

**In Reply:** The two reactions to our paper on adult ADHD were insightful. Both speak to two important issues that we highlighted in our article. The first issue, the problem of task incompletions, which we note as the central concern for adults with ADHD, is both a useful indicator of response to treatment and a helpful diagnostic measure. This issue is one that can be easily assessed in the clinical diagnostic interview. As noted by Frigon and Dr. Modesto-Lowe, the challenge is to establish a reliable and valid measure that captures the depth and significance of the problems that manifest as a consistent pattern of task incompletions. At present, there is no measure that captures the chaos in functional daily living that we identify as central to ADHD dysfunction. Thus, the best strategy to gather this information is a straightforward, in-depth, clinical interview.

The comments by Uche Nkanginieme lend support to our position that social scaffolding can successfully overcome the challenges of adult ADHD. In addition, Nkanginieme rightfully acknowledges that most adults are not given the support afforded more privileged individuals, such as the chief executive officer of a corporation. Instead, partners, peers, supervisors, and others often chastise and criticize rather than support adults with ADHD who require social scaffolding to successfully complete tasks and responsibilities. This failure of systems support is counterproductive for adults with ADHD. If all members of a team are to be successful, it is possible to build a system of support for those members, to design fail-safe measures that assist even the weakest link. Entities can build such an infrastructure through coaching, as Nkanginieme recommends. Such action requires us to rethink how people work as a team, with multiple individuals serving the same goal and agreed end points.

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