



## Center for Children and Families

# FLORIDA INTERNATIONAL UNIVERSITY

### **Summer Treatment Program-Elementary Description**

The purpose of this document is to provide applicants with background information regarding ADHD, the Summer Treatment Program (STP), and the responsibilities of the STP staff positions. Much of the basic information in this description may be familiar to you if you have taken a course in Abnormal Psychology, Child Psychopathology, or Behavior Modification. However, much of the information presented below is specific to our program.

Attention-deficit Hyperactivity Disorder (ADHD) is one of the major mental health disorders of childhood. ADHD is present in 3% to 5% of the elementary school population, mostly boys, and it accounts for more referrals to mental health counselors and pediatric services than any other childhood disorder. ADHD is characterized by symptoms of inattention, impulsivity, and excessive motor activity. Children with ADHD are unable to sustain attention to tasks, a problem that results in difficulty following directions and failure to complete assignments at school and at home. In addition, children with ADHD are unable to inhibit their impulses and to control their activity level. As a result, children with ADHD are severely disruptive in settings such as classrooms in which they are required to be quiet or to pay attention. Impulsivity also leads to serious disturbances in children's relationships with parents, teachers, peers, and siblings. In addition, up to half of children with ADHD are also diagnosed as having a learning disability (LD), or one of the other externalizing disorders of childhood—oppositional/defiant disorder (ODD) or conduct disorder (CD). Children with oppositional/defiant disorder show a pattern of disobedient, negative, and provocative responses to adult authority figures. Children with conduct disorder exhibit such antisocial behaviors as aggression, stealing, and lying.

In addition to the childhood problems mentioned above, children with ADHD, particularly those with concurrent ODD and CD, are at risk for a variety of problems as adolescents. For example, more than half of the children identified as ADHD in childhood show serious discipline problems in high school. Further, they have frequent contact with legal authorities. One third of adults who were diagnosed with ADHD as children have a range of moderate to serious psychological and adjustment problems, including vocational difficulties, mental problems, and problems with alcohol, while another third suffer from more serious mental health problems (e.g., schizophrenia), chronic criminal behavior, and severe substance abuse.

Most commonly, children with ADHD are treated with psychoactive medication, behavioral treatments including parent training and teacher-implemented behavior management procedures, and their combination. These treatments have all been shown to be beneficial in the short term, but they have limitations. One of these limitations is that these treatments do not directly benefit children in the area of peer relationship difficulties. Although many professionals have studied the treatment of peer relationship problems in children with ADHD, little success has been documented. One reason for this lack of success is that it is very difficult to work on peer relationships in the office setting or in the classroom—the two locations in which standard outpatient treatments are implemented. To effectively treat problems in peer relationships, therapists need to work with the children in the settings in which these difficulties occur.

The Summer Treatment Program is offered at Florida International University's (FIU) Center for Children and Families (CCF), an interdisciplinary center under the direction of William E. Pelham, Jr., Distinguished Professor of Psychology and Psychiatry. The STP is based on the premise that combining an intensive summer day treatment program with a school year, outpatient follow-up program is more likely to provide a maximally effective long-term intervention for ADHD than a traditional outpatient treatment approach.

## Summer Treatment Program Overview

The STP is conducted for eight weeks every summer. Enrolled children attend from 8:00 AM until 5:00 PM on weekdays. The STP provides treatment tailored to children's individual behavioral and academic difficulties. Children are placed in age-matched groups of 12-15 children. Five clinical staff members (one Lead Counselor and four to five Counselors) supervise each group of children during most of the daily activities; Teachers and Classroom Aides supervise the children during academic activities. The groups of children and counselors stay together throughout the summer, so that children receive intensive experience in functioning as a group, in making friends, and in interacting appropriately with adults. Below is a sample daily schedule that includes activities and staff roles and responsibilities:

<b>Daily Schedule Group 3 Day 8</b>				
<b>Time</b>	<b>Activity</b>	<b>Location</b>	<b>Activity Leader</b>	<b>Point Sheet Counselor</b>
8:00-8:15	<b>AM Discussion</b>	<b>Playground</b>	Sue	Terry
8:15-8:30	<b>Transition</b>		Jane	Terry
8:30-9:30	<b>Classroom 1</b>	<b>323</b>	Classroom Staff	Classroom Staff
9:30-9:45	<b>Transition</b>		Jane	Terry
9:45-10:45	<b>Skills</b>	<b>Field</b>	Tim	Joe
10:45-11:00	<b>Transition</b>		Jane	Terry
11:00-12:00	<b>Art</b>	<b>313</b>	Art Teacher	Art Staff
12:00-12:15	<b>Transition</b>		Jane	Terry
12:15-12:30	<b>Lunch</b>	<b>Pavilion</b>	Sue	Joe
12:30-12:45	<b>Recess</b>	<b>Field</b>	Sue	Joe
12:45-1:00	<b>Transition</b>		Sue	Terry
1:00-2:00	<b>Designated Game</b>	<b>Field</b>	Tim	Joe
2:00-2:15	<b>Transition</b>		Sue	Terry
2:15-3:15	<b>Classroom 2</b>	<b>323</b>	Classroom Staff	Classroom Staff
3:15-3:30	<b>Transition</b>		Sue	Terry
3:30-4:30	<b>Other Game</b>	<b>Field</b>	Jane	Tim
4:30-4:40	<b>Transition</b>		Sue	Terry
4:40-4:50	<b>Recess</b>	<b>Field</b>	Tim	Joe
4:50-5:00	<b>Transition</b>		Sue	Terry
5:00-5:30	<b>Departures</b>	<b>323</b>	Sue	Terry

Counselors implement treatment strategies during daily activities, which include sports skills training, age appropriate games (e.g., soccer, basketball, and softball), group problem solving discussions, social skills training, and reinforcing activities such as recess and Fun Friday. Parents attend weekly parent training groups that STP therapists conduct in the evenings.

### Goals of Treatment

A social learning approach is employed in the summer treatment program, and it focuses on the following six general goals:

1. Developing the children's problem solving skills, social skills, and the social awareness necessary to enable them to get along better with other children (e.g., reduction of aggressive behaviors);
2. Improving the children's learning skills;

3. Developing the children's abilities to follow through with instructions, to complete tasks that they commonly fail to finish, and to comply with adults' requests;
4. Improving the children's self-esteem by developing competencies in areas necessary for daily life functioning (e.g., interpersonal, recreational, academic) and other task-related areas;
5. Teaching the children's parents how to develop, reinforce, and maintain these positive changes; and
6. Evaluating the effects of medication on the children's academic and social functioning in a natural setting.

### **Point System**

The point system is a major component of the STP intervention. This system is a token economy in which children earn and lose points contingent upon their behavior. The specific problematic behaviors that the point system targets are commonly exhibited by children with ADHD, ODD, CD, and other disorders of childhood. Children exchange points for a variety of rewards. This type of treatment program provides for the efficient use of incentives because it uses tokens or points as mediators that let individuals know immediately the consequences of their behaviors without having to provide an immediate reward. Token economies have been used successfully since the early days of behavior modification to produce rapid and dramatic behavior change in a variety of populations with psychological dysfunction.

The point system serves two primary functions in the STP. First, it is one of the main procedures used to increase the frequency of appropriate behaviors and to decrease the frequency of undesirable behaviors exhibited by the children in treatment. Second, it is the primary data system for the STP. An accurate record of positive and negative behaviors provides information that details the nature of a child's problems. In addition, data from the point system are used to track a child's response to treatment.

Consistent implementation of the point system is important to insure maximally effective treatment for the children, and to provide data for the various research protocols that are conducted during the program. Consistent implementation means that all occurrences of point system behaviors are observed, reinforced or penalized, and recorded on the group point sheets; that all staff members classify and record behaviors in the same manner; and that there is stability of the system from activity to activity and from day to day. The first step toward insuring consistency of implementation is that clinical staff members must arrive for the STP training period having already learned the point system behaviors and their definitions. During the training period, much emphasis is placed on learning to implement the point system to a high degree of reliability.

The point system provides the basic structure for treatment, and it is therefore critical that the children know the fundamentals of the point system. The children must understand that they will earn or lose points contingent upon their behavior. Counselors must teach the children the specific behaviors that they should exhibit to earn points, and what behaviors will cause them to lose points. Counselors must also teach the children the activity rules for each activity, and should emphasize that children may earn a large number of points for following the activity rules and for exhibiting exemplary behavior.

Below is a list of the positive and negative behaviors that are included in the STP point system. The behaviors included are those that are commonly targeted for development (positive) and elimination (negative) in children with ADHD/ODD/CD. The negative behavior categories are weighted more than the positive categories to encourage relatively higher rates of positive behaviors than negative behaviors. The children are provided with this list of point system behaviors during the first week of the program.

Whenever a child exhibits a behavior that is included in the point system, a counselor must tell the child that he or she earned or lost points for that behavior. Counselors must also report the occurrence of each point system behavior to the Point Sheet Counselor who records the behavior on the group point sheet and conducts a point check at the end of the activity. The following example illustrates the procedures of awarding, taking, reporting, and recording points.

During a basketball game, the counselor who is leading the game sees Mike travel with the ball. The counselor stops the game and says, "Mike, you walked with the ball and that is a violation of the rules of basketball, so you lose 10 points for Violating Activity Rules." Jim, a player on Mike's team, immediately says, "If we lose this game, it will be Mike's fault." Mike hears Jim's remark but does not show any response. The counselor says, "Jim, you lose 20 points for teasing Mike and you lose 10 points for Poor Sportsmanship. Mike, because you didn't get upset when Jim teased you, you earn 25 points for Ignoring a Negative Stimulus." The counselor would then report these four behaviors to the Point Sheet Counselor by saying, "Mike: Rule Violation. Jim: Teasing and Poor Sportsmanship. Mike Ignored." The Point Sheet Counselor would then record these four behaviors on the group's point sheet (a sample completed Point Sheet follows).

Counselors award and take points in the manner described above throughout the treatment day. As shown on the schedule above, Counselors share the responsibility of recording points during the different daily activities. At the end of each day, counselors summarize the point sheets and enter the data into the STP database.

<b>Positive Categories</b>	<b>Points Awarded</b>
<b><i>Interval Categories</i></b>	
1. Following Activity Rules	50 points
2. Good Sportsmanship	25 points
3. Behavior Bonus	25 points
<b><i>Frequency Categories</i></b>	
4. Attention	10 points
5. Compliance	10 points
6. Helping a Peer	10 points
7. Sharing with a Peer	10 points
8. Contributing to a Group Discussion	10 points
9. Ignoring a Negative Stimulus	25 points
<b>Negative Categories</b>	
<b>Points Deducted</b>	
1. Violating Activity Rules	10 points
2. Poor Sportsmanship	10 points
<b><i>Negative Physical Categories</i></b>	
3. Intentional Aggression Toward a Peer or Toward a Staff Member	50 points
4. Unintentional Aggression Toward a Peer or Toward a Staff Member	50 points
5. Intentional Destruction of Property	50 points and reparation
6. Unintentional Destruction of Property	50 points and reparation
7. Noncompliance	20 points
8. Repeated Noncompliance	20 points
9. Stealing	50 points and reparation
10. Leaving the Activity Area Without Permission	50 points
<b><i>Negative Verbal Categories</i></b>	
11. Lying	20 points
12. Verbal Abuse to Staff	20 points
13. Name Calling/Teasing	20 points
14. Cursing/Swearing	20 points
15. Interruption	20 points
16. Complaining/Whining	20 points

A sample Point Sheet with recorded behaviors appears on the following page. Counselors should be familiar with procedures for recording behaviors on the Point Sheet prior to arriving for the STP training session. During the training period, counselors will practice how to record behaviors on the Point Sheet with a high degree of accuracy.

Group: 5 Day 14 Date: 7/8 Time 8 - 9 AM Activity Skills		David	Gordon	Marie	Lee	Jean	Harvey	Michae	Elizabeth
Record DT _____	Score _____								
Check _____	Enter _____								
Intervals Present		+	+	+	+	+	+	+	+
		+	+	+	+	+	+	+	+
Following Activity Rules +50/interval		+		+	+		+	+	
Violating Activity Rules -10/violation			+	+	+		+	+	+
Behavior Bonus +25/interval		+	+	0	0	+	+	0	0
		0	0	0	+	+	0	0	+
Good Sportsmanship +25/ interval		+	+	+		+	+	+	+
Poor Sportsmanship -10/violation			+	+	+		+	+	+
Standardized	GD GA	+	+	+	+	0	+	+	0
Attention	GA GA +10	0	+	+	+	0	+	0	+
Nonstandardized		++			0	+		0	
Attention	+10	++			+		+	oo	o
Complying with a Command +10									
Helping a Peer +10									
Sharing with a Peer +10									
Contributing to Discussion +10									
Ignoring Negative Stimulus +25									
Intentional Aggression/Peer -50									
Unintentional Aggression/Peer -50									
Intentional Aggression/Staff -50									
Unintentional Aggression/Staff -50									
Intentional Destruction -50									
Unintentional Destruction -50									
Noncompliance/ Repeated Noncompliance -20			N		N	N		N	
Stealing -50									
Leaving the Activity Area -50									
Lying -20									
Verbal Abuse -20									
Name Calling/Teasing -20									
Cursing/Swearing -20									
Interruption -20									
Complaining/Whining -20									
		David	Gordon	Marie	Lee	Jean	Harvey	Michae	Elizabeth

**Positive Reinforcement**

A variety of forms of positive reinforcement are used in the STP to shape appropriate behavior. Point or token systems serve as effective treatments only to the extent that points or tokens can be exchanged for rewards. Several types of rewards or reinforcers such as food, toys, or other desired objects are typically employed in point systems. In the STP, children exchange their points at a weekly Point Store described below. In addition, the STP

also uses privileges, activities, or recognition as reinforcers for points. Children receive individual daily rewards such as High Point Kid for having the highest point total on the previous day and Most Improved for having the most positive change in points from the day prior. Parents provide rewards at home, such as time to play with a parent, TV or videogame time, visiting friends, or a special dinner/dessert, when children meet individualized behavior goals on daily report cards. Finally, throughout the day counselors and other staff members make liberal use of immediate praise, attention and public recognition—that is, positive social reinforcement—for the children's positive behavior.

Children attend a Point Store each Friday where they can exchange the points they earn for prizes and privileges such as toys, games, or individual rewards determined with parents (e.g., vouchers for a special meal). Children are also encouraged to save points using a layaway program to learn about savings and delaying rewards. Each day, counselors meet with each child to review points earned and lost, and the child's progress toward individual goals.

Children can also earn two free-play recess periods at the STP for behaving appropriately during the day (e.g., not serving time outs or earning Daily Report Card goals). Finally, each Friday children who consistently meet their daily goals are eligible to participate in Fun Friday activities. These activities, planned by staff members, consist of activities such as movies, videogames, pizza parties, special art projects, water games, and field-day activities. Counselors from multiple groups will work together to plan and implement these activities. Children who do not earn Fun Friday activities participate in regularly-scheduled activities or remedial activities such as chores or classroom detention.

### **Appropriate Commands**

Noncompliance with commands is one of the most salient problems of children with ADHD, particularly children who have a concurrent diagnosis of oppositional-defiant disorder. Noncompliance often initiates a chain of inappropriate behaviors that may be more problematic than the initial failure to comply, and an intervention that increases compliance with commands may thus prevent other inappropriate behaviors from occurring. Three consequences are used in the STP to increase children's rate of compliance. Children earn points for Complying with a Command and lose points for Noncompliance. In addition, children lose points and serve time outs for Repeated Noncompliance. By using appropriate commands, STP staff members can increase the likelihood that the child will comply with commands. During the training period, staff members learn and practice giving appropriate commands that are clear to children and that maximize rates of compliance.

### **Time Out**

Children are disciplined for certain behaviors, with discipline taking the form of time out from ongoing activities or loss of privileges (e.g., swim time, computer time). Time out from positive reinforcement is a punishment technique that has been used for many years in behavioral approaches to treatment as an alternative to physical punishment. For engaging in specific prohibited behaviors (Intentional Aggression, Intentional Destruction of Property, Repeated Noncompliance), children serve time outs the length of which can be increased if the child fails to comply with the time-out procedure or decreased if the child complies with time out. The time-out program involves having a child sit by the side of the activity in which her or his group is engaged for a period ranging from five to 15 minutes for younger children and from 10 to 60 minutes for older children. The length of a time out that the child must serve depends upon the degree of the child's compliance with the time-out procedure. Thus, even when they are in time out, children are still in an earning situation because they are able to earn points for Following Activity Rules by behaving appropriately and to earn a reduction in the time-out length by controlling their behavior. All staff members will learn and practice the time-out procedures during the training period.

### **Physical Guidance, Physical Intervention, and Physical Management**

During the training period, CCF staff members will train all STP staff members in the use of physical guidance, physical intervention, and physical management procedures that staff members must use when a child exhibits dangerous or destructive behavior. If a child exhibits behavior that is potentially dangerous to the child or

to another person or if the child exhibits behavior that is potentially destructive, staff members should implement physical intervention or physical management procedures immediately. Situations in which staff members would be required to use physical intervention or physical management include the following: two children engaging in a physical fight; a child attempting to hurt a staff member by biting, kicking, or punching; a child preparing to throw a rock through a car window; or a child preparing to run away from the group activity area or program setting. It is important to note that staff members do *not* use physical management to enforce the time-out procedure; that is, the consequences for negative behaviors that are *not* physically dangerous or destructive are loss of points and an increasing length of time out. Staff members use physical management procedures *only* to prevent injuries and destruction of property, and only for the *minimal time* necessary.

### **Social Skills Training**

Treatment also includes daily training in social skills. Counselors conduct brief small group sessions that include direct instruction, modeling, role-playing, and practice in the key concepts of communication, participation, cooperation, and social reinforcement. Throughout the eight weeks of the STP, the social skills taught are reviewed, monitored and reinforced by counselors during group activities. The combination of a reward/cost program and social skills training has been shown to be necessary to effect the development of better social skills in children with externalizing disorders.

### **Sports Skills Training**

In addition to training in social skills designed to improve their peer relationships, counselors provide intensive coaching and supervised practice in sports and game skills. Children with ADHD typically do not know and follow the rules of games, and they have poor motor skills. Poor abilities in these domains contribute to children's social rejection and low self-esteem. Therefore, one recreational period each day is devoted to skills training and two recreation periods are devoted to playing age-appropriate sports and games. Organized sports activities provide a natural setting in which children can practice the social skills they have been learning, and in which counselors can model and reward appropriate peer interactions. During sports activities, counselors should be aware that while a primary goal of recreational activities is to develop children's athletic skills, an equally important goal is the development of skills that will benefit the children outside the realm of athletics. Counselors should seek to balance teaching children the value of effort, good sportsmanship, and self-discipline with the more salient goals of athletics, namely competition and winning.

Each group practices and plays three different sports: teeball/softball, soccer, and basketball. During the STP training period, groups will practice each of the main sports and counselors will have a chance to practice the different roles during games. By the end of the training period, group counselors will select a Sport Leader for each sport. Sports Leaders are typically the Counselors who are best able to officiate games, instruct children, identify children's strengths and weaknesses in the sport, provide appropriate reinforcement and encouragement to the children, and design drills to address children's skill deficits. Wherever possible, the Sport Leader role for each sport will remain consistent throughout the summer.

***Sport Leader Responsibilities.*** During games, the Sport Leader should officiate the game, provide appropriate coaching, and ask Attention Questions to assess children's knowledge of game rules and procedures. During softball games, the Sport Leader acts as the pitcher so that he or she can easily control the game and also plays the role of the umpire, making decisions regarding the count and whether children are safe or out. For soccer and basketball, the Sport Leader takes on a referee role, following the action of the game and moving with the ball. A second Counselor is assigned the role of Assistant Sport Leader, whose primary role is to assist the Sport Leader by following the action of the game and monitor children's game performance.

As noted above, one of the categories in the STP point system is Attention; defined as being able to correctly answer a counselor's questions about the ongoing activity. During recreation periods, the Sport Leader asks game-awareness Standardized Attention Questions to evaluate game awareness and to determine children's level of game knowledge. The Sport Leader tracks children's ability to answer these questions correctly and systematically asks more difficult questions to children who consistently answer simple questions correctly. For example, when a child

is consistently able to answer basic-level questions regarding who the ball went out on, the Sport Leader will move up to intermediate questions such as how the ball should be put into play, and advanced questions such as “What would have been a better play?”

The Sport Leader also provides instruction by explaining rule violations and prompting children regarding how to make an appropriate play. For example, if the ball goes out over the end-line of the soccer field, the Sport Leader may ask a child, “Who did the ball go out on?” or “How should the ball be put into play?” and then instruct the teams regarding how to line up for a corner kick. The Sport Leader also takes points as applicable for game-related behaviors that also violate an activity rule.

Finally, Sport Leaders record notes regarding children’s progress in each game, areas in need of development, common misconceptions, and common errors to plan for upcoming skill drills. For example, the Softball Sport Leader may notice that children are making base-running errors such as running on an unforced play when staying would be a better strategy, or fielding errors such as trying to make an out at the wrong base. The Sport Leader would then design base running and fielding drills to address these errors by setting up game-like situations and having children practice making the appropriate play. Similarly, the Soccer Sport Leader may note during a game that children are bunching up around the ball rather than using the field space and passing around opponents; the Sport Leader would design drills to teach the children about creating space and communicating more effectively with team members. The Basketball Sport Leader may note that children are all trying to dribble down the court and shoot and are not making efficient use of passing strategy; he or she would design a drill to teach passing strategies such as a scrimmage game where children are required to complete 5 passes prior to shooting.

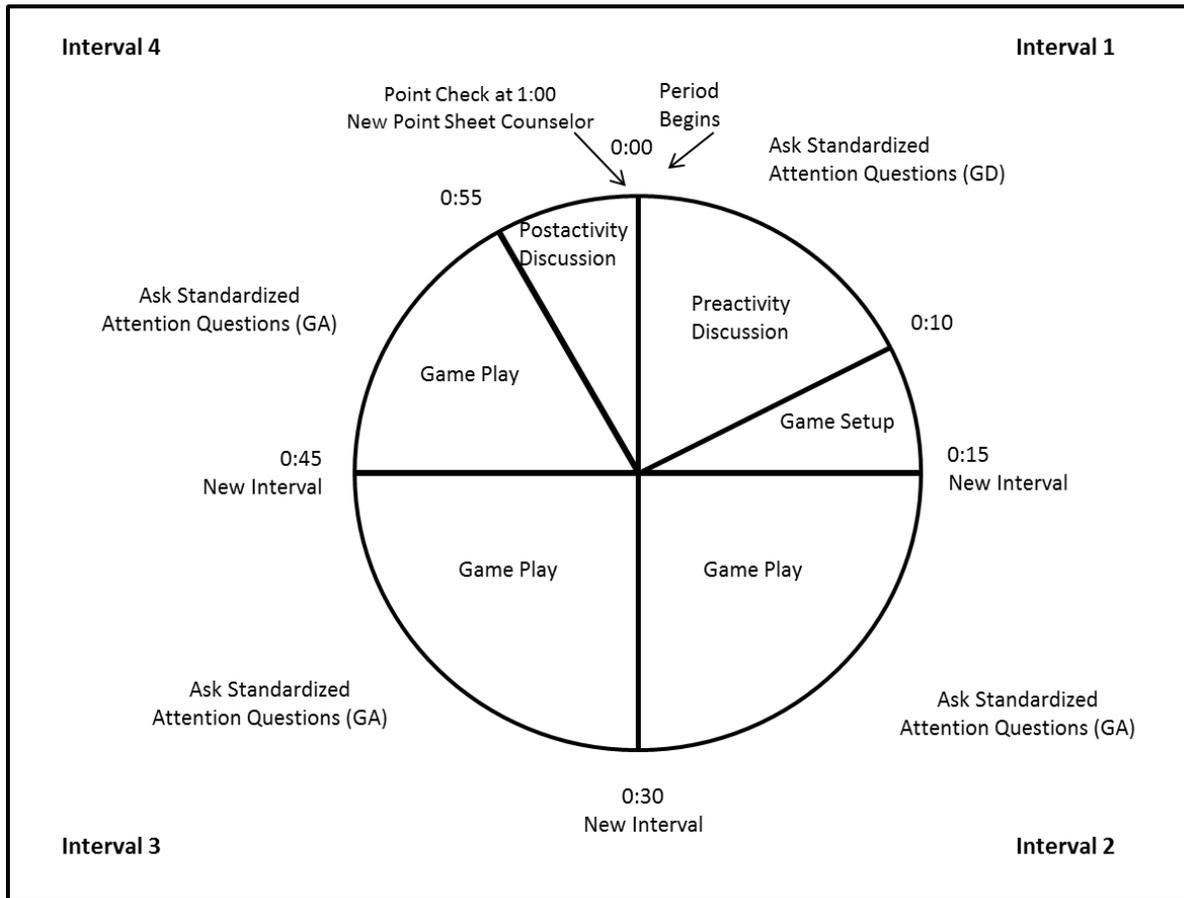
Below is a diagram of a typical recreation period. All game periods begin and end with group discussions in which the Sport Leader reviews game rules and children discuss how they will use the skills they have practiced and what skills they should practice the next time. During these discussions, the emphasis is on sportsmanship, teamwork, and development of sports knowledge and skills. Sport Leaders should record notes regarding common rule violations and misconceptions in order to select appropriate sets of rules to review and demonstrate in upcoming discussions so that children may increase their knowledge and decrease their frequency of rule violations. In the postactivity discussion, topics include progress children have made and problems that occurred during the game. Therefore, it is important for the Sport Leader to be prepared to cite specific examples of progress, such as correcting previous errors or learning a new play, and problems, such as poor teamwork resulting in missed opportunities to score or make a defensive play.

***Team Counselors.*** During each game period, children assume the duties of Team Captains: they choose teams, choose player positions, and manage their teams (e.g., choosing batting order). A group counselor is assigned to each team as a Team Counselor. Team Counselors assist the Team Captains in designating teams and positions. They also help to keep score for their teams. Finally, Team Counselors monitor children’s behavior and inform children of point system behaviors during the game. Team Counselors do not require the same level of knowledge or sports skills as the Sport Leader, but should develop a working knowledge of the game rules and procedures so that they can provide support to the Sport Leader and the children.

During game play, Team Counselors limit their participation to keeping the ball in play, or passing or throwing the ball to a team member so that the child can make an appropriate play. During skill drills, counselors will play a more active role in modeling appropriate skills and strategies. For example, a counselor may play a defensive role in a 5-on-one basketball drill. Counselors should always model good sportsmanship and appropriate sports skills.

***Point Sheet Counselor.*** As described above, one group counselor acts as the Point Sheet Counselor during group activities and records all point system behaviors that are reported by the other group counselors. Although this counselor does not take an active role in the game, he or she will assist the Sport Leader by helping to keep track of time, announcing interval changes, and assisting with scorekeeping in the game. The Point Sheet Counselor should also provide appropriate social reinforcement to group members during game play. At the end of the period, as illustrated below, the Point Sheet Counselor will conduct a Point Check during which he or she summarizes

children's points and provides feedback to the children regarding the points they earned for Following Activity Rules, Good Sportsmanship, and Behavior Bonus during the activity.



### Daily Report Cards

In addition to the point system, time out, social skills training, and problem solving training, children receive daily report cards that describe the kind of day they had in the program. Classroom teachers target completion of assignments and appropriate behavior in the classrooms. In addition, clinicians select individualized behavior goals for each child that target children's relations with peers and with counselors. Parents provide positive consequences at home to reward their child for reaching her or his goals on the daily report cards. Daily report cards provide daily feedback to parents regarding their children's response to treatment, thereby serving as regular communication between the program and parents. During the treatment program, counselors record the rate at which each child earns positive marks on his or her report card and counselors revise the report cards as necessary, under the supervision of the clinical supervisor and the group lead counselor.

### Group Problem-Solving Discussions

Children also have sessions in which they learn group problem-solving skills that involve the following four-step procedure: (1) identification of problems that interfere with group functioning; (2) discussion and negotiation through which resolutions to problems can be reached; (3) making written contracts that specify the problems, their resolution, and the consequences that are to be applied if the contracts are kept or broken; and (4) evaluation and modification of the contracts. Problem-solving discussions are called by counselors or by children whenever the need arises. Counselors conduct the discussions with all members of the group and discussions continue until the group reaches a resolution and all members of the group sign a contract.

## Individualized Programs

Clinical staff members should develop and implement individualized programs when the point system, time-out procedure, daily report card procedure, and other standard treatment components are either insufficient or inappropriate methods of producing necessary changes in behavior. Examples of cases where individualized programs may be necessary include behaviors that are the result of comorbid conditions (e.g., a child with Obsessive-Compulsive Disorder), children with developmental delays who need different reinforcement schedules, or children with physical conditions that require changes to the daily schedule, such as a child with diabetes who may need to eat at unscheduled times or be excused to rest.

## Learning Centers

Given that children diagnosed with ADHD, oppositional disorder, and conduct disorder exhibit symptoms associated with these disorders in learning situations, children in the STP are treated in learning center environments for part of each day. The goal of academic learning centers in the STP is to promote the development of skills and behaviors that will help children be successful in a school environment, and to prevent summer learning loss by providing daily practice to children at their current grade levels. The academic learning centers are structured to increase children's abilities to follow through with instructions, complete tasks accurately, comply with teacher requests, and to interact cooperatively with peers. Children attend two academic classroom periods and an art classroom each day.

Counselors are not with the children during classroom periods. Teachers and Aides manage behavior using the seven rules of the classroom: (1) Be Respectful to Others, (2) Obey Adults, (3) Work Quietly, (4) Use Materials and Possessions Appropriately, (5) Stay in Assigned Seat/Area, (6) Raise Hand to Speak or Ask for Help, and (7) Stay on Task. The seven classroom rules are a modified version of the full point system used by counselors during recreational activities. Students begin each learning center hour with 100 behavior points. Children lose 10 points immediately when they violate any one of the 7 classroom rules. When a rule violation occurs, the Teacher or Aide announces and records the rule violation and point loss on a point board at the front of the classroom (see sample point board below). At the end of the class hour, children who have not lost more than 10 points for breaking rules and have completed all of their work can earn bonus points.

Depending on the classroom and on ongoing research projects, children participate in a variety of classroom activities during the learning center periods. First, children participate in a daily seatwork period. During this period, children are given three assignments (reading, math, and language arts or other areas in need of remedial study). Children work on their assignments for approximately 45 minutes. Children earn 25 points for each assignment completed. Additionally, children can earn another 25 points for each assignment they complete with at least 80% accuracy. All completed assignments are graded and returned to children within the same period. The majority of children will receive seatwork assignments of grade level work from the grade they most recently completed. Based on feedback from their current teachers. As part of the program, children are assigned homework Mondays through Thursdays. The goal of assigning homework is to give children practice at being responsible for completing and returning an assignment. The assigned homework should take children approximately 15 minutes to complete each evening. Similar to seatwork, children receive 25 points for bringing back completed homework each day and another 25 points for completing it with 80% accuracy. During the second classroom period, children may engage in small-group instruction, peer-tutoring activities, computer-aided instruction, or other educational activities as determined by current program protocols.

A third hour is spent each day in an art class staffed by an art teacher and one or two art aides. Children work on a variety of projects such as painting, sculpting, and drawing. Given that many children with ADHD have behavioral difficulties in special areas at school (e.g., art, music), this class affords a unique opportunity to work on children's problems in a setting that closely approximates a natural school setting.

	Jerry	Sam	Katie	Mike	Kelly	Todd	Kevin	Sue	Danny	Bobby
<b>Seatwork</b>										
Be Respectful										
ObeY Adults										
Work Quietly										
Materials										
Assigned Seat										
Raise Hand										
Stay on Task										
Behavior Total	90	50	90	100	100	80	100	10	90	0
C Reading	25	25	25	25	25	25	25	25	25	0
A Reading	25	25	0	25	25	25	0	0	25	0
C Math	25	25	25	25	0	25	25	0	25	0
A Math	25	25	25	25	0	25	0	0	25	0
C Other	25	25	25	25	0	25	25	0	25	0
A Other	25	25	25	25	0	25	25	0	25	0
C Homework	25	25	25	0	25	25	25	25	25	25
A Homework	25	25	25	0	25	25	25	25	25	25
Academic Total	200	200	175	150	100	200	150	75	200	50
Bonus Points	50	0	0	0	0	0	0	0	50	0
Grand Total	340	250	265	250	200	280	250	85	340	50
Minutes in Seatwork										10

*Teacher and Aide Responsibilities.* During the learning center periods, the primary responsibility of teachers and aides is to implement the behavior management system, which includes calling rule violations immediately and recording positive and negative behaviors displayed by children. At the end of each treatment day, Teachers and Aides summarize and enter information from the day's point boards, time-out logs, and Daily Report Cards into the

STP data system. This information is then used to review each child's progress in the program, and to make any appropriate modifications to curriculum and to individual target behaviors.

### **Behavior Tracking and Data Management**

At the end of each treatment day, Counselors summarize and enter information from the day's point sheets, time-out logs, and Daily Report Cards. This information is entered into a spreadsheet that computes daily behavior totals and point totals, as well as creating graphs that track children's response to treatment across the summer. Counselors also keep records of children's progress on their individual daily goals, sports skills, daily awards and honors, and individualized programs. One group counselor typically enters group data while remaining counselors prepare for the following day's activities and complete tracking forms. Lead Counselors also conduct supervision meetings and discuss children's progress and the need for any changes to target behaviors.

### **Medication Assessment**

Medication with a central nervous system stimulant drug, typically methylphenidate (Ritalin®) or amphetamine compounds, is the most commonly used treatment for ADHD children, with 90% of children with ADHD receiving a stimulant drug at time. However, medication is generally inadequately assessed and monitored when it is prescribed. Only 50% to 67% of children with ADHD have a positive response to stimulants, with the remainder having an adverse response or no response. Therefore, careful assessments of medication efficacy need to be conducted in order to insure that children are properly medicated. In the STP, children for whom it is appropriate or are enrolled in specific research studies undergo an extensive, double-blind, placebo-controlled evaluation of the effects of stimulant medication, typically methylphenidate, on a wide variety of domains of functioning.

Children on a medication evaluation protocol receive placebo or active medication during the last six weeks of the STP. Neither the children, the staff, nor their parents know on which days placebo and medication are given. At the end of the assessment, data gathered routinely in the clinical treatment program are evaluated to determine whether medication was helpful for each child. Thus, data from the point system are analyzed to determine whether following rules, aggression, and the other point system categories were improved on medication days compared to placebo days. If the child is determined to have a beneficial effect of medication on those symptoms that are most important for him or her (without adverse effects) that is substantial beyond the effects of the behavioral interventions that are concurrently conducted in the STP, then medication may be recommended as an adjunct to an ongoing behavioral intervention being conducted in the child's home and school settings. Medication is never recommended as the sole form of intervention for a child with ADHD.

### **Parent Training**

In addition to the children's involvement in the day treatment program, their parents also participate in the STP. To facilitate transfer of the gains children make in the STP to their home settings, their parents come to the STP for one evening per week to receive training in how to implement behavior modification programs at home. Clinicians from the Center for Children and Families conduct the parent training groups with assistance from the Lead Counselors. Parents whose children are grouped together during the day receive parent training together during the evening sessions. The general procedures that parents learn in their group sessions are the same as those employed in the STP—that is, a social learning approach to behavior management—although the techniques are modified to make them practical for parents to implement. The children and their siblings remain on site at the STP and are supervised by the Lead Counselors, Counselors and Classroom Aides while their parents participate in weekly sessions. Staff members organize special games and activities such as dodgeball and kickball that children do not play during typical STP recreational activities. A modified behavior management system is used in which children receive social reinforcement for appropriate behavior and warnings, brief sit-outs, and time outs for exhibiting negative point system behaviors.

## **Research**

In addition to treatment and training, the STP has been designed to facilitate clinical research. In the best tradition of clinical research, measures that are taken to track treatment response double as dependent measures in studies. Clinical observations made about treatment generate research ideas, and results of empirical studies are used to modify subsequent treatment protocols. To date, more than 75 empirical studies have been conducted in the STP, with many of these being dissertations and/or grant-funded projects. These studies have addressed a wide variety of questions regarding the nature of ADHD and effective treatments.

For example, the medication assessment procedure developed in the STP has been used to study the effects of a wide variety of pharmacological agents and environmental variables. These have included the efficacy of standard and long-acting preparations of CNS stimulants on social and classroom behavior and cognition; effects of sugar and aspartame on social and classroom behavior; and the interaction between behavioral and pharmacological treatment.

Some research projects require modifications to standard STP procedures. To the extent possible, staff members will have the opportunity to learn about the development and goals of ongoing research studies.

## **Follow-up Treatment**

Of course, not even intensive treatment such as the STP would be expected to have lasting effects without appropriate follow-up. The need for continued intervention of some type to ensure generalization over time or the maintenance of treatment gains has long been known. This may be particularly true for children with externalizing disorders. We view the STP as an intensive beginning to what needs to be a long-term intervention for ADHD. Thus, we make it very clear to parents of potential participants that without continued treatment, the gains their children have made in the STP will be short-lived. The Center for Children and Families thus routinely offers a weekly Saturday Treatment Program with a focus on maintenance and generalization. Booster parent training sessions are also offered, consisting of monthly sessions to continue working on the home-based programs that parents established during the STP. School consultants may also go out to the children's regular school settings to work directly with teachers to ensure generalization to the children's school environments. Therapists encourage parents to contact schools prior to the opening of school, so that the interventions can be established and implemented from the first day of school.

## **STP Training**

Upon acceptance of an offer of employment, staff members will receive the full program manual. Prior to the start of employment, Staff members will be required to read the applicable treatment program manual and to be extensively familiar with behavior modification program and rules and procedures for daily activities. Counselors will also need to be familiar with the rules and fundamentals for the sports played in the program. Staff members will be required to memorize, verbatim, information such the operational definitions for the behavior modification system categories, activity rules, rules for classifying behaviors, and other related information. Staff members will need to spend a significant amount of time preparing prior to the start of employment.

The employment period for STP staff members begins with an intensive training course. The training session consists of a series of presentations and video examples of the major treatment components of the STP, and paper-and-pencil tests and worksheets on areas such as classifying point system behaviors and implementing the STP time-out procedure. However, the majority of the training session consists of hands-on role play and practice sessions.

During training sessions, Lead Counselors and Counselors will role play as counselors and children, and implement the treatment components in the context of recreation periods as described above, with one group role-playing as Counselors and several groups role-playing as children. Therefore, in addition to memorizing the material described above, counselors must have a solid working knowledge of the duties and responsibilities of the Sport

Leader, Team Counselors, Assistant Sport Leader, and Point Sheet Counselor. Many training activities take place outdoors and staff members will be expected to take part in active game play when they are role playing as children.

Teachers and Aides participate in a similar training session. Training includes role plays and practice in the classroom setting. In addition, Teachers and Aides review children's current education levels and set initial curriculum levels for each child during the training period.

### **General Information**

Room, board, and travel expenses are not covered by the internship. Each summer, there are many STP staff members from outside the Miami area who are interested in finding roommates. Once accepted to a position, staff members will have the opportunity to join a Facebook group to meet and communicate with other staff members to make housing and carpool arrangements.

To comply with state law, all employees must obtain the appropriate background clearances before the start of the STP as described in the position posting at [careers.fiu.edu](http://careers.fiu.edu). Employment is contingent upon successful completion of all Human Resources materials and clearances.

Participation in the STP requires staff to ensure the safety, well-being and treatment of children and with mental health, learning, attention and behavior problems. Staff must be able to visually scan the environment, effectively attend to and hear verbal exchanges between children, provide neutral, corrective feedback on children's misbehavior (which can include aggression), provide a consistent, warm, positive climate for children, and actively engage in sports and physical activity.

Due to the intense nature of the STP, dates and hours of employment are not flexible and no vacation days except the Independence Day holiday will be granted during the STP.