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June 11, 2007

Steven Anderson, President
Legacy Parenting Company
90 Bridge St. #210
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Dear Mr. Anderson:

I am writing with regard to the Total Focus program (of CDs, workbook, “tip” sheets, and recording pages), created by Robert Myers, Ph.D., AKA “Dr. Bob.”

In a nutshell, I am most impressed with this program, which incorporates a wealth of extremely helpful information and programming, derived largely from evidence-based practice presented in an extremely user-friendly format for the families of children with attention-deficit/hyperactivity disorder (ADHD). Let me elaborate on the reasons for my endorsement as well as relevant background related to the crucial need for such programs.

First, as you well know, the last decade has witnessed—finally—the genesis of professional guidelines for the assessment and treatment of youth with ADHD. These have emanated from the American Academy of Pediatrics, the American Association for Child and Adolescent Psychiatry, the American Medical Association, and a task force of the American Psychological Association. All of these, in different forms, recognize that both medications and the broad class of behavioral treatments are the only two evidence-based forms of intervention for ADHD. Indeed, these guidelines recognize the findings from the landmark Multimodal Treatment Study of Children with ADHD (MTA Study), of which I have been principal investigator for the Berkeley site. The key results emphasize that, to yield clinically significant benefits, the combination of medication and multi-pronged behavior therapy is the optimal intervention strategy.

Indeed, a number of crucial investigations, too numerous to cite here, have shown that combination treatments yield better social, academic, and behavioral functioning than does either component alone. That is, although multimodal combinations of pharmacotherapy and psychosocial intervention do not always yield significantly better results than medication alone, in the clear majority of trials, it is only the combined treatment that brings children close to the range of normal functioning.

Second, the key question, of course, is how to get pediatricians and other front-line clinicians to enact the behavioral and psychosocial components of such multimodal treatment. Total Focus presents its curriculum in an extremely engaging and user-friendly format, which could easily be shared between a family and pediatrician. If a pediatric practice becomes familiar with the workbook and CD’s, it could easily hire ancillary staff (e.g., psychologists, social workers) to engage families with the Total Focus materials.

Third, the components of Total Focus are straightforward, involving behavioral and cognitive-behavioral components focusing on the child (relaxation training, social skills training, attention training, self-control exercises), the family (behaviorally-oriented parent management training), and the school (improved communication between home and school via a daily report card mechanism). These evidence-based strategies, particularly in combination with medication, are the kinds that have been shown in the scientific literature to enhance overall functioning for the child with ADHD.

Can this intervention “stand alone”? The relevant research remains to be completed, but it is conceivable in some cases that beginning with the Total Focus program prior to medication could be advisable. For the majority of cases of children with ADHD, however, my firm belief, based on the relevant evidence, is that combination approaches are advisable.

In short, I believe that the Total Focus program of Dr. Myers is extremely worthwhile, feeding as it does off recent data that document the superiority of multimodal treatment for children and families with ADHD—and emerging at a time when numerous professional associations are issuing practice guideline emphasizing the need for multimodal intervention.

Please let me know if I can add any additional comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen P. Hinshaw', with a stylized flourish at the end.

Stephen P. Hinshaw, Ph.D., Professor and Chair

(hinshaw@berkeley.edu)