Dr. Fabiano, you have just conducted a meta analysis of several hundred studies regarding the treatment of ADHD. What basically did you find?

We reviewed the research literature on behavior modification treatments for ADHD. Our review was unique because we included some of the most well-known studies, but also lesser-known studies such as dissertations, single-case studies, and some international papers. Across all these investigations, a consistent picture emerged - behavioral treatments were effective, and they generally worked very well. These results contrasted with some other recent reviews that reported more modest effects of behavioral interventions, but they only considered a small subset of the total treatment literature.

2) Exactly how many studies did you review and where were they published?

We reviewed 174 studies published in peer-reviewed journals, book chapters, and student dissertations.

3) Could you briefly tell us about the most important skills that need to be learned?

Studies were consistent in that they taught parents and/or educators how to best work with a child with ADHD. This might include modifying the environment, providing encouragement and rewards for appropriate behavior, and prudent consequences for negative behaviors.

4) How well prepared are parents and teachers to deal with the phenomenon called "ADHD"?
I think it is accurate to say that most parents and teachers have the basic skills to deal with ADHD - it would be hard to work with any child without having some basic behavior management strategies. The challenge for parents and teachers of a child with ADHD is that by virtue of the child's excessive behavior, they are required to deal with the child more often, for longer periods of time, and with more intensive interventions. This can be quite challenging to keep up throughout a child's development!

5) There are some that say that these kids are simply unsocialized, and undisciplined. Your thoughts?

Perhaps this is true in some cases. I can certainly see how a parent might become exhausted with constant behavior management and simply give up. However, I think it might be unfair to say the child is unsocialized and undisciplined - it is probably more accurate to say the socialization and discipline being provided is not optimal.

6) Teaching pro-social skills, attentional skills, and other skills is extremely labor intensive and time consuming. How much time, on average is required and what kind of training do teachers need and parents need?

There is no hard and fast answer to this - the answer is as much as is needed. I think many would agree that good behavioral intervention is taxing - however, if that investment at 6,7,8 years old translated into a successful teen and adult, I would be surprised is many people argued that the investment was not worth the pay-off.

7) What other kinds of skills do these kids need instead of pills?

Many children struggle with peer relationships, and the current literature on social skills training yields modest effects. More intensive programs such as summer treatment programs are often needed to promote prosocial behaviors. In the academic domain, children with ADHD may also require academic remediation or support.

8) I have heard about the Feingold diet and other kinds of fringe treatments- did you review any of these studies?

We did not include any of these studies in our review. There were a series of well-controlled and carefully conducted studies done as far ago as the 1980's that pretty convincingly demonstrated there is no relationship between ADHD and specific foods, dyes, or additives.

9) Some parents give their kids soda, coffee and other caffeine laden "treatments". Could this confound your results?

This is a good question. It is certainly possible, though I should mention caffeine is not amongst the evidence-based interventions for ADHD. I might argue though that the results were even more likely to be confounded by background behavioral interventions that were occurring in the treatment studies. For example, in a study of a classroom contingency management program for a child with ADHD, it was certainly the case that all the other behavioral interventions (i.e., getting sent to the principal's office, earning recess time if homework was brought in, teachers' use of praise, reprimands, school rules, preferential seating) were also maintained. In some studies we have done here at the University of Buffalo, the results are even larger if the background level of behavioral interventions are controlled.

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10) What question have I neglected to ask about your study?

I think that does it.