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# PALS NEWSLETTER

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## Study Update

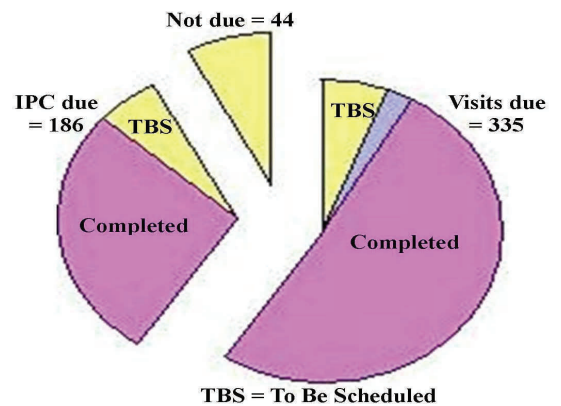
The current wave of age-based visits began last November. For the 12 months from November 1, 2009 through October 31, 2010, approximately 60% of our entire group of young adults is eligible for a visit, and 33% are eligible for an interim phone contact (IPC). These are phone calls we make to keep in touch with participants during those years that they are not due for a visit. Eligibility for visits and IPCs is based on participant age and the amount of time that is projected to lapse between visits.

Of the young adults—335—who are eligible for a visit this year, 280 or 84% have already been completed and another 15 are scheduled. We have completed 152 of the 186 IPCs proposed for the year, or 82%.

In the next week, letters will go out to participants who are due for either a visit or phone contact in September—if you receive a letter and are interested in scheduling, please call the PALS scheduling line at 412-246-5656.

NOTE TO PARENTS: We will delay scheduling your visit until after you son or daughter's visit has been conducted.

**PALS Progress**  
November, 2009 - October, 2010



## PALS Data Center Moves to Miami

As noted in the February PALS newsletter, Dr. Pelham has moved his clinical and research operations to Florida International University in Miami. Their lab is now up and running at the Modesto Madique campus of FIU, near the Miami International airport. They have just finished their first summer program in Miami and have been featured on both the local television news and in the newspaper.

As a part of Dr. Pelham's lab, the PALS data center has also relocated. The web-based study measures are now operational from a server in Miami. There will be no changes for participants, other than that your data will now go to a password protected server in Miami rather than in Buffalo. During their move, we stopped sending paper and pencil questionnaires but we have now resumed our weekly shipments to the data center. You may remember that these data are labeled only with ID#s to protect subject identity.

The primary study data personnel are the same. You may remember Beth Gnagy who worked with us in Pittsburgh from 1987 to 1997. She went to Buffalo in 1997 with Dr. Pelham and has been the data manager for PALS since the study began. Beth and Tuma Biswas, a doctoral student under the advisement of Dr. Pelham who also worked on the PALS data in Buffalo, have both relocated to Miami.

## What Is It About 20-Somethings?

The New York Times

On August 18, 2010, the New York Times published an article that we found interesting titled "What is it about 20-Somethings?". The article explores the changes that have occurred over the years in the way adolescents enter adulthood. It cites the five milestones commonly accepted as marking the transition to adulthood as indicators of change. In 1960, 77% of women and 65% of men had completed school, left home, become financially independent, married and had a child by age 30. In 2000, fewer than 50% of women and less than a third of men at age 30 had reached these milestones.

While the scientists quoted in the article don't all agree about why this is happening, they do agree that there is definitely a difference in lifestyle of the 20-somethings of today than even a generation ago. One possible answer to this difference may be cultural changes. At one time, a bachelor's degree or high school diploma provided enough education for the start of a great career. Today, with the growing demands of technology, the need for education beyond these levels is not only necessary but in some cases required. Because there are fewer entry-level jobs available today than there were at one time, it is harder to get in on the ground floor of some careers. There is less rush to marry with the acceptance of couples living together. Young women feel less pressure to marry and start a family at an early age because of better career options.

A second explanation for the difference considered the relationships that 20-somethings have with their parents. Some parents may not want their children to grow up too quickly because of their own experiences. If the parents regretted jumping into marriage or a career at a young age, they may hope their children make different choices.

We also may now have a better biological explanation as scientists learn more about brain development. The National Institute of Mental Health conducted a longitudinal study of brain development, following almost 5,000 children beginning at age 3. The study investigators found that the children's brains were not fully mature until at least 25. Jay Giedd, the study's director noted that the only people who seemed to understand this before their findings were known were the car rental companies who for years have declined to rent cars to anyone under 25!

The main theory presented in this article- that the shift in the nature of young adulthood is substantial enough to warrant a change in the stages of development as we currently view them- is controversial. Some scholars cited feel that the changes are needed in the way we regard young adulthood overall, while others feel these changes are a result of current societal trends and should be regarded as no more than a temporary phenomenon. Current developmental theory, based on a

model developed by Erik Erikson, classifies the stage of young adulthood as ages 20-45. Critics such as Jeffrey Jensen Arnett argue this range is too broad and that those in their 20's require a special stage he refers to as "emerging adulthood". Perhaps it would be best to divide Erikson's young adulthood stage into two segments, although this should be done with caution to ensure that all criteria for a developmental stage are addressed. Scholars need to look for differences between the age groups that have been steady over generations and that apply to other cultures than our own. Those who disagree point out that in order to be a true developmental stage it is universal—that is, all people must pass through it in order to move on to the next stage. Even Arnett acknowledges that this stage of "emerging adulthood" seems to be culturally influenced and specific to those living in Western societies in the modern world. It is also possible, according to the article, for some to "skip" this stage and enter directly into adulthood, either due to circumstances that do not allow for the luxury of self-discovery, or personality characteristics of the individual. If the stage can be skipped, it cannot truly be called a developmental stage.

It is quite clear from the article that entering adulthood, starting a career, and establishing relationships is very different today than it was in the past. This phenomenon is one that researchers should explore, but it may not be appropriate to rewrite the psychology texts yet. If it IS a true life stage, our definition of normal development needs to shift and attention should be paid to how existing social supports may accommodate this shift. A century ago, psychologists first began to recognize adolescence as a new developmental stage, causing changes in many social institutions. Schools, laws, health care and social services adapted to the needs of 12 to 18 year olds. We began to understand that adolescents were unique and that society could benefit by specifically addressing their needs. The Network on the Transitions to Adulthood, supported by the John D. and Catherine T. MacArthur Foundation (<http://www.transad.pop.upenn.edu>) examines the policies, programs, and institutions that support young people as they move into adulthood, and recommends more support for 20-somethings. They find that most developmental social services end after adolescence, and institutions don't exist today that are specifically geared to emerging young adults. If we recognize the 20s as a critical developmental period when decisions are made and actions taken that have lasting consequences, extending these supports may make sense.

*What is it about 20-Somethings? (2010, August 18).  
The New York Times, from <http://www.nytimes.com>*

## Study Findings: Meta-Cognitive Therapy for Adult ADHD

The treatment of ADHD in childhood has a well-developed research history that tells us which treatments can withstand the rigor of a scientific clinical trial. Research on adolescent and adult treatments, however, have a long way to go.

This year the results of the first well-controlled trial of a non-medicinal treatment for adult ADHD was published. Dr. Mary Solanto and colleagues, of the Mount Sinai School of Medicine in New York, NY, studied a new application of Cognitive Behavior Therapy (“CBT”) to the treatment of ADHD in adults. The results of this trial of “Meta-Cognitive Therapy” were positive and exciting.

Eighty eight adults enrolled in their study. The table to the right shows their characteristics. Half of the adults were randomly selected to participate in the new therapy, and half were assigned to receive supportive therapy (i.e., a support group). This random assignment is an important feature of a “controlled study” because it allowed the investigators to determine whether the new treatment performed better than a simple support group. We know from prior research that people who seek treatment do so when times are hardest for them, and that many people will naturally improve over time. We also know that the attention and support provided by treatments also helps people improve. Thus, a rigorous study of a new treatment needs to document improvement above and beyond these natural tendencies.

In the Solanto study, the new treatment consisted of 12 sessions of group therapy that adapted CBT, a well-known treatment for depression, for ADHD treatment. Specifically, sessions focused on

- Time awareness
- Starting tasks and completing them by breaking them into manageable parts
- Providing rewards to self (but only if goals met)
- Scheduling and prioritizing
- Maintaining motivation strategies
- Changing thought patterns that undermine goals

At the end of treatment, improvement was measured by examining interviewer ratings of ADHD symptoms, including time management, organization, and planning, ratings provided by a spouse/partner/family member/close friend, and ratings provided by the participating adult.

Results showed significantly greater improvement for the adults provided the new “meta-cognitive therapy” than for the adults who received only supportive therapy. One measure of success was the percentage of adults whose scores improved at least 30%.

This measure was selected because it is the standard used to determine whether or not a medication is effective. At this level, 42% of the meta-cognitive therapy group versus only 12% of the support group improved in their interviewer ratings of ADHD symptoms. When the outcome was self-reported symptoms, the percentages were 53% for meta-cognitive therapy and 28% for support group. Thus, improvements were clearly seen, at the level of improvement often documented for medication.



These results are exciting because they offer some potential hope to adults seeking to improve their functioning with ADHD, with or without medication. It will be important for future researchers to replicate (i.e., repeat) these results, and for additional research to consider the ways in which medication works with this treatment. For example, one hypothesis was that medicated adults would benefit more from the treatment. This result was not supported. Future studies that include larger numbers of adults, and that specifically control the medications taken, may help understand this result. Finally, this is just one type of treatment that is being considered by researchers interested in adult ADHD. Hopefully the next decade of research will bring many more studies that will provide new options to help those wishing to improve their lives while living with ADHD.

Characteristic	Meta-Cognitive Therapy	Supportive Therapy
	%	%
<b>Female</b>	71	61
<b>College Educated</b>	84	67
<b>Caucasian</b>	89	79
<b>Married</b>	44	23
<b>Employed full time</b>	49	54
<b>ADHD subtype</b>		
Combined	31	35
Inattentive	69	65
<b>Average age (years)</b>	41.04	42.37
<b>Average Education (years)</b>	16.4	15.98

*As we go to print, promising findings from a similar study were published this week in the Journal of the American Medical Association. Safren, S., et al. Cognitive Behavioral Therapy vs Relaxation With Educational Support for Medication-Treated Adults With ADHD and Persistent Symptoms: A Randomized Controlled Trial. Journal of the American Medical Association 2010;304(8):875-880. We will review these findings in a future newsletter.*

**Brooke Molina, Ph.D.**

## How to Have a Meaningful Text Message Conversation

- **Text someone worth your time.** Breaking the endless cycle of meaningless text message conversations starts with only talking to someone who offers interesting topics and firm [opinions](#). Don't text someone just because you know that they'll be at home, [bored](#), with nothing better to do than text you. If that means not text messaging who you usually do and having to wait longer for a response from someone worth your time, so be it. Text messaging shouldn't be any different from having a conversation in-person: If it isn't going anywhere, don't let it continue.
- **Hold yourself to your own standards with other people.** If someone constantly text messages you for the only purpose of having someone to text message, shake them off. Take longer to reply, give shorter answers, and stay ambiguous and passive in your answers. Eventually people will start to take the hint that you aren't going to put any effort into the conversation, so they will cease text messaging you as much as they can.
- **Ask open ended questions in your conversations.** If you're having a conversation with a person you enjoy talking to, do as much as you can to keep the conversation going. Ask questions that require more than a yes or no answer, leaving room for your opinion and the opportunity to discuss related topics. Instead of asking "Do you like pop music?", ask "What are your favorite genres of music?" Questions like that not only spark [conversations](#), but show that you have a genuine interest in the person and want them to elaborate on the topic.
- **Keep the conversation well-balanced.** Don't ask questions or bring up topics just so you can give your opinion on them. It makes you look self-centered, and unless you show just as much enthusiasm in what the other person has to say, it will come off as annoying and rude. Avoid this by not only giving your opinion, but by also discussing or questioning the other person's opinion.
- **Avoid the one sentence/one word reply.** Unless you are a person of very few words or can properly describe everything you need to say in one sentence, make a point of replying to a person's text message in at least two sentences. Worst of all is the "K" reply, which is now (sometimes) associated the sender being angry at the receiver, but not necessarily. It is often used in response to simple questions. Once you get to know a person's text message flow better, you'll be able to tell if you've said something to bore or anger them, but it is usually a one or two word answer.

- If you are [angry](#) with a person, simply don't text them until you have had time to cool off and think about the situation. One word and one sentence replies will only make you more angry with the person you are text messaging as you continue your infuriating conversation.



- **Develop your own text messaging style.** In the same sense that writers have different writing styles, consider creating your own standard of text messaging. A general sense of the English language should be upheld, because text message shorthand has become outdated and almost childish. Unlimited text messaging plans are now more affordable, so there's hardly any excuse to have sentences with a garble of letters, numbers and symbols that take the place of a five-letter word. As such, you do not always need a smiley face or heart after every sentence unless typing it makes you genuinely happy. Nobody will take you seriously if you have :) :] :D :P !/ :( >:( after everything you say.
- **Call the person to go deeper.** If your conversation has taken an unexpected turn and either gotten deeper or more heated, ask to call the person and talk to them directly. Sometimes a person can better communicate their ideas out loud rather than picking the correct words to type and hesitating to see if they express their ideas clearly.
- **Meet in person, for a real connection.** Don't let your thoughts and ideas be held back by text messaging, and stand firm on your opinions in whatever way you must. Not everything can be conveyed in 160 characters, and it's hard to beat actually being face-to-face with a person.
- **End on a good note.** Do not randomly drop a conversation if it has been a good one. Doing so is the equivalent of hanging up on a person in the middle of a sentence. If the conversation has run its course, tell the person you have to go for the moment, or say good night if you need to get to sleep. Stay courteous and [polite](#), so that the person can come to expect it and not be dismayed by randomly dropped conversations.

**Adults with ADD  
for Pittsburgh  
& Tri State Area  
CHADD Chapter #477**



**Meeting Dates ~  
September 30, 2010  
October 28, 2010**

**Presenters  
to be announced**

Meetings are held on the 4th Thursday of each month at WPIC, Room 292, 3811 O'Hara at DeSoto St in Oakland from 7:00 to 9:30 pm.

Parking is available in the Soldiers & Sailors Parking Garage, at the corner of O'Hara & Bigelow

For more details about specific meeting dates and topics, please contact Leslie Stone at (412) 682-6282 or visit [www.pittsburghadd.org](http://www.pittsburghadd.org)

**MOVING?**

If you have moved, plan on moving or changed your telephone number, please call our PALS study line at (412) 246-5656 to provide us with updated information.



**Need to Schedule Your Study Visit?**



If you would like to schedule your study appointment or need to change or cancel your existing appointment, call the PALS study line at (412) 246-5656.

**Sudoku Classic**

	6	5	7			8		
9	4		2					5
			3					
8			5			4		
		2			7			1
					4			
5					1		8	3
		8			5	1	2	

**GAMEPLAY**

The object of the game is to fill all the blank squares with the correct numbers. Fill in the empty squares of the grid with the numerals 1, 2, 3, 4, 5, 6, 7, 8, and 9. The puzzle is solved when each ROW and each COLUMN, and each 3 x 3 square within the puzzle contain the numerals 1-9 with each numeral appearing only once.

**SOLUTION**

An answer key is available on our website at [www.youthandfamilyresearch.com](http://www.youthandfamilyresearch.com). From our home page on the website, select *Studies*, click on *PALS, Newsletters* and you will see *Sudoku Puzzle Answer Key*.

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