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For Hyperactive Children, a Special Place

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JESSE FEDERBUSH is a 6-year-old first grader with attention deficit hyperactivity disorder. In past Septembers — beginning with nursery school at age 3 — his school year did not start well.

Jesse hangs a photograph of himself after getting an award at a summer camp for children with A.D.H.D. The camp, in the Bronx, is run by N.Y.U.'s Child Study Center.

“Transitions are very hard for kids with A.D.H.D.,” said his mom, Lynn. “Jesse is a good boy and knows the rules, but in the heat of the moment he couldn't control himself.” He'd blurt things out, his hands wandered, he got in trouble for pushing. “Play dates were a disaster,” Mrs. Federbush said.

But this year, he's off to a good start, is happy and likes school, and his mother thinks a big part of it is the day camp he attended for eight weeks in July and August.

Run by New York University's Child Study Center, the 11-year-old camp for hyperactive children uses a strict, highly structured behavioral model. In the course of a day, points are awarded for every little good thing the kids do (100 points for following rules at swimming; 25 for ignoring Joey screaming at arts and crafts; 10 for making eye contact in a soccer huddle), and points are subtracted for inappropriate behavior (20 for teasing; 20 for verbal disrespect; 10 for interrupting).

So structured is the N.Y.U. Summer Program for Kids that Jesse's group of 10 boys and one girl had an adult scorekeeper with them every minute of every eight-hour day, recording every point earned or lost for each child, writing up the results in a daily report card for parents, and entering the data into a computer at day's end. And so, Mrs. Federbush knows, on July 31, Day 27 of camp, Jesse earned 2,905 good behavior points, including 390 at swimming, 390 at soccer, 360 at lunch, 380 during morning transitions between activities, but only 340 for afternoon transitions. If his point total were high enough by week's end, he would get to go on a field trip; last summer, he behaved well enough to make four of six trips.

The camp, located at the State University of New York Maritime College, in the Bronx, involves parents through regular Wednesday-night seminars. And last week, Mrs. Federbush went for a post-camp review to prepare her to work with the first-grade teacher at Jesse's public school in Westchester.

“The regular camp Jesse went to the year before, he was constantly in trouble,” Mrs. Federbush said. “The beauty of this camp — it catches them being good.”

The N.Y.U. Summer Program is of one of about a dozen run by universities nationwide — including the original model at the State University at Buffalo. The camp grew out of a landmark federal study on hyperactivity by the National Institute of Mental Health in the early 1990s.

In that study, 579 children ages 7 to 9 with A.D.H.D. were divided into four treatment groups: 1. those who received only medication; 2. those who went through an intensive behavioral program, including an eight-week A.D.H.D. camp, but took no meds; 3. those who took meds and went through a behavioral program, including the camp; 4. those whose parents arranged treatment in their local communities.

The children were compared for attention span, hyperactivity and impulsivity. Groups 2 and 4 — the ones with no meds, and community care — scored poorest. There was no difference in terms of the three variables when it came to the two top-scoring options: meds alone versus the summer camp with meds.

However, when results were examined more closely, researchers found advantages to supplementing medication with the camp experience, according to Howard Abikoff, the director of the N.Y.U. Institute for Attention Deficit Hyperactivity and Behavior Disorders. On average, kids who went through the behavioral treatment, including attending the camp, needed 7 fewer milligrams of medication a day — 32 milligrams of Ritalin compared with 39 milligrams for those on medication only.

And that, says Dr. Abikoff, can mean fewer side effects like loss of appetite and sleep problems. Also, he said, when parents were asked to rate how their children were doing, 12 percent more children who had attended the camp received an excellent rating than those relying only on meds. “Not a huge difference, but not inconsequential,” said Dr. Abikoff.

Roughly 5 percent of children — about two million in the United States — have an A.D.H.D. diagnosis, with boys outnumbering girls five to one. At the N.Y.U. camp, 43 of the 48 children were boys. About 90 percent (including Jesse) were on medication.

A camp full of hyperactive kids takes lots of supervision; the children to staff ratio is 1.5 to 1, making it expensive: $9,300 for eight weeks. Twenty percent get scholarships. The children come from the city, New York’s suburbs and beyond. One camper’s family moved from Florida to New York for this summer.

A camp where counselors are constantly rating children’s behavior (“Jesse, that’s minus 10 for interrupting”) could feel like Marine boot camp (“Jesse, you need to stop singing, or that’s minus 20”) in the wrong hands (“Jesse, you just lost 20 points for burping”). So N.Y.U. officials work hard at finding the right counselors. This year, they interviewed 320 people — mostly recent college grads — for 30 positions. “Tone is so important,” said Karen Fleiss, director of the camp and an assistant professor of child psychology at N.Y.U.. “It has to be done with a warm attitude of caring.”

Which is why counselors spend a month in training before camp begins. (“Jesse, I love the way you’re raising your hand, 10 points for contributing and another 10 for validating Joey.”)

The camp is so structured, Dr. Fleiss said, because hyperactive kids do best in a predictable environment where rules are clearly set out. At school, she said, they are often in trouble. At camp, they are constantly praised for doing the right thing no matter how small (“Jesse, what did Joey just say? Right, 10 points for paying attention”). The aim is to internalize doing right.

It doesn’t always work. Some are so difficult, they are assigned an individual counselor all day. In Jesse’s group was another 6-year-old boy, with a dual diagnosis of Oppositional Defiant Disorder and A.D.H.D. Often, he was so out of control he had to be picked up and taken for a timeout. During one stretch he needed several 10-minute timeouts for refusing to take part in swimming, throwing out his lunch, cursing a counselor and jumping on kids. And through it all, his one-on-one counselor, Jill Neuman, hunted for reasons to praise him. (“Good job, you’ve served the last 30 seconds of your time out beautifully.”)

“Medication helps,” said Dr. Abikoff, “but for children on the far end of the spectrum, treatment like the camp is often not enough.”

For Mrs. Federbush — whose two older children do not have these issues — bringing the model home has helped. If Jesse gets dressed for school, gets in his P.J.’s in the evening and goes to bed nicely, she said, he gets to play Wii for 20 minutes. “He wants to please,” she said.

At a young age, he is learning to help himself. At camp, they’re taught “positive self-talk,” which Jesse described this way: “If somebody does something you don’t like, you say something nice about yourself and you don’t say it out loud and that makes you feel better and you aren’t angry with the person.” As his mother said, not bad for 6.

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