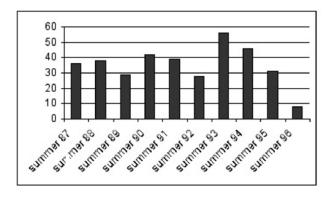
STP Alumni Newsletter

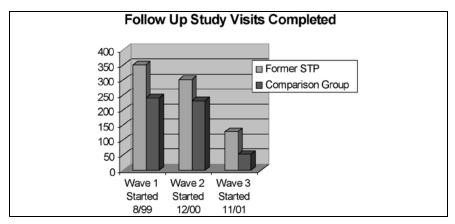
The Follow Up Study Update

We have been keeping a very busy interview schedule- thanks to all of you for helping to make that possible! We are pleased to report that families have been great about participating in their second and third interviews. Knowing that we have some very busy families in the study, we try to do everything we can to make your participation as convenient as possible. We offer visits seven days a week in our offices in Oakland. We also offer home visits and phone interviews for those families who no longer live in the area or who are unable to come to Oakland.

Families Participating by STP Year



As you know, this is a four-year study. We refer to each year's visit as Wave 1, Wave 2, Wave 3 or Wave 4, depending on the number of times you have participated. Wave 1 began in August, 1999, when we started interviewing families for the first time. Wave 2 began in December, 2000 when we started our second interviews with families. This past November, 2001 we started Wave 3, or our third interview with families.



May 2002

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- Update on Buffalo ADHD Program
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We have almost finished Wave 2, and are now scheduling and interviewing families for Wave 3 who had their Wave 2 visit last spring or summer. If you participated last spring or summer, you can expect a phone call from a member of our staff to schedule your Wave 3 visit. If you have moved or changed phone numbers since last year, please call Joanne Bethune at (412) 624-4633 to give her your updated information!

We continue to gather a tremendous amount of valuable information from all of the families who participate and believe that this study has great potential to contribute in a meaningful way to what is known about ADHD in adolescence and adulthood. We couldn't do this without all of you who have been so generous with your time and energy to participate in the project!

Non-Medicinal Treatment for Adolescents with ADHD: The Current State of Research

Parents of adolescents with ADHD frequently ask about treatments that may be available for their teens. Treatments other than medication are often of interest (e.g., counseling, family therapy, parent training, etc.). Below we'd like to tell you about the state of the literature on non-medicinal treatment of ADHD in adolescence.

As you might guess, research into the psychosocial treatment of ADHD in adolescence has only just begun. We counted four studies conducted to date, compared to the many studies of psychosocial treatment of ADHD in children. One study was conducted here in the ADD Program, led by Dr. Steven Evans and Dr. Pelham. During the Summer Treatment Program, adolescents with ADHD were trained in note-taking skills which they used in a lecture-format American history class (Evans, Pelham, & Grudberg, 1995). Some of you were in this study! The results showed that adolescents who received the note-taking training had better comprehension, more on-task behavior, and fewer disruptive behaviors in class. Thus, training in specific academic skills that are hard for adolescents with ADHD to master may be helpful in the context of a behavioral program. By behavioral program we mean at least clear expectations for behavior, positive and negative consequences closely tied to behavior, and praise.

Dr. Evans, who many of you may remember from the Summer Treatment Program, is now on the psychology faculty at James Madison University in Harrisonburg, Virginia. He is Director of the Alvin V. Baird Attention and Learning Disabilities Center where he has translated his knowledge of treatment for adolescents with ADHD into an afterschool program format.

The Challenging Horizons Program treats middle school adolescents with ADHD after school three days per week. Individual counseling, group counseling, and educational interventions including regular consultations with parents and teachers are included in his program. Preliminary studies have shown improvements in both behavior and in academic performance (Evans, Axelrod, & Langberg, in press). His findings suggest that working with early teens right in the school setting, where teachers can be consulted, daily goals can be adjusted, educational skills can be taught, and teens can participate, are important for helping adolescents with ADHD.

Finally, Dr. Russell Barkley at the University of Massachusetts conducted two studies of family therapy for adolescents with ADHD (Barkley et al., 1992; Barkley et al., 2001). These studies have mostly targeted conflict and communication between parents and adolescents with ADHD. In the first study, three types of family-based treatments were compared: parent training in behavior management skills versus two types of family therapy (one that was more traditional in style structural family therapy—and the other was more behavioral in style). Only a small number of families showed important changes in communication and conflict. In the second study, after doubling the number of sessions to twice per week, and combining parent training with behavioral family therapy, dropout rates were lower and more improvement was seen but it was still limited to a minority of families (23%). The results suggest that parent training and family therapy were helpful for these families, but a broader array of interventions is probably needed. These interventions might include school-based behavioral interventions, educational skills training, consultations with teachers, and medication.

Continued on Page 3

Non-Medicinal Treatment for Adolescents with ADHD Continued

Overall, research on the non-medicinal treatment of ADHD in adolescence has only just begun. In an earlier newsletter we discussed current and growing knowledge about stimulant medication with adolescent ADHD which has also shown some positive results. However, many questions remain regarding the best combination of treatments, what types of treatments are best for which types of adolescents, and how long treatment is needed to have the best outcome. Together, certain psychosocial and medication treatments are likely to hold the most promise for helping adolescents with ADHD and their parents. However, more research is needed to test and develop these interventions in a way that will maximize results for all adolescents with ADHD.

References:

Evans, Sw., Pelham, W., & Grudberg, M.V. (1995). The efficacy of note-taking to improve behavior and comprehension of adolescents with Attention Deficit Hyperactivity Disorder. *Exceptionality*, *5*, 1-17.

Evans, S.W., Axelrod, J.L., & Langberg, J. (in press). Efficacy of a school-based treatment program for middle school youth with ADHD: Pilot data. *Behavior Modification*.

Barkley, R.A., Guevremont, D.C., Anastopoulos, A.D., & Fletcher, K.E. (1992). A comparison of three family therapy programs for treating family conflicts in adolescents with Attention Deficit Hyperactivity Disorder. *Journal of Consulting and Clinical Psychology*, 60, 450-462.

Barkley, R..A., Edwards, G., Laneri, M., Fletcher, K., & Metevia, L. (2001). The efficacy of problem solving communication training alone, behavior management training alone, and their cmbination for parent-adolescent conflict in teenagers with ADHD and ODD. *Journal of Consulting and Clinical Psychology*, 69(6), 926-941.

The ADD Program is expanding!



Heidi Kipp gave birth to her second daughter, Riley on January 5th. Jordan, the big sister, is 22 months old. Heidi has not been this tired since her days as a STP camp counselor!!!

Important Study Phone Numbers!

Brooke Molina, Ph.D.

(412) 383-9895

Tracey Wilson (412) 624-5625

Joanne Bethune (412) 624-4633

To change or schedule a study appointment, please call (412) 624-4633. The answering machine is checked **7** days a week.



Work on the STP Follow Up Study proves to be great training ground for marathons!



Kellie Seles and Vicky Krug, study interviewers, successfully finished the Marine Corps Marathon in Washington, DC on October 28, 2001. Fellow staff members Jason Duin and Larissa Souzer lent valuable moral support from the sidelines.



Jason Duin, study interviewer, recently participated in the Pittsburgh Marathon. This picture was taken shortly after he completed the race. Despite being very tired after his first race, he said "I would like to try it again next year."

We knew you could do it!

Meet the Buffalo ADD Program Staff

As most of you know, Dr. Pelham left Pitt and moved to the State University of New York at Buffalo. Dr. Pelham has provided leadership to the study since its inception and his lab in Buffalo manages the project's data. Dr. Pelham and his staff work hard "behind the scenes" to turn all of your answers on your questionnaires into computer data sets that we'll use to look at all the results of the project. Even though you don't see them when you come in to the office every year, they are important people in the project. Pictured are (front row, L to R: Lizette Flammer, Beth Slotman, Beth Gnagy, Andy Williams, and Dr. Molina. Back row, Dr. Pelham, Dave Meichenbaum). Lizette and Beth S. are research support staff, Beth G. manages the data system, and Andy & Dave are graduate students and support the project as part of their studies.



Dave and Beth G. both remember their great summers back in the STP at Winchester-Thurston, and they are continuing the STP tradition in Buffalo. (Contrary to what some people might think, they do actually have summer in Buffalo!) Andy has also worked in the Buffalo STP, and Lizette worked for two summers at one of our "new" STP sites at the Cleveland Clinic before coming to work on the project in Buffalo. Congratulations to Lizette, who will soon be leaving us to begin her graduate studies at Lehigh University, and to Beth S. who will be starting graduate work here in Buffalo in the fall.

SPRING FEVER WORD SEARCH

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Find the Hidden Words.....

Graduations Rain Showers
Baseball Spring Break
Flower Shows Mother's Day
Memorial Day Field Trips
Rain Coat Umbrella
Spring Cleaning Trout Fishing

Brooke Molina, Ph.D. ADD-STP Program WPIC 3811 O'Hara St. Pittsburgh, PA 15213

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