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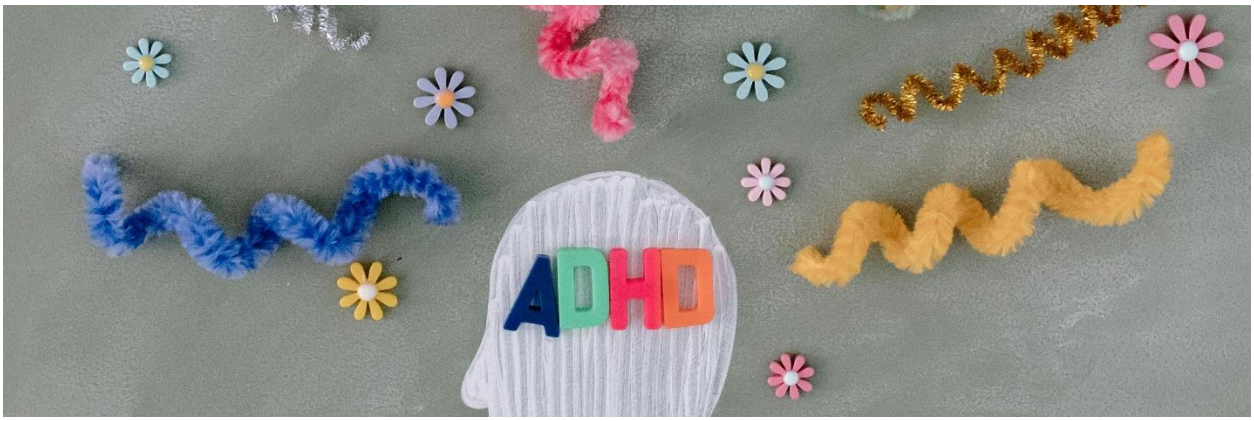
The Division of Continuing Education in Psychiatry presents



Current Practice in ADHD:

Meet the Experts

September 12, 2025

Course Directors: Margaret Weiss, MD, PhD
Karen J. Kuc, MPH

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Course Overview

Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent and impairing neurodevelopmental disorder that affects individuals across the lifespan. While historically viewed as a childhood disorder, growing evidence supports its persistence into adolescence and adulthood. Despite extensive research, clinicians often face challenges in accurate diagnosis, differentiation from comorbid conditions, and implementation of evidence-based treatments. Additionally, recent advancements in pharmacologic and non-pharmacologic therapies, as well as updates to diagnostic criteria and practice guidelines, necessitate that clinicians keep abreast of best practices to ensure successful outcomes in patient care.

This new course aims to address common clinical challenges via updates from international experts. Faculty will discuss diagnostic complexities, the latest pharmacologic and non-pharmacologic treatment options, effective management of comorbid conditions, and population differences in symptom presentation. Participants will leave with up-to-date knowledge and tools to immediately implement with their patients.

Learning Objectives

Upon completion of this activity, participants will be able to:

- Apply updated diagnostic criteria and tools for identifying ADHD across different age and population groups.
- Evaluate current pharmacologic treatments, including emerging therapies, for ADHD management.
- Integrate non-pharmacologic approaches and behavioral interventions into individualized treatment plans.
- Discuss the interplay of ADHD and autism and develop strategies to address features of both conditions in clinical care.
- Summarize the prevalence of ADHD co-occurring with mood disorders, and current guidelines for starting and managing treatment.
- Describe the assessment and management of sleep disorders in patients with ADHD.
- Explain how ADHD manifests differently in women and girls.

Agenda

Friday, September 12, 2025		
8:20 – 8:30 AM	Welcome and Introduction	Karen Kuc, Margaret Weiss
8:30 – 9:30	Screening, Diagnosis and Measurement Based Care	Margaret Weiss
9:30 – 10:30	Optimizing Stimulant and Non-Stimulant Therapy	Oscar Bukstein
10:30 – 10:45	Break	
10:45 – 11:45	Psychological Treatment for ADHD	Mary Solanto
11:45 – 12:45 PM	ADHD and Mood Disorders	Greg Mattingly
12:45 – 1:30	Lunch	
1:30 – 2:30	ADHD and Sleep Disruption	Mark Stein
2:30 – 3:30	Complexities of ADHD in the Context of Autism	Robyn Thom
3:30 – 3:40	Break	
3:40 – 4:40	ADHD in Women – We've Come a Long Way, Baby! Evolving Concepts and Treatment Considerations	Kathleen Nadeau
4:40 – 4:45 PM	Close Program	

Course Materials

All materials for this course will be available to participants **through Oct. 12, 2025** for personal use only via the link https://www.challiance.org/psychiatry-ce/all-ce-courses/adhd-course/adhdmte-25 .

Faculty

Oscar Bukstein, MD, MPH

Associate Director, Faculty Development, Department of Psychiatry and Behavioral Sciences, Boston Children's Hospital; Professor of Psychiatry, Harvard Medical School

Dr. Bukstein is currently Senior Attending Psychiatrist in the Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital (BCH). He is also Professor of Psychiatry at Harvard Medical School. At BCH, Dr. Bukstein has served a Vice-Chair, Director of the Child and Adolescent Psychiatry Fellowship, and Director of Outpatient Services. Prior to coming to Boston Children's Hospital (BCH) in March 2016, Dr. Bukstein spent several years in Houston, Texas at the University of Texas (UT) Health Science Center in Houston where he was Professor of Psychiatry and Chief of the Division of Child and Adolescent Psychiatry and at DePelchin Children's Center where he was Medical Director. He spent 28 years at the Western Psychiatric Institute and Clinic (WPIC) in Pittsburgh and the University of Pittsburgh School of Medicine.

Dr. Bukstein has over 35 years of practice experience with particular clinical and research expertise in treating youth with substance use disorders, attention deficit hyperactivity disorder, aggressive behavior, and disruptive behavior disorders. Dr. Bukstein has a substantial academic record, having authored or co-authored over 150 papers, chapters, or books and has received funding by the National Institute of Mental Health, the National Institute on Drug Abuse, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Child Health and Human Development.

Greg W. Mattingly, MD

Associate Clinical Professor, Washington University St. Louis; President, American Professional Society of ADHD and Related Disorders (APSARD); Founding partner, St. Charles Psychiatric Associates; Chief Executive Officer, Midwest Research Group

Gregory W. Mattingly, MD, is an Associate Clinical Professor of Psychiatry and has been a Psychopharmacology Instructor for over twenty years at The Washington University School of Medicine in St. Louis, Missouri. He earned his medical degree and completed his residency at Washington University, where he received a Fulbright Scholarship. Dr. Mattingly has been a principal investigator in more than 400 clinical trials and his research has been published in numerous national and international journals.

In addition to his clinical and research practice, Dr. Mattingly worked as a consultant and evaluator for the National Football League and Major League Baseball.

Dr. Mattingly is the President for the American Professional Society for ADHD and Related Disorders, serves on the Scientific Program Committee for the World Federation for ADHD and is Co-Chair for the US Psych Congress.

Kathleen Nadeau, PhD

Center Director and Founder, The Chesapeake Center, Bethesda, MD

Dr. Kathleen Nadeau has been a pioneer in advocating for a better understanding of the needs of girls and women with ADHD and the many impediments to their diagnosis. She co-authored two ground-breaking books, *Understanding Girls with ADHD* and *Understanding Women with ADHD*, for which she and Dr. Patricia Quinn shared the 1999 CHADD Hall of Fame Award. Since that time, she has focused on and advocated for the largely unrecognized needs of girls and women with ADHD.

She founded The Chesapeake Center for ADHD, Learning, and Behavioral Health in 2002, which has become the largest private ADHD specialty clinic in the US, with a clinical staff of over 40 psychiatrists, developmental pediatricians, nurse practitioners, neuropsychologists, clinical psychologists, clinical social workers, and executive functioning coaches, a group dedicated to providing the highest quality care for people of all ages with ADHD and multiple related disorders. Dr. Nadeau has recently served as lead author on a book, to be published by Routledge in 2025, *A Clinician's Guide to ADHD in Women: Diagnosis and Treatment*, a full generation after her first book on women with ADHD.

Dr. Nadeau's perspective comes from many years of clinical practice, writing and research focused on the needs of girls and women with ADHD, but also from her family history in which she, her sister, her daughter, and her granddaughters have all experienced ADHD. It's her mission and a great pleasure to continue to teach the professional community how best to identify, understand, and help females with ADHD.

Mary Solanto, PhD

Clinical Psychologist; Professor of Pediatrics and Psychiatry, Zucker School of Medicine at Hofstra-Northwell; Division of Developmental and Behavioral Pediatrics, Department of Pediatrics, Cohen Children's Medical Center of New York

Mary V. Solanto, Ph.D. is Professor of Pediatrics and Psychiatry at the Zucker School of Medicine at Hofstra-Northwell and a Senior Psychologist in the Division of Developmental and Behavioral Pediatrics of the Cohen Children's Medical Center. Prior to joining Hofstra-Northwell, Dr. Solanto was Director of the ADHD Center at the Icahn School of Medicine at Mount Sinai and Associate Professor in the Department of Psychiatry at the NYU Grossman School of Medicine. In 2017-2018, she was a Fulbright US Scholar in the Netherlands teaching about impulse control disorders and conducting research on ADHD in college students.

Dr. Solanto is a member of the editorial board of the *Journal of Attention Disorders* and serves on the Professional Advisory Board, and the Advocacy and Public Policy Committee of CHADD (Children and Adults with ADHD). She is a member of the APSARD Task Force to develop national guidelines for diagnosis and treatment of ADHD in Adults.

Dr. Solanto specializes in the diagnosis and treatment of ADHD across the life span. Her research on the cognitive and behavioral functioning of children and adults with ADHD, the effects of psychostimulants, and the differentiating characteristics of the subtypes of ADHD has been supported by multiple grants from NIMH, NICHD, and NINDS. Along with co-editors, Xavier Castellanos, M.D. and Amy Arstein, Ph.D., Dr. Solanto edited *Stimulant Drugs and ADHD: Basic and Clinical Neuroscience* (Oxford University Press). Dr. Solanto developed a novel cognitive-behavioral intervention to target executive dysfunction in adults with ADHD, which was the focus of a NIMH-sponsored efficacy study *(American Journal of Psychiatry,* 2010). Along with her Co-PI, Anthony Rostain, MD, Dr. Solanto most recently received NIMH funding to revise, refine, and test the CBT intervention for the needs of college students with ADHD.

Mark Stein, PhD, ABPP

Professor of Psychiatry and Behavioral Science and Professor of Pediatrics, University of Washington; Founder, PEARL Clinic/ADHD and Related Disorders Program, Seattle Children's Hospital

Dr. Stein is a Professor of Psychiatry and Behavioral Sciences and Professor of Pediatrics at University of Washington, and founder of the Program to Enhance Attention, Regulation, and Learning (PEARL Clinic) at Seattle Children's Hospital. He is a Fellow of The American Psychological Association and

the past President of the American Professional Society for ADHD and Related Disorders (APSARD). In 2017, he received the Lifetime Achievement Award from Children and Adults with ADHD (CHADD).

Dr. Stein had a private practice focusing on diagnosing ADHD in adolescents and adults. He has written over 150 peer-reviewed articles and conducted numerous studies of ADHD treatment in children, adolescents, and adults. Current interest includes the relationship of ADHD to sleep, genetics, and personalizing ADHD treatment.

Robyn Thom, MD

Psychiatrist, Lurie Center for Autism, Mass General Hospital for Children; Assistant Professor in Psychiatry, Harvard Medical School

Dr. Robyn Thom is a child, adolescent, and adult psychiatrist at the Massachusetts General Hospital (MGH) Lurie Center for Autism and the Mary Armstrong Amory Endowed Scholar for Autism Care and Research. She is also the co-Director of the MGH Williams Syndrome Program. She provides psychiatric care to individuals with neurodevelopmental disorders including autism spectrum disorder and Williams syndrome of all ages, with a focus on anxiety disorders. Her research is focused on improving the diagnosis and treatment of mental health conditions in individuals with neurodevelopmental disorders. She conducted the first clinical treatment trial for anxiety in Williams syndrome, and is the recipient of several competitive research awards including from the National Institute of Mental Health, the American Academy of Child and Adolescent Psychiatry, and the Williams Syndrome Association. She is a graduate of Harvard College, University of Toronto Medical School, Harvard Longwood Psychiatry Residency Program, and Massachusetts General Hospital/McLean Hospital Child and Adolescent Psychiatry Fellowship Program.

Margaret Weiss, MD, PhD, FRCP(C)

Director, Neurodevelopmental Clinic and Director of Clinical Research in Child Psychiatry, Cambridge Health Alliance/Cambridge Hospital; Associate Professor of Psychiatry, Harvard Medical School

Margaret D. Weiss, MD, PhD, FRCP(C), is Director of Neurodevelopmental Services at Cambridge Health Alliance and an Associate Professor at Harvard University. She has specialized in diagnosis, treatment, and research in ADHD, sleep and autism through the life cycle. She received her MD and Fellowship in Psychiatry from McGill University and her PhD in the History of Science from Harvard University. Dr. Weiss has published over 155 articles, co-authored the current chapter on ADHD in the Comprehensive Textbook of Psychiatry. She is the author of the Weiss Functional Impairment

Rating Scale, a widely used measure translated into fourteen languages. She has given over 200 invited lectures, of which 120 were international in 23 different countries. Dr. Weiss has been the PI or Co-PI of 33 peer reviewed or industry sponsored studies. She is currently the PI of a NIMH R34 "Prevention and Early Identification for High-Risk Youth in School Based Clinics" evaluating a novel approach to screening, early intervention and preventive interventions for high-risk youth in race, ethnicity and language diverse communities. Dr. Weiss is known for her pioneering research demonstrating the effectiveness of melatonin and sleep hygiene for treatment of sleep difficulties in children with ADHD.

Faculty Disclosures

Harvard Medical School has long held the standard that its continuing medical education courses be free of commercial bias. In accord with the disclosure policy of the Medical School as well as standards set forth by the Accreditation Council for Continuing Medical Education, course planners, speakers, and content reviewers have been asked to disclose any relevant relationship they, or their spouse or partner, have to companies producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. In addition, faculty have been asked to list any off-label uses of pharmaceuticals and/or devices for investigational or non-FDA approved purposes that they plan to discuss. Such disclosure is not intended to suggest or condone bias in any presentation, but is elicited to provide the course director and participants with information that might be of potential importance to their evaluation of a given presentation.

The following planners, speakers, and content reviewers, on behalf of themselves and their spouse or partner, have reported financial relationships with an entity producing, marketing, re-selling, or distributing health care goods or services (relevant to the content of the activity) consumed by, or used on, patients:

Name	**Company**	**Relationship Type**	**Expired < 24 Months Ago**
Greg Mattingly	Supernus, Tris, Otsuka	Consultant	
	Supernus, Lumos Labs, Otsuka	Investigator	

	Supernus, Tris, Corium, Collegium, Otsuka, Noven	Speaker	
Mary Solanto	Guilford Press	Royalty or Intellectual Property Rights	
	UpToDate	Consultant	
Mark Stein	Supernus, Medici, Maxis Health	Consultant	
Oscar Bukstein	Wolters Kluwer Health, Routledge Press / Taylor Francis, Guilford Press	Royalty or Intellectual Property Rights	
Robyn Thom	Robyn Thom MD, PLLC	Employee/Ownership Interest	
Margaret Weiss	Revibe, Ironshore	Advisory Board/Committee	✓
	Pery	Consultant	
	OASIS	Speaker	
	MHS	Royalty or Intellectual Property Rights	

CME/CE Information

In support of improving patient care, Harvard Medical School is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

The Harvard Medical School designates this live activity for a maximum of 7.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologists

Cambridge Health Alliance, Division of Continuing Education in Psychiatry is approved by the American Psychological Association to sponsor continuing education for psychologists. Cambridge

Health Alliance, Division of Continuing Education in Psychiatry maintains responsibility for this program and its content. This course offers 7.00 continuing education credits.

Social Workers

This program has been approved for a total of 7.00 Social Work Continuing Education hours for re-licensure, in accordance with 258 CMR. NASW-MA Chapter CE Approval Program Authorization Number D10289-1. NY Social Workers: Cambridge Health Alliance, Division of Continuing Education in Psychiatry is recognized by the New York State Education Department's State Board for Social Work as an Approved Provider #0038 of continuing education for licensed social workers This course offers 7.00 contact hours.

Marriage/Family Therapists

This activity has been certified by New England Association for Family and Systemic Therapy on behalf of the Massachusetts Board of Registration of Allied Mental Health and Human Services Professions, for LMFT professional continuing education, Certificate #213046283, for a total of 7.00 contact hours.

Counselors

Cambridge Health Alliance, Division of Continuing Education in Psychiatry has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5444. Programs that do not qualify for NBCC credit are clearly identified. Cambridge Health Alliance, Division of Continuing Education in Psychiatry is solely responsible for all aspects of the program. This course meets the requirements for 7.00 continuing education hours, and is also applicable for Commonwealth of Massachusetts Counseling/Allied Mental Health accreditation for 7.00 credits.

Nurse Practitioners and Registered Nurses

For the purpose of recertification, the American Academy of Nurse Practitioners Certification Board and American Nurses Credentialing Center accept AMA PRA Category 1 *Credit*™ issued by organizations accredited by the ACCME (Accreditation Council for Continuing Medical Education). We would also suggest that learners check with their state licensing board to ensure they accept reciprocity with *AMA PRA Category 1 Credit*™ for re-licensure.

Physician Assistants

The National Commission on Certification of Physician Assistants (NCCPA) states that *AMA PRA Category 1 Credits*™ are acceptable for continuing medical education requirements for recertification.

We would also suggest that learners check with their state licensing board to ensure they accept reciprocity with *AMA PRA Category 1 Credit*™ for re-licensure.

Canadian Accreditation

The Royal College of Physicians and Surgeons of Canada recognizes conferences and workshops held outside of Canada that are developed by a university, academy, hospital, specialty society or college as accredited group learning activities.

European Accreditation

Through an agreement between the American Medical Association and the European Union of Medical Specialists, physicians may convert *AMA PRA Category 1 Credits*™ to an equivalent number of European CME Credits® (ECMEC®s). Information on the process of converting *AMA PRA Category 1 Credits*™ to ECMEC®s can be found at: www.eaccme.eu.

ABMS/ACGME Competencies

This course is designed to meet the following American Board of Medical Specialties (ABMS)/ Accreditation Council for Graduate Medical Educational (ACGME) competencies:

- Patient Care and Procedural Skills
- Medical Knowledge
- Interpersonal and Communications Skills

IOM Competencies

This course is designed to meet the following Institute of Medicine (IOM) Competencies:

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice

Disclaimer

CME activities accredited by Harvard Medical School are offered solely for educational purposes and do not constitute any form of certification of competency. Practitioners should always consult additional sources of information and exercise their best professional judgment before making clinical decisions of any kind.

Evaluation and Certificate Process

The course evaluation will be hosted through the **HMS MyCE** portal. If this is your first course using the platform, complete your account setup via the email sent to you from no-reply@myce.hms.harvard.edu. If you have previously attended a course on the MyCE platform, this course will be added to your existing account.

Once you complete the account setup, you may login to MyCE with the following link: **https://myce.hms.harvard.edu**. We recommend bookmarking this page so it is easily accessible. Select this course on your MyCE homepage, and look for the Evaluation button.

Once you complete the evaluation you will be able to claim your course credits and certificate. Please note that allied health CE certificates will be emailed to participants separately in ~30 days.

For psychologists, social workers, family therapists and counselors, this course has been approved for a set amount of credits and CHA is not able to issue CE certificates for partial credit. Participants must be present for all of the live sessions to claim a certificate.

If you have any questions, please email **ceprograms@hms.harvard.edu**.

Lecture Summaries

Screening, Diagnosis, and Measurement Based Care

Margaret Danielle Weiss, MD, PhD

This lecture will review the components and clinical strategies required for assessment and diagnosis of ADHD across the lifecycle. This includes the clinical interview, and also strategies for using diagnostic interviews for ADHD. Assessment of ADHD requires the use of evidence-based measures in three areas. We will review well validated measures for broad based evaluation of psychopathology to assist the clinician with identifying comorbid diagnoses, and differential diagnosis, as well as ADHD. This includes both child onset developmental conditions such as Autism Spectrum Disorder, Tourette syndrome, Developmental Coordination Disorder, Intellectual Disability, and Learning Disorders, Sleep Disorders), as well as lifelong or later onset conditions such as mood and anxiety disorders, personality disorders and substance use disorders. Once the diagnosis is established, ADHD specific measures are necessary to document baseline severity and response to treatment. Assessment of functional impairment by domain with a measure sensitive to change is essential to identify where patients have improved, and areas where additional intervention may be needed. Use of ADHD and functional impairment measures serve as a guide to assure that clinicians treat to excellent response, rather than limiting intervention to early, partial response. A therapeutic assessment provides the patient with insight and promotes engagement with treatment.

Following this session, participants will be able to:

- access and use diagnostic interviews for multiple age groups of special populations available on the web.
- integrate ADHD-specific measures into clinical practice.
- recognize and work with both symptoms and functional impairment to guide optimal patient response over time.

References:

1. Faraone, S. V., Bellgrove, M. A., Brikell, I., Cortese, S., Hartman, C. A., Hollis, C., Newcorn, J. H., Philipsen, A., Polanczyk, G. V., Rubia, K., Sibley, M. H., & Buitelaar, J. K. (2024). Attention-deficit/hyperactivity disorder. *Nat Rev Dis Primers*, *10*(1), 11. https://doi.org/10.1038/s41572-024-00495-0

2. Caroline, S. S., Sudhir, P. M., Mehta, U. M., Kandasamy, A., Thennarasu, K., & Benegal, V. (2024). Assessing Adult ADHD: An Updated Review of Rating Scales for Adult Attention Deficit Hyperactivity Disorder (ADHD). *J Atten Disord*, *28*(7), 1045–1062. https://doi.org/10.1177/10870547241226654
3. Weiss, M. D., & Stein, M. A. (2022). Measurement informed care in attention-deficit/hyperactivity disorder (ADHD). Child Adolesc. Psychiatr. Clin. N. Am, 31, 363-372.
4. Weiss, M. D., McBride, N. M., Craig, S., & Jensen, P. (2018). Conceptual review of measuring functional impairment: findings from the Weiss Functional Impairment Rating Scale. *Evid Based Ment Health*, *21*(4), 155–164. https://doi.org/10.1136/ebmental-2018-300025
5. Weiss, M. D. (2022). A Paradigm for Targeting Functional Impairment as an Outcome in Attention-Deficit/Hyperactivity Disorder. *Brain Sci*, *12*(8). https://doi.org/10.3390/brainsci12081014
6. Sasser, T., Schoenfelder, E. N., & Stein, M. A. (2017). Targeting Functional Impairments in the Treatment of Children and Adolescents with ADHD. *CNS Drugs*, *31*(2), 97–107. https://doi.org/10.1007/s40263-016-0400-1

Optimizing Stimulant and Non-Stimulant Therapy

Oscar Bukstein, MD, MPH

Dr. Bukstein will provide information about considerations in the optimal prescribing of medications for the treatment of attention deficit hyperactivity disorder (ADHD) including both stimulant and non-stimulant medications for children, adolescents, and adults. Topics include when to treat, choice of medication and an algorithm for sequential trials, dosing, and monitoring of treatment response and management of side effects.

Following this session, participants will be able to:

- identify medications with established effectiveness for the treatment of ADHD.
- utilize an algorithm for sequential trials of pharmacological agents for ADHD, including choice of specific medications.
- describe options in the monitoring of treatment response and management of side effects.

Readings:

1. Farhat LC, Lannes A, Del Giovane C, Parlatini V, Garcia-Argibay M, Ostinelli EG, Tomlison A, Chang Z, Larsson H, Fava C, Montastruc F, Cipriani A, Revet A, Cortese S. Comparative cardiovascular safety of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. Lancet Psychiatry. 2025 May;12(5):355-365. doi: 10.1016/S2215-0366(25)00062-8. Epub 2025 Apr 6. PMID: 40203844.
2. Ostinelli EG, Schulze M, Zangani C, Farhat LC, Tomlinson A, Del Giovane C, Chamberlain SR, Philipsen A, Young S, Cowen PJ, Bilbow A, Cipriani A, Cortese S. Comparative efficacy and acceptability of pharmacological, psychological, and neurostimulatory interventions for ADHD in adults: a systematic review and component network meta-analysis. Lancet Psychiatry. 2025 Jan;12(1):32-43. doi: 10.1016/S2215-0366(24)00360-2. PMID: 39701638.
3. Radonjić NV, Bellato A, Khoury NM, Cortese S, Faraone SV. Nonstimulant Medications for Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults: Systematic Review and Meta-analysis. CNS Drugs. 2023 May;37(5):381-397. doi: 10.1007/s40263-023-01005-8. Epub 2023 May 11. PMID: 37166701.

Psychological Treatment for ADHD

Mary V. Solanto, PhD

Executive dysfunction is a major cause of educational and occupational impairment in adults with ADHD. Although stimulant medication is effective in improving the core symptoms of ADHD, it does not provide the executive skills needed to manage time, to organize and to plan effectively in daily life. A form of cognitive-behavioral therapy, specifically developed to address executive function (CBT-EF) has been developed to address this need and has been shown to be efficacious in multiple randomized controlled trials in adults with ADHD in both group and individual modalities. This presentation will review the foundations, treatment parameters, and specific components of a well-validated CBT-EF intervention as it is being implemented in adults with ADHD and, more recently, tailored to the needs of college students with ADHD.

Following this session, participants will be able to:

- describe the cognitive-behavioral principles that underly CBT-EF.
- enumerate 3 specific therapeutic components of CBT-EF.
- summarize the evidence-base for CBT-EF.

References:

1. Solanto, M. V., Marks, D. J., Wasserstein, J., Mitchell, K., Abikoff, H., Alvir, J. M., & Kofman, M. D. (2010, Aug). Efficacy of meta-cognitive therapy for adult ADHD. Am J Psychiatry, 167(8), 958-968. https://doi.org/10.1176/appi.ajp.2009.09081123
2. Solanto, M. V., & Scheres, A. (2020, Sep 3). Feasibility, Acceptability, and Effectiveness of a New Cognitive-Behavioral Intervention for College Students with ADHD. J Atten Disord, 1087054720951865. https://doi.org/10.1177/1087054720951865
3. Young, Z., Moghaddam, N., & Tickle, A. (2016, Aug 22). The Efficacy of Cognitive Behavioral Therapy for Adults With ADHD: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *J Atten Disord*. https://doi.org/10.1177/1087054716664413
4. Liu, C. I., Hua, M. H., Lu, M. L., & Goh, K. K. (2023, Sep). Effectiveness of cognitive behavioural-based interventions for adults with attention-deficit/hyperactivity disorder extends beyond core symptoms: A meta-analysis of randomized controlled trials. *Psychol Psychother, 96*(3), 543-559. https://doi.org/10.1111/papt.12455
5. Li, Y., & Zhang, L. (2024, Feb). Efficacy of Cognitive Behavioral Therapy Combined with Pharmacotherapy Versus Pharmacotherapy Alone in Adult ADHD: A Systematic Review and Meta-Analysis. *J Atten Disord, 28*(3), 279-292. https://doi.org/10.1177/10870547231214969

ADHD and Mood Disorders

Greg W. Mattingly, MD

ADHD is frequently comorbid with mood and anxiety disorders with nearly 1 in 5 bipolar patients meeting criteria for ADHD and nearly 50% of ADHD patients meeting criteria for an anxiety disorder. While historic guidelines frequently recommended treating mood conditions prior to treating ADHD, more recent studies of mood, anxiety and suicidal patients have shown that treatment of ADHD often improves mood outcomes and may decrease suicidal behavior.

Following this session, participants will be able to:

- discuss the complex relationship between ADHD, mood and anxiety disorders
- summarize the data on treatment for both emotional and cognitive symptoms
- develop strategies to incorporate measurement-based care to improve outcomes in complex comorbid patients

References:

1. Staley BS, Robinson LR, Claussen AH, et al. Attention-Deficit/Hyperactivity Disorder Diagnosis, Treatment, and Telehealth Use in Adults — National Center for Health Statistics Rapid Surveys System, United States, October–November 2023. MMWR Morb Mortal Wkly Rep 2024;73:890–895. DOI: http://dx.doi.org/10.15585/mmwr.mm7340a1.Mattingly G & Childress A. J Clin Psychiatry October 2024;85(4):24.
2. Du Rietz, E., Coleman, J., Glanville, K., Choi, S. W., O'Reilly, P. F., & Kuntsi, J. (2018). Association of polygenic risk for attention-deficit/hyperactivity disorder with co-occurring traits and disorders. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 3(7), 635-643.Mattingly GW, et al. *CNS Spectr*. 2021;26(3):202-221.
3. Baune, B. T., Brignone, M., & Larsen, K. G. (2018). A network meta-analysis comparing effects of various antidepressant classes on the digit symbol substitution test (DSST) as a measure of cognitive dysfunction in patients with major depressive disorder. International Journal of Neuropsychopharmacology, 21(2), 97-107.Öhlund L, et al. Ther Adv Psychopharmacol. 2020 Aug 6;10:2045125320947502.
4. Adler L, et al. Nevada Psychiatric Association, Las Vegas, NV, Feb 2025. (poster)
5. Biederman, J., DiSalvo, M., Fried, R., Woodworth, K. Y., Biederman, I., & Faraone, S. V. (2019). Quantifying the protective effects of stimulants on functional outcomes in attention-deficit/hyperactivity disorder: A focus on number needed to treat statistic and sex effects. Journal of Adolescent Health, 65(6), 784-789.

ADHD and Sleep Disruption

Mark A. Stein PhD, ABPP

There are currently numerous approved immediate and delayed release stimulant and nonstimulant formulations for ADHD, as well as several more in development. Although all approved medications reduce ADHD symptoms, there is wide individual variability in the duration, tolerability, and withdrawal effects. I will review studies evaluating the effects of medication on sleep, as well as clinical trials that report on sleep as an adverse event associated with medication.

Difficulties with sleep initiation and maintenance frequently occur in children with ADHD. All stimulants can produce insomnia, with little empirical data to suggest that there are substantial differences in sleep onset latency for the different stimulant formulations. While most children fall asleep with 15-20 minutes, children taking stimulant medications often take longer to fall asleep, especially during initial treatment and with dose increases. Insomnia related to stimulant medication typically is dose-dependent, with 20%-30% of children treated in controlled trials taking more than 30 minutes to fall asleep when using low to moderate stimulant dosages. When initiating pharmacotherapy for ADHD, sleep patterns should be closely monitored. Sleep hygiene and behavioral procedures to reduce bedtime problems should be emphasized at all phases of ADHD treatment. If insomnia persists after initiating an effective ADHD treatment, alternative dosages, formulations, timing of administration or medications should be considered to produce optimal benefit during the day without compromising sleep. Presumably, reducing the variability in sleep wake cycles due to ADHD pharmacotherapy will promote attention and alertness during the day. Children who take stimulants may experience fewer nighttime waking and may be more difficult to arouse in the morning. However, nonstimulants can affect sleep in different ways than stimulants, with somnolence seen as a common side effect.

Variable dosing schedules can also contribute to circadian rhythm disturbances such as administration on school days only or markedly different weekend and week-day schedules, which are common in adolescents. Adolescents are also at the highest risk for medication nonadherence, further contributing to night-to-night variability. Consequently, they are at heightened risk for delayed sleep–wake phase disorder and resultant daytime sleepiness when having to wake up earlier than their circadian schedule.

Following this session, participants will be able to:

- identify commons sleep problems associated with ADHD, Stimulant, and Nonstimulant Medications.

- describe subjective and objective measures of sleep that can be utilized during treatment trials.
- develop a 24-hour perspective for optimizing treatment.
- develop strategies to address medication-related sleep problems and areas for future study.

Reading List:

1. Cortese, S. (2015). Sleep and ADHD: What we know and what we do not know. Sleep Medicine, 16(1), 56. Available from https://doi.org/10.1016/j.sleep.2014.10.003. C
2. Cortese, S., Brown, T. E., Corkum, P., Gruber, R., O'Brien, L. M., Stein, M., ... Owens, J. (2013). Assessment and management of sleep problems in youths with attention-deficit/hyperactivity disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 52(8), 784796. Available from https://doi.org/10.1016/j.
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Complexities of ADHD in the Context of Autism Spectrum Disorder

Robyn Thom, MD

This session will describe the complexities of the diagnosis and management of ADHD in individuals with autism spectrum disorder (ASD). A clinical approach to an ADHD evaluation in a child with ASD will be discussed. Landmark medication trials for the treatment of ADHD symptoms in youth with ASD will be reviewed.

Following this session, participants will be able to:

- discuss the bidirectional, asymmetrical overlap of co-occurring ASD and ADHD.
- describe how core symptoms of ASD can complicate the accurate identification and timely diagnosis of co-occurring ADHD.
- describe evidence-based treatments for ADHD in youth with ASD.

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ADHD in Women – We've Come a Long Way, Baby!
Evolving Concepts and Treatment Considerations

Kathleen Nadeau, PhD

A focus on women with ADHD had its roots in the late 1990's reflected in the first books describing the different experiences of females with ADHD starting in early girlhood. Two shifts in our thinking led to a greater understanding of women, first, the recognition of inattentive ADHD (the presentation most common among females) and later, the recognition of adult ADHD, which opened the gates to multitudes of adult females seeking a belated diagnosis.

Today, in a movement triggered by women with ADHD, we are learning of the significant differences in both diagnosis and treatment that must be understood:

1. The tremendous **impact of female hormonal shifts on mood and ADHD** throughout a female's lifespan, with each phase bringing its own challenges.
2. The growing evidence that current **DSM-5 ADHD symptoms only cover a small fraction of relevant symptoms**
3. The growing acceptance that **emotional dysregulation is a core aspect of ADHD**.
4. The introduction of new concepts in the DSM-5 TR that acknowledge that **ADHD can wax and wane during different periods of an individual's life (certainly the experience of women living with hormonal shifts** over 40+ years of their lives impacting the severity of their ADHD)

Only a few months ago, a report came from the UK reporting that women with ADHD die at an age 9 years younger than their non-ADHD peers. Not only does ADHD impair the quality of a woman's life in almost all aspects, it is also shortened by nearly a decade.

This lecture will introduce a more nuanced, gender specific approach to treatment, using ADHD-informed CBT and DBT, while also emphasizing the tremendous healing experience of group therapy for women with ADHD.

Following this session, participants will be able to:

- discuss two factors that have led to the delayed diagnosis of females with ADHD.
- outline the progressive phases of hormonal fluctuations over the lifespan of a female and how they impact the expression of ADHD.

- chart the progression of female-focused psychotherapy for women with ADHD that can lead them from feelings of inadequacy and shame to a stance of self-advocacy and self-understanding.
- explain the multiple factors that result in the lifespan of a woman with ADHD being 9 years shorter than that of their non-ADHD peers.

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