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

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Introduction

•ADHD is one of the most prevalent and impairing childhood mental health disorders.

Approximately 9.4%, or 6.1 million children in the U.S. are diagnosed. Costs to society are very high if untreated, with estimates between \$38-72 billion annually.

ADHD and related difficulties negatively impact functioning academically, socially, emotionally, and behaviorally.

Access to evidence-based treatments for ADHD is limited and costly. The summer months are particularly difficult due to regression across domains and settings.

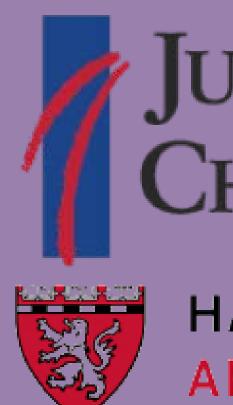
The Summer Treatment Program (STP) is an evidence-based approach for children with ADHD, but there is only 1 in New England, Camp Baker. Until 2019, Camp Baker ran as a small pilot program with a maximum of 25 children.

In 2019, Camp Baker doubled in size and moved to a real camp setting with intentional adaptations to the STP model.

This study investigates the preliminary results of the Camp Baker adaptations to the STP model.







In just 6 weeks, children who participated in Camp Baker improved across all domains, demonstrating the preliminary effectiveness of Camp Baker adaptations.

JUDGE BAKER CHILDREN'S CENTER

HARVARD MEDICAL SCHOOL AFFILIATE

For more information about Camp Baker, visit our website: https://campbaker.org/, call us: 617-278-4286, or email us at <u>campbaker@jbcc.harvard.edu</u>.

BAKER

"It was a life changing intervention that improved our family life almost immediately."

"My child gained confidence in himself, skills to cope when things go wrong, and experience that shows him he can do hard things and be successful."



Methods

Caregivers completed the Brief Problem Monitor (BPM) at pre- and post-treatment.

A paired samples t-test was used to compare pre-post data (N = 45)

Results Camp Baker 2019 Outcomes on BPM 4.63 4.13 3.44 2.04 4.09 4.24 p < .0001

BPM results supported preliminary effectiveness of the Camp Baker adapted STP

Data demonstrated a reduction in caregiver ratings of 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).

Conclusion

The Camp Baker adaptations to the STP model demonstrate promising preliminary effectiveness for the scaled-up program.

The program should continue to conduct outcome data, increasing the sample size and demonstrating replicability.

If further studies support these findings, the Camp Baker adaptation could be replicated in other community settings as a potential EBP for children with ADHD.

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