1996.

47. Social support as a buffer of psychosocial distress for gay and lesbian youth (with Lisa Campbell, MD). Annual meetings, Society for Developmental and Behavioral Pediatrics, September, 1996.
48. One in ten: Pediatricians and gay and lesbian youth. Special presentation, American Academy of Pediatrics Annual Meeting, October, 1996.
49. Pediatricians' caring for complex psychosocial issues. Annual meetings, Society for Research in Child Development, April, 1997.
50. Social support for gay and lesbian youth (with Lisa Campbell, MD). Annual meetings, Society for Research in Child Development, April, 1997.
51. One in ten: Pediatricians and gay and lesbian youth. Half-day continuing education workshop, Maine Medical Center, April, 1997.
52. Attitudes of pediatricians about psychosocial issues. Annual meetings, Ambulatory Pediatric Association, May, 1997.
53. Evaluating a teaching videotape describing children's concepts of illness (with Paula McEvoy, MD, Melody Cunningham, MD). Annual meetings, Ambulatory Pediatric Association, May, 1997.
54. Social support for gay and lesbian youth (with Lisa Campbell, MD). Annual meetings, Ambulatory Pediatric Association, May, 1997.
55. Spanking. NBC TODAY Show, August, 1997.
56. Health care issues for gay and lesbian youth. Grand Rounds, Deaconess-Glover Hospital, October, 1997.
57. Health care issues for gay and lesbian youth. Massachusetts General Hospital Pediatric Primary Care CME Course, December 10, 1997.
58. Health care issues for gay and lesbian youth. Massachusetts General Hospital Pediatric Primary Care CME Course, December 10, 1998.
59. Childhood depression revisited: Can we do this in our offices? Massachusetts Chapter of the American Academy of Pediatrics, January 9, 1999.
60. Children's and parents' understanding of the nature, causes, and treatments of ADHD. Regional Meeting, Ambulatory Pediatric Association, March 21, 1999.
61. Psychological and biological theories in children's explanations about ADHD. Annual meetings, Society for Research in Child Development, April 18, 1999.
62. ADHD: What children think about it and how they live with it. Florida Conference on Child Health Psychology, April 21, 1999.
63. The role of parent advisers in pediatric practice. Florida Conference on Child Health Psychology, April 23, 1999.
64. Children's and parents' understanding of the nature, causes, and treatments of ADHD. Annual meetings, Pediatric Academic Societies, May 3, 1999.
65. ADHD: Ethical and policy issues. Harvard School of Public Health, Child Health Workgroup, May 11, 1999.
66. Needs and resources for multidisciplinary care for underserved families. Child Health Associates, Manchester, New Hampshire, May 26, 1999.
67. Argentina Pediatric Society, June 24-26, 1999:
 - Children's understanding of illness.
 - Teaching parents effective discipline.
 - Gay and lesbian youth.
 - Gay and lesbian parents and their children.
68. Gay and lesbian youth. Massachusetts General Hospital Grand Rounds, June 1, 1999.
69. Beyond screening for developmental/behavioral concerns. American Academy of Pediatrics Annual Meeting, October 10, 1999.
70. Pediatricians and gay/lesbian youth. Grand Rounds, University of Massachusetts Medical Center, October 15, 1999.

71. McMenemy, JM and Perrin, EC. Children's understanding of psychological and physical conditions. Annual Meeting, Society for Developmental and Behavioral Pediatrics, Providence, RI., 2000.
72. McMenemy JM and Perrin, EC. Evaluation of a primary care intervention for children with chronic health conditions. Annual Meeting, Pediatric Academic Societies, Baltimore, MD.,2001.
73. Schott J, McMenemy JM, Perrin, EC. A developmental analysis of how children with ADHD understand the condition. Annual meeting, Pediatric Academic Societies, Baltimore, MD., 2001.
74. Developmental and Cultural Concepts: applications for pediatricians. Workshop at Pediatric Academic Societies, Baltimore, MD., May 2002
75. Gay and Lesbian Teens and their Parents; Gay and Lesbian Parents and their Kids: roles for pediatricians. Workshop at Pediatric Academic Societies, Baltimore MD, May 2002
76. Gay and Lesbian Parents and their children. Children's Hospital Boston, June 2002
77. Sexual Orientation in Pediatric Practice. Seminars in Adolescent Medicine, Children's Hospital Boston, September 2002
78. Screening for Behavioral Problems in Pediatric Practice, Massachusetts Medical Society, 2002
79. Making Pediatric Offices Safe for non-heterosexual patients and their families. Annual Meeting of the Gay and Lesbian Medical Association, Toronto 2002
80. Talking to Teens and their Parents about Sexual Orientation. Annual Meeting of the Pediatric Academic Societies, Seattle, WA, May 6, 2003
81. Children whose Parents are Gay or Lesbian. Grand Rounds, New England Medical Center, Boston, May 14, 2003
82. Children whose Parents are Gay or Lesbian. Child and Adolescent Psychiatry Seminar, McLean Hospital, May 15, 2003
83. Children whose Parents are Gay or Lesbian. Grand Rounds, Children's Hospital of Philadelphia, May 28, 2003
84. Children whose Parents are Gay or Lesbian. Grand Rounds, University of Massachusetts Medical Center, May 28, 2004
85. Children whose Parents are Gay or Lesbian. Faculty Colloquium, Tufts University, Dept. of Child Development, November 22, 2004
86. New England Cable News: Children whose Parents are Gay or Lesbian. Broadcast Dec. 2004
84. Godoy, L, Kavanaugh, K, McMenemy, J, and Perrin, EC. Screening for early behavior problems in pediatric practices: evaluation of a brief parent-report measure (poster). Annual Meeting, Eastern Psychological Association, Boston, MA., 2005
85. McMenemy, JM, Kavanaugh, K, and Perrin, EC. "Does he want to act that way?:" Children's beliefs regarding the causes and treatment of physical psychological conditions (poster). Annual meeting Society of Research in Child Development, Atlanta, GA., 2005
86. Kavanaugh, K, McMenemy, J, Godoy, L, and Perrin, EC. "He'll grow out of it:" Predictors of maternal participation in a parenting intervention to reduce toddler behavior problems (poster). Annual meeting, Society of Research in Child Development, Atlanta, GA., 2005
87. Sheldrick R, McMenemy J, Kavanaugh K, Tannebring E, Perrin E: A Preventive Intervention for ADHD in Pediatric Settings (poster). Pediatric Academic Societies, May 2005
88. Sheldrick R, Briggs-Gowan M, Carter A, Godoy L, Kavanaugh K, Perrin E: Office-Based Screening for Behavior Problems in Toddlers (poster). Pediatric Academic Societies, May 2005