Our ADHD Summer Treatment Program (STP) offers a behavioral intervention to decrease the need for medication

ALLISON K. ZOROMSKI, PH.D.

The Cincinnati Children’s ADHD Summer Treatment Program (STP) is a 7-week intensive summer day treatment program for children 6 to 12 years old with ADHD. This program provides comprehensive behavioral interventions within a camp-like setting. Children learn to improve social skills, manage frustration, and follow instructions while participating in sports and classroom activities.

The Center for ADHD has offered this same STP for the past 5 summers. Validating the effectiveness of this program is a recent study (Coles and colleagues, 2019) which showed that delivering behavioral interventions delayed the amount of time before medication was started and decreased the dose of medication that was needed in kids who completed the STP. With behavioral interventions, they were able to reduce medication use without worsening symptoms of ADHD or oppositional and defiant behavior. This work contributes to an emergent body of research showing that starting with behavioral treatment for ADHD is an effective approach for many families.

Given these research findings, it is not surprising that over 90% of parents reported their child improved in the areas of: following rules at home, following directions, communication (e.g., starting conversations, expressing feelings, listening), paying attention, sports skills, and sportsmanship.

The response to our STP has been overwhelming. Here are some of the quotes from parents:

“This has been a game changer.”

“His compliance and listening have increased significantly. His mood was more positive, and he was more at ease with transitions and dealing with situations that would normally have been more of a struggle. He keeps saying he doesn’t want it to end, and he can’t wait to come back.”

“He has really blossomed socially. To have unconditional positivity despite challenges coupled with structure and limits is beyond valuable. The STP has allowed him to be and feel seen as himself and not as his behavior.”

“Everything has improved. He argues less and he’s good about getting his backpack together. He smiles every day.”

The application process for the 2020 ADHD STP is now open. Parents can attend information sessions to learn more about the program and ask questions. For more information and videos, see our website at www.cincinnatichildrens.org/stp. To start the application process, email us at adhdstp@ccchmc.org. (See the back page for more information about the STP dates and place, etc.)

FROM THE DIRECTOR

Every decade, the American Academy of Pediatrics publishes a new set of recommendations about ADHD care for care providers (e.g., pediatricians, psychologists and psychiatrists). The most recent set of ADHD guidelines were released on September 30, 2019. I want to take this opportunity to highlight a few things about the new guidelines.

First, the most recent ADHD guidelines were developed by a committee of leading ADHD experts from across the country. One of those experts was our own Tanya Froehlich, MD. Dr. Froehlich, a developmental-behavioral pediatrician, collaborated with a diverse team including pediatricians, psychologists, psychiatrists, educators and parents to develop the updated guidelines. The committee reviewed the ADHD literature over the past decade to update the guidelines so that they include the most up-to-date knowledge about what works best when caring for children with ADHD.

While the ADHD care recommendations remain mostly unchanged from the 2011 guidelines, the guidelines continue to emphasize several standards for ADHD care that are consistent with the clinical services we offer at our Center for ADHD. Here are a few examples:

The guidelines stress that proper assessment for ADHD must include feedback from parents and teachers, must use the most recent diagnostic guidelines when making an ADHD diagnosis, and must screen for other mental health conditions (e.g., anxiety, depression, and oppositional defiant disorder) that the child might have in addition to ADHD. Indeed, these are all standard features of the ADHD evaluations offered at our Center.

The guidelines continue to highlight that ADHD treatment for elementary and middle school-aged children should include behavioral interventions. Our Center offers groups for parents of children with ADHD that focus on teaching parents how to administer behavioral treatments at home and how to advocate for behavioral treatments at school. Also note that our ADHD Summer Treatment Program is one of the most effective behavioral treatments available to children anywhere in the world.

Finally, the guidelines strongly emphasize that for preschool-aged children, behavioral treatments should be tried before ADHD medication is used. We agree and have gradually been expanding our groups for parents of preschoolers over the last few years. These teach parents behavioral management strategies they can use at home, in day care, at preschool, or in the kindergarten classroom, and out in public to improve the functioning of preschool-aged children who have or are suspected of having ADHD.

One of our Center’s primary goals is ensuring that we are offering local families the highest quality of ADHD care available in the country. We hope that you will take advantage of all that our Center has to offer.
Updated 2019 American Academy of Pediatrics (AAP) Guidelines

TANYA FROELICH, MD

In October 2019, the AAP updated its guidelines for diagnosing and treating ADHD. Here are some aspects of the updated recommendations that you and your child’s medical provider need to know:

1. Look for co-occurring and/or mimicking conditions.
Because most children with ADHD have at least one other developmental/learning or mental health condition, the new guideline highlights the need to look for and address co-occurring conditions. In addition, because these conditions—which can include learning disabilities, anxiety, depression, and substance abuse—can mimic ADHD, doctors need to rule out other causes of ADHD-like symptoms when they conduct ADHD evaluations.

2. Team up with schools.
The new guidelines stress that pediatricians should help families partner with schools when diagnosing and treating ADHD. Teacher input is crucial to determine if ADHD is the correct diagnosis, and if ADHD treatments are working. The AAP also says that educational interventions and school behavior supports are a necessary part of any ADHD treatment plan.

Long-term studies show that many kids stop getting treated for ADHD, which places them at higher risk for things like car crashes, injuries, and substance abuse. The AAP says that doctors should provide ADHD monitoring and treatment over time—for the long haul—just as they do for other lasting conditions.

4. Behavior therapy is key.
For preschoolers with ADHD, the AAP emphasizes that behavior therapy is the first-line treatment. If it doesn’t help, then consider ADHD medication. The guidelines highlight the need for caregivers of not just preschoolers, but also older children with ADHD, to have behavior management training. Behavior management training gives families the skills to prevent problem behaviors and respond to them when they happen.

5. Avoid therapies unlikely to help with ADHD.
The AAP states that there is currently NOT enough evidence to show that many treatments—such as sugar-free and gluten-free diets, biofeedback, CBD oil, nerve stimulation, and play therapy—help kids with ADHD. A companion article to the guidelines says that doctors should discourage using these and other unproven therapies because they can be time-consuming and expensive.

How can you and your doctor overcome barriers to ADHD diagnosis and treatment?
Technology may provide one innovative solution. For example, web-based portals to support ADHD care, such as the mehealth for ADHD portal developed by the Cincinnati Children’s Center for ADHD, can help parents and doctors to collaborate with schools to improve ADHD diagnosis and treatment monitoring. The mehealth portal also has an online “wizard” that makes it easier for caregivers and teachers to develop and implement ADHD behavior reward plans.

If you are interested in using the mehealth portal to improve your child’s ADHD care, your pediatrician will need to sign up for the mehealth system and then provide your family with a mehealth account. The good news is that a National Institute of Health grant has made it possible for pediatricians and families to use the mehealth system for free, through 2021, when pediatricians sign up to be part of the NIH-funded study (see www.mehealth.com for more information).
Imagine two teenagers. Given their school schedules, they both crawl out of bed at 6 am each school day. Their bedtimes look a bit different. The first teen consistently goes to sleep at 10 pm every day. The second teen alternates between going to bed at either 8 pm or midnight. If we took an average of their sleep over their school week, they would both have an average of eight hours per night. That’s pretty good!

The National Sleep Foundation recommends 8 to 10 hours of sleep for teenagers. What is less commonly discussed, by professionals and the media alike, is the importance of consistency in sleep patterns. Yet a growing number of studies indicate sleep variability may be just as important as sleep duration. In reviewing all the studies in this area, we found evidence that more sleep variability is linked to more anxiety and depression, increased stress, higher body weight, and poorer cognitive functioning (Becker et al., 2017).

Individuals with ADHD may also be prone to have particularly variable sleep patterns. This could be for a number of reasons. Children with ADHD may resist going to bed at their assigned time. Or, as parents making late-night trips to Target© can attest, children with ADHD may have variable sleep patterns because of homework or school projects that are put off to the last minute. Also, individuals with ADHD may have a biological bent to stay up later than their peers (altered circadian rhythm), making it harder to fall asleep at earlier times which can make a consistent sleep schedule difficult to achieve.

To our surprise, we did not find any study that examined whether teens with ADHD have more variable sleep patterns than their peers without ADHD. Teens have notoriously variable sleep schedules. They study for a test late into the evening, then crash the following night. They stay up late and sleep in on weekends, which only makes it harder to get into a regular cycle when Monday comes yet again. This led us to wonder—do teens with ADHD have more variable sleep patterns than teens without ADHD?

Thus, with our colleagues at Virginia Commonwealth University, we examined whether teens with ADHD had more variable sleep patterns (Langberg et al., 2019). For this study, 162 teens with ADHD and 140 teens without ADHD participated. Participants wore sleep watches (actigraphs) and kept a record of their sleep each day for approximately two weeks.

Clear evidence was found showing that teens with ADHD have more variable sleep patterns than their peers. Specifically, teens with ADHD were more variable in bedtime, wake time, sleep duration, and how long it takes to fall asleep. We are currently following these teens over time and will be examining whether variable sleep patterns predict later emotional and school functioning.

We especially thank the families who participated in this study. The next step is to use these findings to help develop treatments specific to this population.


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

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**ADD/ADHD Study for Teens 16 to 19 Years Old**

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

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

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

**Contact**
The study coordinator at 513-803-1343 or
adhddriving@cchmc.org

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**Study for Adolescents With Attention Deficit Hyperactivity Disorder (ADHD)**

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

**Who**
Youth 10 to 18 years of age who are experiencing ADHD symptoms or have been diagnosed with ADHD, and who have not taken an ADHD medication in the past 3 months.

**Pay**
Participants may receive up to $380 in compensation for their transportation and/or time for study visits. All study visits, tests, and procedures will be provided at no cost to participants.

**Details**
Participants will have 2 MRI scans. For more information, contact Veronica at agherava@ucmail.uc.edu or call 513-558-3314.

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**Study for Adolescents With ADHD Who Have a Parent or Sibling With Bipolar Disorder**

**What**
This research study investigates brain functioning in youth who are experiencing ADHD symptoms and have a family history of bipolar disorder. Participants will be randomized to Adderall XR or placebo for 12 weeks of treatment.

**Who**
Youth 10 to 18 years of age with a biological parent or sibling with bipolar disorder who are experiencing ADHD symptoms or have been diagnosed with ADHD, and who have not taken an ADHD medication in the past 3 months.

**Pay**
Participants may receive up to $380 for their time and transportation. Medication will be provided at no cost to participants.

**Details**
Participants will have 2 MRI scans. For more information, contact Veronica at agherava@ucmail.uc.edu or call 513-558-3314.

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**Down Syndrome Study for Children and Teens 6 to 17 Years Old**

**What**
A study to identify behavioral, cognitive, academic and functional impairments that differentiate children and teens with Down syndrome from children and teens with Down syndrome and ADHD

**Who**
Children and teens 6 to 17 years old with Down syndrome

**Pay**
Up to $50 for one study visit

**Contact**
Catelyn Shipp | catelyn.shipp@cchmc.org | 513-517-7015
The Center for ADHD 2020 Program Schedules

Understanding and Managing ADHD in Preschoolers Parent Group Program*

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

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<tr>
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<th>Location</th>
<th>Therapist</th>
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Understanding and Managing ADHD in Children ages 6 to 12 Parent Group Program*

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

*All 8 sessions of groups at Liberty Campus, which tend to be larger, are scheduled for 2 hours

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<td>(Skips 11/26)</td>
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</table>
Managing Frustration for Children with ADHD Group Program*

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

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Academic Success for Young Adolescents with ADHD Group Program*

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

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Academic Success for High Schoolers with ADHD Group Program*

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

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

To enroll in any of our behavior therapy group programs, please call the Behavioral Medicine & Clinical Psychology Intake Office at 513-636-4336, option 2.

For further information about these group programs, including any updates to this schedule, please visit the Cincinnati Children’s Center for ADHD website at www.cincinnatichildrens.org/adhd and select the Clinical Services link, then the link for the specific group program of interest.
Now recruiting for our 2020 ADHD Summer Treatment Program (STP)

What
Our ADHD Summer Treatment Program (STP) is a 7-week intensive summer day treatment program for children 6 to 12 years old diagnosed with ADHD. Children learn to improve social skills, manage frustration, and follow instructions while participating in sports and classroom activities in a camp-like setting.

Your child will enjoy a consistent, daily schedule with fun recreational and educational activities including:

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

When
Monday – Friday, June 8 – July 24

Where
Summit Country Day School | 2161 Grandin Rd, Cincinnati, OH 45208

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