

Greene, R. W., & Abion, J. S. (2001). What does the MTA study tell us about effective psychosocial treatment for ADHD? *Journal of Clinical Child Psychology, 30*, 114-121. With commentaries by: Abikoff, H., pp. 122-125; Hoza, pp. 126-130; Wells, K. C., pp. 131-135; Whalen, C. K., pp. 1326-140; & Harwood, T. M., & Beutler, L. E., pp. 141-143.

Heriot, S. A., Evans, I. M., & Foster, T. M. (2001). An interactional approach to intervention research with children diagnosed with ADHD. *Journal of Child and Family Studies, 10*, 287-300.

These articles discuss psychosocial treatments for attention deficit hyperactivity disorder (ADHD). The article by Greene and Abion, and the accompanying commentaries, focus specifically on the Multimodal Treatment Study (MTA) of ADHD, sponsored by the National Institute of Mental Health. While the articles and commentaries are of special interest to those who are concerned about treatment of ADHD, they also have important implications for the children's mental health field about individualized treatments, evidence-based interventions, and evaluation of effectiveness of interventions.

The articles build on the general finding from the MTA study that the effects of intensive psychosocial interventions, whether in combination with medication or not, were disappointing. This is not to say that there were no positive effects of the psychosocial interventions, but rather that the overall effects were not as large as advocates for psychosocial interventions had hoped. Greene and Abion offer the view that one important reason for this finding was that the interventions were not adequately individualized. They point out that given the heterogeneity of ADHD, "the degree to which treatment ingredients are matched to the assessed needs of individual children, parents, and teachers is as crucial to effective treatment as the quality of the actual treatment ingredients themselves. Such a perspective is consistent with goodness-of-fit theory and a transactional model of development" (p. 115).

Commentators Harwood and Beutler also emphasize this point, indicating that, "rather than being bound by a given model of change, treatment decisions are best based on a practical and pragmatic consideration of what works, for whom, for what problems and symptoms, over what period of time, and when applied by whom (p. 142). They cite results from their own research with adults that emphasize the value of matching qualities of treatment with characteristics of those being served, and report that they were able to account for 40% to 99% of the variance in some outcomes by combining patient, treatment, and matching variables. However, while not disagreeing about the need to match interventions with the characteristics of clients, two commentators (Hoza and Wells) take the position that within the psychosocial intervention used in MTA, there was considerable opportunity for individualization.

This discussion is very consistent with the emphasis in systems of care (SOC) on the need for and benefits of individualized treatment. It is also consistent with the focus in SOC research on defining what is meant by individualized care, and on developing measures to determine the degree to which the principles of individualized care have been implemented. It is noteworthy that within the debate that takes place in these articles there is no reference to individualized care approaches as defined within SOCs, and the level of individualization that is being referred to is not nearly as substantial as within SOCs. Further, disagreements about the definition of individualized care and its measurement lead to disagreements over the interpretation of results.

Two other points stand out from these articles. Several of the commentators mention the importance of client "choice," again consistent with the principles of a system of care. For example, Abikoff and Hoza suggest that the effectiveness of a medication is less likely to be dependent on client choice, but that, "in stark

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contrast, the effectiveness of behavioral interventions is highly dependent on parent (and teacher) cooperation, enthusiasm, motivation, and sustained effort” (p. 128). This point is reinforced in a recent review by Kern et al. (2001) on choice as part of an intervention for children with special challenges. Kern shows consistently that when given choices as part of an intervention, children show a decrease in inappropriate behavior and/or an increase in appropriate behavior. The process of giving choice to parents and children, while encouraged within systems of care, may merit even further consideration and discussion.

In their article, Heriot, Evans, and Foster also emphasize the importance of “unspecified” factors that account for great variability in intervention outcomes, and indicate the need to match interventions with the characteristics of children and families. In their own research with young children with ADHD and their families, Heriot et al. find great variability in responses to particular interventions. They support the use of “interactional” models that examine a large number of variables. They further indicate that measuring and targeting parental acceptance and understanding of the child and his/her disorder may be an important first step or necessary prerequisite to more harmonious parent-child interactions. They note that as parents become more knowledgeable about ADHD, negative judgments about their child modify; parents may then become more optimistic and positive, leading to more responsiveness from their child. This model indicates that in addition to the standard use of medication and behavioral interventions, parent education programs about ADHD may be an important component of effective intervention for many families.

Overall, this series of articles and commentaries have interesting and important parallels in the SOC literature. They speak to the importance of using individualized interventions in which the needs of the child and family are matched with the services that are provided, of defining and measuring individualization clearly, and of the disagreements in interpreting results that can come from lack of clarity. They also speak of the potentially important role of choice and parental education in interventions.

Reference: Kern, L., Mantegna, M. E., Vorndran, C. M., Bailin, C. M., & Hilt, A. (2001). Choice of task sequence to reduce problem behaviors. *Journal of Positive Behavioral Interventions*, 3, 3-10.