

Best talk therapies for ADHD in children and teens? Behavioral and organizational approaches lead the way

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Published this month in the *Journal of Clinical Child & Adolescent Psychology (JCCAP)*, a review of talk therapies for attention deficit hyperactivity disorder (ADHD) by Steve Evans, Ph.D., Julie Sarno Owens, Ph.D., and Nora Bunford, MS, from Ohio University concluded that behavioral approaches and organizational interventions have the strongest scientific evidence to reduce ADHD impairment and symptoms. Studies suggest that ADHD affects between 5-10% of youth and causes significant and distressing impairment, particularly in academic and social contexts. A few brief videos and information for parents are available via www.effectivechildtherapy.com.

The authors examined more than twenty peer-reviewed studies published since 2007 in their update of a similar review from 2008 by Drs. William Pelham and Gregory Fabiano. Using a five level ranking system, with the first level representing treatments with the *best support* and the fifth level representing treatments with *no support*, the authors categorized nine different treatment approaches, with four ranked at Level 1 or best support: behavioral parent training, behavioral classroom management, combined (i.e., parent and school) behavior management, and organization training. Behavioral management approaches involve teaching caregivers and/or teachers to administer contingent responses consistently to aid children with ADHD get along with others, follow rules, and complete tasks. The organization interventions involve training children/teens to use specific organizational skills, such as consistently keeping track of assignments and keeping their materials organized. Combined training approaches, involving a combination of organization skills with other skill training, like teaching academic skills and how to make friends, ranked at Level 2 support, the second highest. Neurofeedback approaches were rated at Level 3 (i.e., "might work") and cognitive training approaches were rated at Level 4 (i.e., "experimental"). Social skills training alone was rated at level 5 (i.e., "does not work"), indicating that the approach has been tested and evidence was not promising. No other psychological treatment met scientific standards to suggest that it could reliably or meaningfully reduce impairment and symptoms of youth with ADHD.

The results of the review suggest that parents, mental health professionals and educators should consider Level 1 or Level 2 treatments like behavior management and organizational skills treatments as the first line of psychological treatments for reducing ADHD impairment and symptoms in youth.

For more information, interested readers can go to www.effectivechildtherapy.com. In addition, the website offers free videos on a variety of child/adolescent therapy topics, including an extended video describing evidence-based approaches for ADHD in children and adolescents presented by Dr. William Pelham.

JCCAP is the flagship journal of the Society for Clinical Child & Adolescent Psychology (SCCAP), Division 53 of the American Psychological Association. SCCAP is a non-profit organization comprised to encourage the development and advancement of clinical child and adolescent psychology through integration of its scientific and professional aspects. SCCAP promotes scientific inquiry, training, professional practice, and public policy in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families.