

ADHD Treatment in School-Aged Youth

THIS RESEARCH UPDATE focuses on two related questions about youth and adolescents with ADHD. The first study aims to identify rates of ADHD treatment (in general and related to demographic and clinical factors) in a national survey. The second aims to summarize and integrate recommendations from multiple studies of school-based services across developmental levels.

Which treatments are youth and adolescents with ADHD receiving?

The first study examined rates of ADHD treatment in a follow-back survey, which is when a subsample of study participants is asked additional questions. Researchers asked 2,495 parents of youth aged 4-17—parents who stated that their child had ever received an ADHD diagnosis in the 2011-2012 National Survey of Children's Health—about lifetime and current service use. Results suggested that medication is the most commonly received ADHD treatment, with 91 percent of youth in the study ever receiving medication and 67 percent currently receiving medication. School supports also were common, received at some point by 86 percent and currently received by 65 percent. Most youth received a psychosocial treatment at some point (62 percent), with social skills training being the most common (39 percent), followed by parent training (31 percent), peer intervention (30 percent), cognitive behavioral therapy (20 percent), dietary supplements (18 percent) and neurofeedback (11 percent); 33 percent currently were receiving psychosocial treatment. Most received a combination of treatment at some point (67 percent) and few were naïve to any of the three treatments (7 percent). Treatment rates differed by age (with younger children more likely to receive each type) and ethnicity (with Hispanic children less likely to receive medication), as well as race, socioeconomic status, and health insurance status; there were no differences across child sex and primary language. Children with severe ADHD were the most likely treated, but nearly 20 percent of those with severe ADHD did not receive current medication or school supports and more than 25 percent never received psychosocial treatment. The authors posit that improving access to recommended psychosocial treatments (particularly behavioral parent training) may close gaps for groups with high unmet need, including adolescents and those without public insurance.

Danielson, M. L., Visser, S. N., Chronis-Tuscano, A., & DuPaul, G. J. (2018). A National Description of Treatment among United States Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *The Journal of Pediatrics*, 192, 240-246.

Given that school-based treatments are among the most common, what are the best school-based practices for ADHD?

The second study summarizes and synthesizes findings from several evidence-based reviews of school mental health practices for ADHD across the lifespan, including meta-analysis, systematic literature reviews, and practice guidelines. This is important, the authors explain, because despite the high rates of ADHD, there is no special educational category for ADHD and schools receive little guidance on how to support students with ADHD. This may be why effective practices rarely are included in school supports for youth with ADHD, such as Individualized Education Plans. One potential solution offered is a multi-tiered system across development, with empirically supported ADHD interventions ranging from individualized (for example, an elementary school student on a time-out plan) to targeted (for example, a group of middle school students receiving a homework intervention) to universal (for example, a classroom-wide reward system). The authors recommend de-emphasizing practices which haven't been supported by research, such as individual counseling or cognitive training for ADHD. They also call for feasible and accurate tools to screen for, assess, and track ADHD and related impairment in functioning. Including parents in school-based services, the authors argue, may be crucial for providing youth consistent support across development. Finally, the authors highlight a research gap focused on preschool, secondary school, college, and career-readiness supports. **A**

Fabiano, G. A., & Pyle, K. (2018). Best Practices in School Mental Health for Attention-Deficit/Hyperactivity Disorder: A Framework for Intervention. *School Mental Health*, 1-20.

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