



Successful Summers Start Here

A Pilot Study of Camp Baker, an Adapted Summer Treatment Program for Children with ADHD

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Abstract: Camp Baker adapted the STP to make the program more feasible and accessible for the many children and families in need. To make the scale-up financially sustainable while helping to develop a new generation of trainees, Camp Baker expanded its training program. This study provides promising results in support of the feasibility, acceptability, and preliminary effectiveness of the Camp Baker adaptation of the STP in community settings and as a training program for psychology students.

Introduction: Approximately 6.1 million children in the United States are diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and estimated associated costs are upwards of \$30 billion annually (Danielson, et al., 2016). Summer is a time of particular struggle for children with ADHD, characterized by academic, social, and behavioral regression as well as failure in recreational programs. Despite strong empirical support, access to Summer Treatment Programs (STPs; Fabiano, Schatz, & Pelham, 2014) remains limited, with only 15 STPs. Until 2018, the STP at Judge Baker Children's Center (JBCC), Camp Baker, had been running for 10 years as a small pilot program. Committed to bridging the gap between science and practice, Camp Baker adapted the STP to make the program more feasible for the non-profit organization and more accessible for the large number of children and families in need. Moreover, there is a significant shortage of treatment providers trained in delivering empirically supported interventions. To make the scale-up financially sustainable while helping to develop a new generation of psychology trainees, Camp Baker expanded its number of training positions. The aim of this study is to examine the feasibility, acceptability, and preliminary effectiveness of the Camp Baker adaptations.

Methods: Camp Baker adaptations include the following: (a) The relocation of the program to a typical camp setting, providing a real camp experience and reducing stigma; (b) a reduction of program length from eight to six weeks, making it easier for families to participate; (c) enhanced parent training sessions using the Behavioral Parent Training curriculum from the Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, or Conduct Problems protocol (Chorpita & Weisz, 2009); (d) expanded sports options to include a broader selection of games typically played in recreational settings; and (e) optional treatment reports and consultation services to support consistent use of strategies and service delivery across settings. Caregiver perceptions of satisfaction, acceptability, feasibility, and effectiveness were measured using the Camp Baker Caregiver Post-Treatment Satisfaction Survey, adapted from the Youth Services Survey for Families (YSS-F; Riley, Stromberg, & Clark, 2005). Clinical outcomes were measured with caregiver report prior to and at the conclusion of Camp Baker on the Brief Problem Monitor (BPM), which consists of attention, externalizing, and internalizing subscales (Achenbach, McConaughy, Ivanova, & Rescorla, 2011). Staff satisfaction was measured with the Camp Baker Staff Satisfaction Survey, which reflected the American Psychological Association core competencies (APA, 2012), in addition to items regarding self-efficacy, climate, and leadership support.

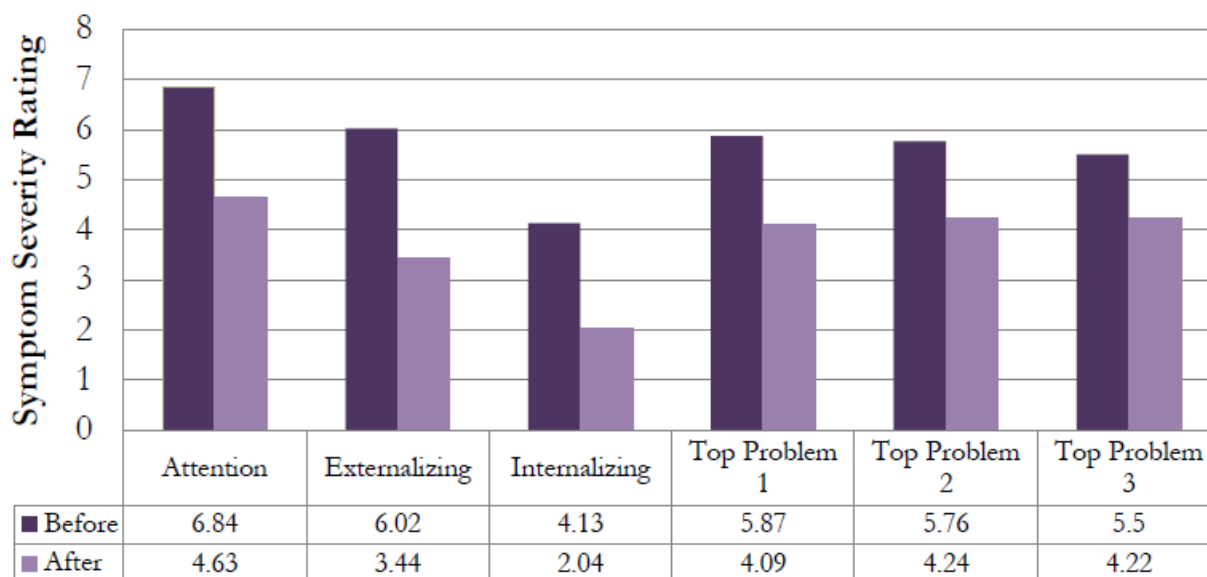
Results: Preliminary results demonstrated the feasibility of the Camp Baker adaptation. Camp Baker nearly doubled in size, increasing enrollment from 28 children and families in 2018 to 52 in 2019, while also increasing the number of graduate and undergraduate trainees to from 16 to 29. Additionally, camper attrition decreased, from 10.7% in 2018 to 5.7% in 2019. Caregivers also reported that the adaptations were acceptable. Caregivers rated high overall satisfaction with the program ($M = 28.4$, $SD = 2.3$, possible range =

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6-30), high satisfaction with staff ($M = 42.5$, $SD = 2.6$, possible range = 9-45), rated the acceptability of the program as being high ($M = 13.6$, $SD = 1.6$, possible range = 3-15), and reported that they felt overwhelmingly more effective as caregivers ($M = 13.9$, $SD = 1.6$, possible range = 3-15) after participating in Camp Baker. According to caregiver ratings on the BPM, the results supported preliminary effectiveness of the Camp Baker adapted STP. These data demonstrated an overall reduction in caregiver-rated symptom severity for externalizing ($t(42) = 7.7$, $p < .0001$), attention ($t(45) = 6.5$, $p < .0001$), and internalizing problems ($t(43) = 5.2$, $p < .0001$). Similarly, Camp Baker psychology trainees indicated that the program provided them with a supportive climate ($M = 41.8$, $SD = 4.7$, possible range = 9-45) in which they felt supported in supervision ($M = 27.4$, $SD = 3.6$, possible range = 6-30) and by the leadership team ($M = 48$, $SD = 3.8$, possible range = 10-50). Trainees reported that staff training was helpful in learning the treatment ($M = 18.7$, $SD = 1.7$, possible range = 4-20), that they felt effective in delivering the intervention ($M = 9.7$, $SD = .68$, possible range = 2-10) and that the program was acceptable to them ($M = 9.6$, $SD = .7$, possible range = 2-10).

Camp Baker 2019 Outcomes on BPM



$p < .0001$

Concluding Discussion: This study provides promising results in support of the feasibility, acceptability, and preliminary effectiveness of the Camp Baker adaptation and sets the stage for more robust research and clinical adaptations of the STP in community settings and as a training program for psychology students.

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