

#### About the Executive Summary

This executive summary provides the highlights of the most recent issue of the *Children's Mental Health Research Quarterly*, available for free at [childhealthpolicy.ca](http://childhealthpolicy.ca). The *Quarterly* presents the best available research evidence on a variety of children's mental health topics. The BC Ministry of Children and Family Development funds the *Quarterly*.

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#### About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We focus on improving social and emotional well-being for all children, and on the public policies needed to reach these goals. To learn more about our work, please see [childhealthpolicy.ca](http://childhealthpolicy.ca).



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## Executive Summary

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### Helping children with ADHD

An estimated 2.5% of Canadian children — or nearly 17,000 in BC at any given time — experience challenges with inattention, hyperactivity and impulsivity sufficient to warrant a diagnosis of attention-deficit/hyperactivity disorder (ADHD). Risk factors for ADHD include genetics, prenatal exposure to substances, maternal stress, low birth weight and prematurity, environmental toxins, and early and severe deprivation in childhood. Practitioners play a crucial role in helping children at risk for ADHD by conducting comprehensive assessments to identify when a diagnosis is warranted and by providing effective treatments when it is.

#### Implications for practice and policy

Our review of nearly 40 years of research has found a number of very successful ADHD interventions, including both psychosocial treatments and medications. This large body of evidence suggests three recommendations.

- **Build on the power of parenting.** Substantial research supports the effectiveness of parent training interventions — which teach positive behavioural strategies — for childhood ADHD. Among these programs, *Strongest Families* stands out for its ability to reduce the number of Canadian children with ADHD diagnoses. Essential elements of this program are home delivery using parent handbooks and videos, an excellent format for reaching traditionally underserved children and families; telephone coaching to support parents; and its brief format. Communities and organizations may also want to consider implementing other effective behaviourally based parent training interventions, including those that offer in-person support. Adaptations may need to be considered to ensure that any programs implemented are culturally relevant.
- **Help children develop new skills.** The evidence supporting child cognitive-behavioural therapy (CBT) and behavioural therapy is particularly strong, spanning many studies, and evidence on neurofeedback is also starting to emerge. Unlike medications, these psychosocial treatments have the added advantage of continuing to show benefits months after the intervention ends. Another advantage for both CBT and behavioural therapy is that many practitioners are familiar with these interventions, making their implementation feasible. Child CBT and behavioural therapy are therefore highly recommended.
- **Use the right medications, and use them carefully.** Many children with ADHD require medication, even with psychosocial treatments in place. The medications methylphenidate, dextroamphetamine and atomoxetine all have strong evidence of success. As well, two recent evaluations showed that guanfacine is effective — on its own and adjunctively for children with suboptimal responses to psychostimulants. However, there are only two RCTs on guanfacine, and both involved significant ties to the drug manufacturer. So caution and further research are warranted. Practitioners who prescribe any ADHD medications need to carefully track children's responses, including evaluating efficacy as well as side effects on an ongoing basis.

For childhood ADHD, practitioners can offer children and families a range of good options, such as parent training and child CBT and behavioural therapy, coupled with appropriate medications (and monitoring) when needed. Policy-makers can also support children — by ensuring that effective treatments are made widely available. This is good news for BC children.

Please see our [full issue](#) to learn more about helping children with ADHD. 