

# CADDRA – Canadian ADHD Resource Alliance



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Chair, The Canadian ADHD Resource Alliance

# Conflict Disclosure: Doron Almagor MD

*I have received research support, honoraria, speaker fees and unrestricted educational grants from the following companies:*

- Purdue
- Janssen
- Shire
- Ironshore Pharmaceuticals
- Avir Pharma

# Learning Objectives

## CADDRA

Organization's history and structure



## Guidelines and Resources

Canadian ADHD Practice  
Guidelines and Resources



## Conference and Education

Learning opportunities - research  
day, conference and ePortal



## Discussion

Challenges in Newfoundland - how  
can CADDRA help?

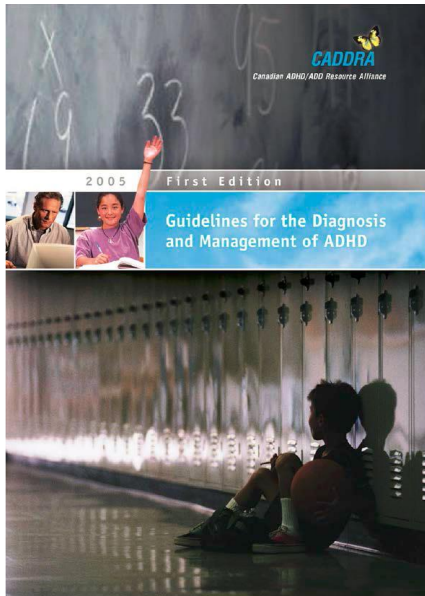
# CADDRA: History

1. Formed in 2003
2. Group of Clinician Specialists/Researchers working in ADHD
3. Consensus for the Assessment, Diagnosis and Treatment of ADHD
4. Ensure that individuals would receive the same assessment and treatment for ADHD across Canada
5. Annual National Conference on ADHD for 14 years
6. Annual ADHD Research Day for the last 5 years
7. Advocacy Role
8. Guidelines, 4<sup>th</sup> Edition, 2018

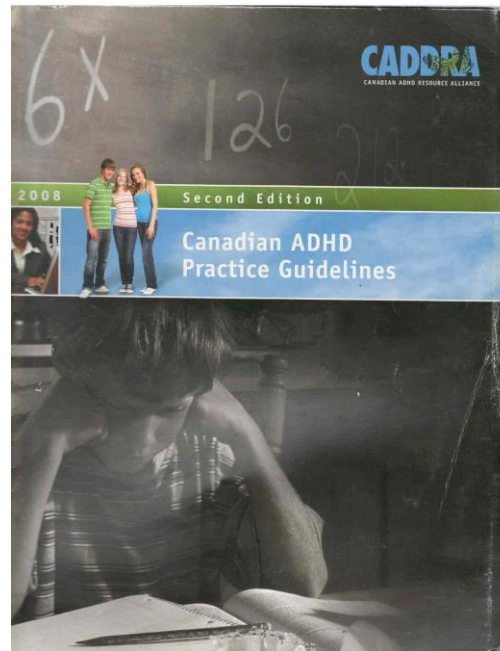
# Practice Guidelines: Worldwide

1. American Academy of Pediatrics
2. American Academy of Child and Adolescent Psychiatry
3. British Association for Psychopharmacology
4. CADDRA - Canadian ADHD Resource Alliance
5. ESCAP (European Society for Child and Adolescent Psychiatry)
6. Magellan ADHD Practice Guidelines
7. NICE (National Institute for Health and Clinical Excellence)
8. Royal Australian College of Physicians
9. SIGN (Scottish Intercollegiate Guidelines Network)
10. Texas Children's Medication Algorithm Project

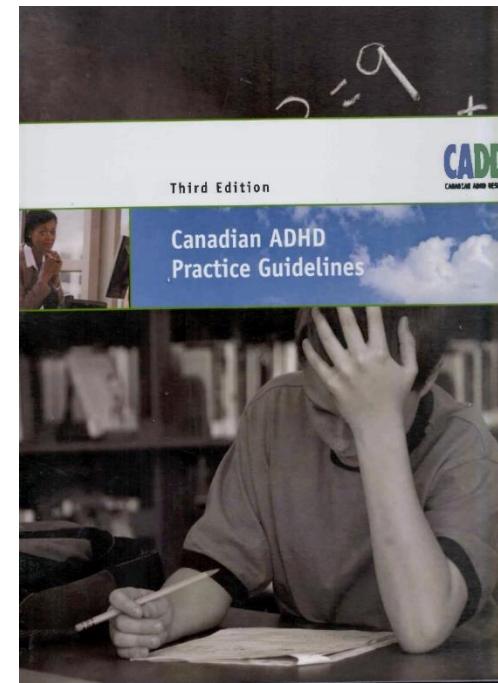
# CADDRA: The Guidelines



2006



2008



2011



**CADDRA**  
CANADIAN ADHD RESOURCE ALLIANCE

# Canadian ADHD Practice Guidelines

Fourth Edition



# CADDRA: The Guidelines, 4<sup>th</sup> Edition

- Provides **standardized** approach
- Accessible across **specialties** and **expertise** levels
- Provides and promotes public domain diagnostic and follow up **tools**
- **Across the lifespan** coverage
- Reviewed by **multidisciplinary** experts
- **Bilingual** translation (French/English)
- Evidence-based focus on practical clinical **application**



# CADDRA Guidelines Team

## 4th Edition Guidelines Editors

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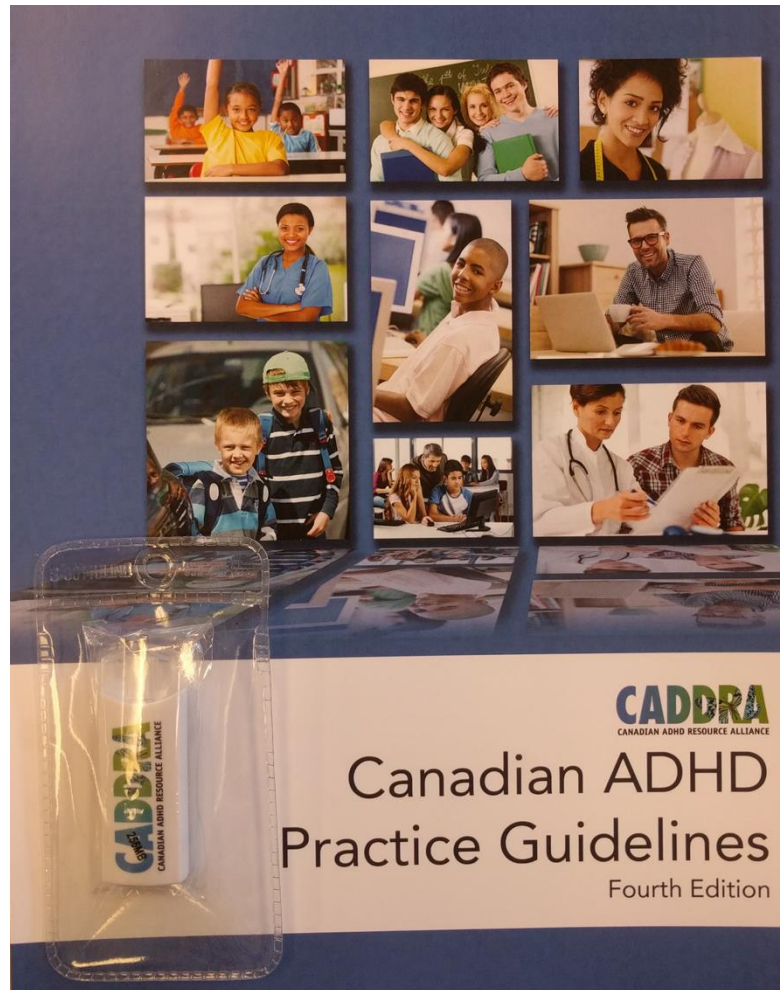
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# CADDRA eToolkit



# CADDRA: The Guidelines, 4<sup>th</sup> Edition

- Published in English and French
- Can be downloaded from [caddra.ca](http://caddra.ca)
- eBook version provided free to all residents
- Resources provided and needs assessment of medical directors underway

## 2019

- Version 4.1 Update
- Planning for 5<sup>th</sup> Edition begins

# CADDRA GUIDELINES OVERVIEW

1. Diagnosis and Overview of Visits
2. Differential Diagnosis and Comorbid Disorders
3. Specific Issues in Children
4. Specific Issues in Adolescents
5. Specific Issues in Adults
6. Psychosocial Interventions and Treatments
7. Pharmacological Treatment of ADHD
8. Appendix for Treatments Requiring Further Research
9. Toolkits
  1. Assessment and Follow-Up Forms
  2. Handouts

## **CADDRA PRINCIPALS OF INTERVENTION**

- Adequate education for patients and their families
- Behavioural and/or Occupational Interventions
- Psychological Treatment
- Educational accommodations
- Medical Management



# CADDRA Step-By-Step Guide

## STEP-BY-STEP GUIDE TO ADHD



Children Ages 5-12



Adolescents Ages 13 - 18



Adults Ages 18+



# DIAGNOSIS AND TREATMENT FOR CHILDREN

An ADHD assessment should always include a general mental health screening (to consider comorbidities and differential diagnoses). In addition to a diagnostic interview, CADDRA recommends tools such as the [WFSR II](#). This eToolkit contains an optional guided assessment tool, the [CADDRA ADHD Assessment Form](#).

The step-by-step flowchart below applies after general mental health screening has been completed and ADHD is suspected. All the tools documented in this flowchart are free to download and use. Other assessment tools (e.g. Vanderbilt, Conners, Strengths and Difficulties Questionnaire - SDQ) can be used in place of those proposed below. Further information on these steps can be found in Chapter 1, Canadian ADHD Practice Guidelines, 4th Edition.

## ADHD SUSPECTED

### STEP 1 - COMPLETION

#### FORMS FOR PARENTS

[SNAP-IV](#)  
Consider also using a functional impairment scale (e.g. [WFIRS-P](#))  
[Weiss Functional Impairment Rating Scale - Parent]

#### FORMS FOR TEACHERS

[SNAP-IV](#)  
or  
[CADDRA TEACHER ASSESSMENT FORM](#)

### STEP 2: MEDICAL REVIEW

EXCLUDE ANY MEDICAL CAUSES THAT CAN MIMIC OR AGGRAVATE ADHD

REVIEW NUTRITION AND LIFESTYLE HABITS:  
sleep, exercise, screen time, accidents, substance use, sexual activity (if applicable), high-risk activities

EVALUATE POTENTIAL CONTRAINDICATIONS TO ADHD MEDICATIONS

### STEP 3: ADHD SPECIFIC INTERVIEW

DISCUSS PATIENT'S STRENGTHS AND OBSERVE PATIENT DURING INTERVIEW

REVIEW DEVELOPMENTAL HISTORY AND OBTAIN COLLATERAL INFORMATION FROM PARENTS/CLOSE RELATIVES

REVIEW THE CHECKLISTS USED IN ASSESSMENT

CONSIDER CONTRIBUTIONS OF OTHER PSYCHIATRIC, PSYCHOSOCIAL FACTORS OR LEARNING DISORDERS TO THE PRESENTING SYMPTOMS.  
  
CONSIDER SPECIALIST REFERRAL IF NECESSARY.

### STEP 4: FEEDBACK & TREATMENT RECOMMENDATIONS

#### EDUCATION ON ADHD (CONTINUING PROCESS)

Provide information and resources, including:

[CADDRA ADHD Information Handout](#)

Local ADHD resources and links to useful websites:

- [CADDAC](#)
- [PANDA](#) (Quebec)
- [CHADD](#) (USA)

#### FEEDBACK ON DIAGNOSIS

Feedback to patient and family on ADHD symptoms & impairments

#### TREATMENT OPTIONS

Discuss and initiate treatment + adaptation measures (school/work accommodations, daily strategies)

#### NON-PHARMACOLOGICAL STRATEGIES (e.g. [CADDRA Psychosocial Chart](#))

#### PHARMACOLOGICAL STRATEGIES (see [CADDRA Medication Chart](#))

#### FOLLOW-UP VISITS

- ADHD is a chronic disorder that needs long-term, regular follow-up, whether or not medication is prescribed.
- Follow-up will be more frequent when adjusting medications and during life transitions.
- Document changes over time with the rating scales that are most significant for the patient (e.g. [SNAP-IV](#), [WFIRS-P](#)).

Other forms to track changes:

- [CADDRA PATIENT ADHD MEDICATION FORM](#)
- [CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM](#)

The [CADDRA PATIENT TRANSITION FORM](#) can be used when a patient is transferring to new healthcare professionals, including pediatric patients to adult services.

# CADDRA Treatment Flowchart

PATIENT  
DURING  
INTERVIEW

INFORMATION FROM  
PARENTS/CLOSE  
RELATIVES

PRESENTING SYMPTOMS

CONSIDER SPECIALIST REFERRAL IF  
NECESSARY.

## STEP 4: FEEDBACK & TREATMENT RECOMMENDATIONS

### EDUCATION ON ADHD (CONTINUING PROCESS)

Provide information and resources,  
including:

*CADDRA ADHD Information  
Handout*

Links to useful websites:

- *CADDAC*
- *ATTENTIONDEFICIT-  
INFO.COM* (Quebec)
- *PANDA* (Quebec)
- *CHADD* (USA)

### FEEDBACK ON DIAGNOSIS

Feedback to patient  
and family on ADHD  
symptoms &  
impairments

### TREATMENT OPTIONS

Discuss and initiate treatment + adaptation  
measures  
(school/work accommodations, daily strategies)

*EDUCATIONAL ACCOMMODATION LETTER  
TEMPLATE*  
*EMPLOYMENT ACCOMMODATION LETTER  
TEMPLATE*

### NON-PHARMACOLOGICAL STRATEGIES

Support document: *CADDRA  
Psychosocial Chart*

### PHARMACOLOGICAL STRATEGIES

Support document: *CADDRA  
Medication Chart*

### FOLLOW-UP VISITS

- ADHD is a chronic disorder that needs long-term, regular follow-up, whether or not medication is prescribed.
- Follow-up will be more frequent when adjusting medications and during life transitions.
- Document changes over time with the rating scales that are most significant for the patient (e.g. *SNAP-IV*, *WFIRS-P*).

Other forms to track changes:

- *CADDRA PATIENT ADHD MEDICATION FORM*
- *CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM*

The *CADDRA PATIENT TRANSITION FORM* can be used when a patient is transferring to new healthcare professionals, including pediatric patients to adult services. The *JEROME DRIVING QUESTIONNAIRE* can be used to assess driving.

# Toolkit Forms

[HOME](#)[OVERVIEW](#)[RESOURCES](#)[ABOUT  
CADDRA](#)

## ASSESSMENT, TREATMENT AND FOLLOW-UP FORMS

- ▶ ***SNAP-IV Teacher and Parent Rating Scale***
- ▶ ***ASRS*** (Adult ADHD Self-Rating Scale)
- ▶ ***WFIRS-P*** (Weiss Functional Impairment Rating Scale – Parent)
- ▶ ***WFIRS-S*** (Weiss Functional Impairment Rating Scale – Self)
- ▶ ***WSR II*** (Weiss Symptom Record II)
- ▶ ***CADDRA Teacher Assessment Form***
- ▶ ***CADDRA Clinician ADHD Baseline/Follow-Up form***
- ▶ ***CADDRA Patient ADHD Medication Form***
- ▶ ***CADDRA ADHD Patient Transition Form***
- ▶ ***JDQ*** (Jerome Driving Questionnaire)
- ▶ ***CADDRA ADHD Assessment Form*** (optional use)

# Toolkit Live Links

## WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with brothers & sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2	Causing problems between parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3	Takes time away from family members' work or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
4	Causing fighting in the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
5	Isolating the family from friends and social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
6	Makes it hard for the family to have fun together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
7	Makes parenting difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

[Name/Address of School or Institution]

Re: Student Name:

Dear

I am writing to inform you that your student has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) (*Specify Type*) with functional impairment severe enough to require accommodations. This diagnosis is based on information from:

- ☐ Diagnostic clinical interview
- ☐ Standardized rating scales
- ☐ Review of available documents (e.g., report cards, prior assessments)
- ☐ Other: \_\_\_\_\_

Based on my clinical evaluation, I recommend your student should have an education plan developed to ensure that learning needs are met. Additional accommodations may be decided **in consultation with members of** your Student Support Services. Examples of accommodations can be found at [www.caddac.ca](http://www.caddac.ca) under the Education tab.

Accommodations and supports may be required in the areas of:

- Learning e.g. direct instruction, repetition, frequent clarification, preferred seating, tutorial support, opportunities for physical breaks, copies of notes
- Assignments e.g. breaking into smaller subtasks, opportunities for review of requirements, flexible due dates
- Tests and exams e.g. quiet environment, opportunity to clarify questions, additional time, use of a computer, exams scheduled early in the day

Thank you for your kind attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
Clinician Name

[Address of Employer]

Re: [Name of Employee]

To whom it concerns,

I am writing to inform you that your employee has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) with functional impairments severe enough to require workplace accommodation(s).

Based on clinical assessment, your employee should have a number of accommodations to ensure that their needs are met and to help support them in fulfilling work responsibilities. Provincial and federal human rights legislation require that the reasonable needs of individuals with disabilities be accommodated within the workplace.

Below are the types of accommodations that may be helpful. In some cases, further consultation may be required with specialists in this area. Examples of useful workplace accommodation can be found on the Centre for ADHD Advocacy (CADDAC) website [www.caddac.ca](http://www.caddac.ca)

- **Planning and organization**, e.g. create work guides with employees that list tasks and sequences; organize regular meetings with supervisors; provide deadline reminders.
- **Time management**, e.g. use timers; structure work day with breaks; allow employees to work when most productive.
- **Control the environment**, e.g. reduce distractions, post-it notes for reminders; headphones
- **Manage activities**, e.g. vary work; provide physical or social tasks.
- **Use of technology and other external supports**, e.g. schedulers, organizers, smart phone apps; dictation software; computer-based learning.
- **Enlist assistance of other employees**, e.g. buddy/mentor system; teamwork; administrative support.

Thank you for your assistance. Please contact me should you have any questions.

Sincerely,

---

Clinician Name

# CADDRA: Advocacy

- **British Columbia** – Various campaigns (CFPC Opioid and Stimulant Guidelines reversal, medication equity of access, education)
- **Manitoba** – Triplicate program
- **Ontario** – Medication access campaigns
- **Maritimes** – Outreach begun



# CADDRA: Outreach

## CADDRA Exhibit Booths Across Canada November 2017 – November 2018

- CFPC Family Medicine Forum, Montreal
- Canadian Pediatric Review, Hamilton, Ontario
- Primed, Toronto
- International Congress of Psychology, Montreal
- Canadian Pediatric Society, Quebec City
- Canadian Academy of Child and Adolescent Psychiatrists, Halifax
- Dorothy Hill Symposium, Ontario Section of Education in Psychology, Toronto
- Nurse Practitioner's Association of Ontario, Toronto
- ADHD and Related Disorder Symposium, Ottawa

# CADDRA: Impact through Exhibit Booths Nationwide

Information provided to almost 1,500 medical and healthcare professionals

Over 3,500 Pharmacological and Psychosocial Treatment laminates distributed



# CADDRA: Website

**98,834**

Website Visitors  
Nov 2017 – Nov 2018

**+4,500**

Canadian ADHD  
Practice Guidelines  
Downloads

**6,278**

Mailing List  
Subscribers

**+430**

Lignes directrices  
canadiennes  
sur le TDAH downloads

[www.caddra.ca](http://www.caddra.ca)

# CADDRA: Conferences

- Overview
  - Only national meeting on ADHD in Canada
  - Showcases the latest scientific, clinical and practical information on ADHD diagnosis, assessment and treatment across the lifespan
  - Keynote talks, seminars and workshops
- Target audience: Psychiatrists, pediatricians, family physicians, psychologists, researchers, neurologists, nurse practitioners, nurses, social workers, other research and healthcare professionals and trainees

# CADDRA: Conferences

- **2018** Calgary
  - 300 delegates
    - Over a third from Alberta
    - Almost half attending for the first time
- **2019** Toronto: October 5-6
- **2020** St. John's, NFLD: October 24-29

# 14th Annual ADHD Conference



NOVEMBER 11 - 12, 2018



CALGARY, ALBERTA





# CADDRA: Calgary Feedback

*Excellent interdisciplinary conference!* (Family Physician)

*A great facility, great food and really helpful presentations!*  
(Psychologist)

*Great conference* (Student)

*Loved it. Great social activities and variety of topics. Looking forward to next year* (Psychotherapist)

*Really incredible. Congrats on an amazing conference!!*  
(Adult Psychiatrist)

*Great conference, perfect organization; communication and networking facilitated!* (Pediatrician)



# ADHD Research Day

- Promotion of ADHD research and support of student/trainees in the field
- Collaboration of researchers across Canada
- Multidisciplinary meeting
- Poster presentation and competition

# Research Day

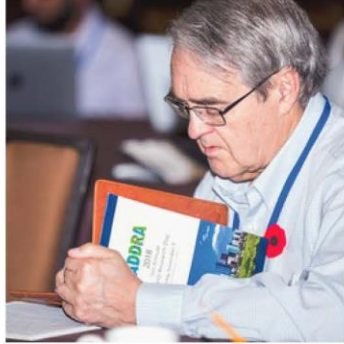
**Calgary 2018**

- 120 Delegates

**2019: Toronto**, October 3<sup>rd</sup>

**2020: St. John's**, NFLD October 23

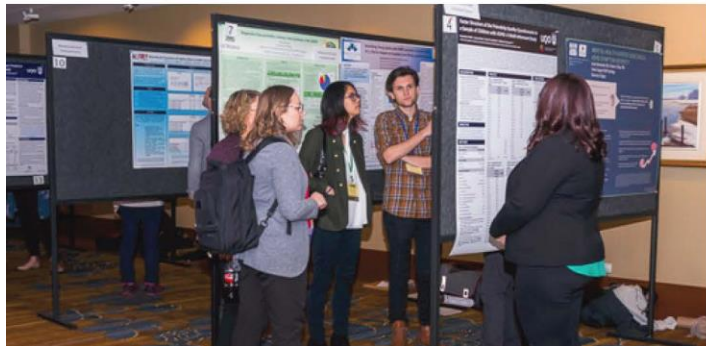
# 5th Annual ADHD Research Day



NOVEMBER 9, 2018



CALGARY, ALBERTA



# Research Day: Calgary Feedback

*Great networking opportunities for everyone, including researchers, trainees and clinicians!* (Psychologist)

*It is the meeting that will have the most significant effect on my practice* (Psychiatrist)

*Students and trainees getting a lot of attention at this conference, more than other conferences that I have attended in the past year* (Student)

*Well-organized with a specialized focus* (Researcher)

*Research that was translated to clinical applicability*  
(Family Physician)



**2019**

**6<sup>th</sup> Annual ADHD Research Day: October 4<sup>th</sup>**  
**15<sup>th</sup> Annual CADDRA Conference: October 5-6<sup>th</sup>**

**TORONTO**

A nighttime photograph of a cityscape, likely Toronto, featuring the word "TORONTO" in large, illuminated letters. The letters are white with a blue glow and are positioned in front of a body of water, which reflects the lights. In the background, several tall buildings are visible, including the curved, illuminated structure of the Toronto City Hall. The scene is lit with various colors, including blue, purple, and yellow, creating a vibrant and festive atmosphere. People can be seen walking along the waterfront in the foreground.



2020

7<sup>th</sup> Annual ADHD Research Day: October 23  
16<sup>th</sup> Annual CADDRA Conference: October 24-25




# CADDRA: Membership

**2018**

Revised bylaws which now allows all medical and health care professionals become CADDRA members

Affiliate category for professionals outside Canada and those not governed by a regulatory body

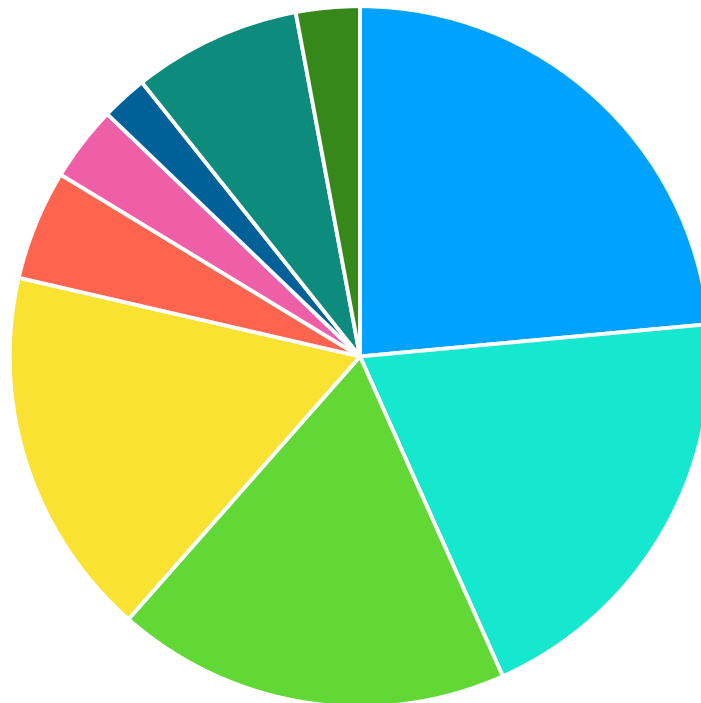
 by 8% to 357 members



# CADDRA: Membership Benefits

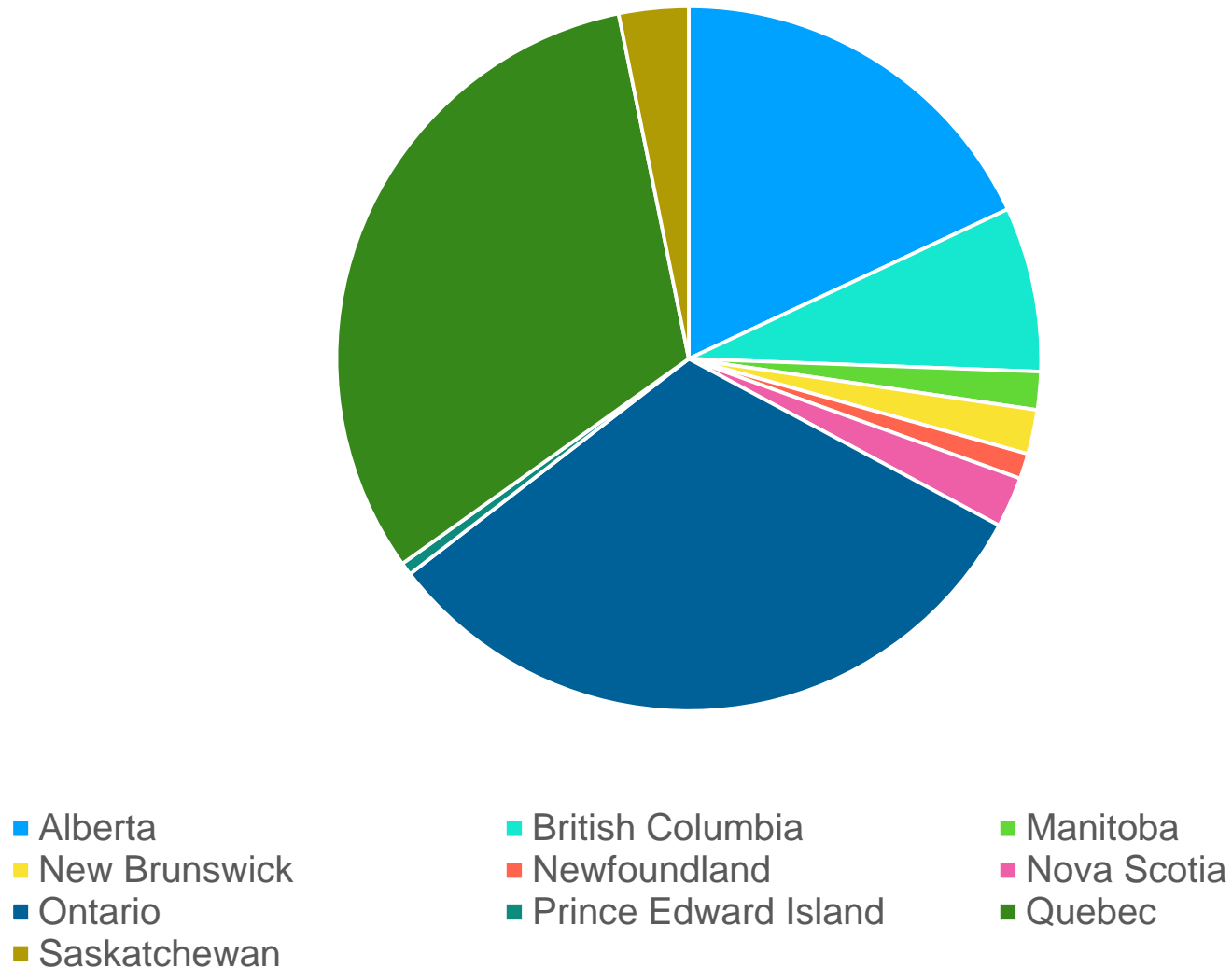
- **Affiliation** with other professionals in the area of ADHD
- **Latest edition in print or eBook** of Canadian ADHD Practice Guidelines
- Premium level access to CADDRA **eLearning portal**
- Substantial **discounts** to CADDRA events
- Laminated copies of CADDRA's **Guides** to ADHD Pharmacological and Psychosocial Treatments
- Weekly emails highlighting **ADHD research** of clinical interest
- Monthly **newsletters** and other **updates**
- Opportunities to apply for a seat on **CADDRA committees** and **Board of Directors**

# CADDRA: Membership by Discipline



- Psychiatrists
- Psychologists
- Paediatricians
- Family Physicians
- Students & Residents
- NP / RN
- Academics / teachers
- Allied Health
- Other

# CADDRA: Membership by Location



# **CADDRA: Leadership**

## **Board of Directors 2018-2019**

Doron Almagor (chair), Toronto, ON

Lauri Alto, Winnipeg, MB

Sara Binder, Calgary, AB

Matt Blackwood, Bowen Island, BC

Joan Flood, Toronto, ON

Martin Gignac, Montreal, QC

Karen Ghelani, Markham, ON

Natalie Grizenko, Montreal, QC

Elisabeth Baerg Hall, Vancouver, BC

Alana Holt, Saskatoon, SK

Leslie Jocelyn, Winnipeg, MB

Maggie Toplak, Toronto, ON

Valerie Tourjman, Montreal, QC

Kristi Zinkiew, Victoria, BC.

# **CADDRA: Leadership**

## **Advisory Council 2018-2019**

Sam Chang, Don Duncan, Ainslie Gray, Lily Hechtman (chair), Geraldine Farrelly, Laurence Jerome, Declan Quinn, Joseph Sadek, Derryck Smith, Annick Vincent, Margaret Weiss

## **Committees**

Advocacy, Conference, Education, Executive, Guidelines  
Membership, Research Day

## **Staff**

Niamh McGarry (Executive Director), Carina Gustafsson-Smith, Carol Simpson

# ADHD LEARNING E-PORTAL



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12 Webcasts



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Laurence Jerome



14 Webcasts



1 ePoster



3 Article Reviews

All Contributions

Biography



Martin Gignac



3 Webcasts



6 Article Reviews



1 Abstract



Rosemary Tannock



4 Webcasts



4 PPT Shared



2 Abstracts

Biography



Declan Quinn



5 Webcasts



1 ePoster



1 PPT Shared

All Contributions



CADDRA 2017



13 ePosters



Samuel Chang



4 Webcasts



1 Interactive Quiz



4 Abstracts



Lily Hechtman



3 Webcasts



1 ePoster



1 PPT Shared

All Contributions












Andrew Hall



5 Article Reviews

# CADDRA Guide to ADHD Pharmacological Treatments in Canada - 2018

Medications available and illustrations	Characteristics	Duration of action <sup>1</sup>	Starting dose <sup>2</sup>	Dose titration as per product monograph	Dose titration as per CADDRA <a href="http://www.caddra.ca">www.caddra.ca</a>
<b>AMPHETAMINE-BASED PSYCHOSTIMULANTS</b>					
<b>Dexedrine®</b> tablets 5 mg  <b>Dexedrine®</b> spansules 10, 15 mg 	Pill can be crushed <sup>3</sup> Spansule (not crushable)	~ 4 h  ~ 6 - 8 h	Tablets = 2.5 to 5 mg BID  Spansules = 10 mg q.d. a.m.	↑ 2.5 - 5 mg at weekly intervals;  Max. dose/day: (q.d. or b.i.d.) All ages = 40 mg	↑ 2.5 - 5 mg/day at weekly intervals  Max. dose/day: (q.d. or b.i.d.) Children and Adolescents = 20 - 30 mg Adults = 50 mg
<b>Adderall XR®</b> Capsules 5, 10, 15, 20, 25, 30 mg 	Sprinklable Granules	~ 12 h	5 - 10 mg q.d. a.m.	↑ 5 - 10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents and Adults = 20 - 30 mg	Children: ↑ 5 mg at weekly intervals Max. dose/day = 30 mg Adolescents and Adults: ↑ 5 mg at weekly intervals max. dose/day = 50 mg
<b>Vyvanse®</b> capsules 10, 20, 30, 40, 50, 60, 70* mg 	Capsule content can be diluted in water, orange juice and yogurt	~ 13 - 14 h	20 - 30 mg q.d. a.m.	↑ by clinical discretion at weekly intervals Max. dose/day: All ages = 60 mg	↑ 10 mg at weekly intervals Max. dose/day: Children = 60mg Adolescents and Adults = 70 mg
<b>METHYLPHENIDATE-BASED PSYCHOSTIMULANTS</b>					
<b>Methylphenidate short acting, tablets</b> 5 mg (generic) 10, 20 mg (Ritalin®) 	Pill can be crushed <sup>3</sup>	~ 3 - 4 h	5 mg b.i.d. to t.i.d. Adult = consider q.i.d.	↑ 5 - 10 mg at weekly intervals Max. dose/day: All ages = 60 mg	↑ 5 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 100 mg
<b>Biphentin®</b> Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Sprinklable Granules	~ 10 - 12 h	10 - 20 mg q.d. a.m.	↑ 10 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 80 mg	↑ 5 - 10 mg at weekly intervals Max. dose/day: Children = 60 mg Adolescents and Adults = 80 mg
<b>Concerta®</b> Extended Release Tabs 18, 27, 36, 54 mg 	Pill needs to be swallowed whole to keep delivery mechanism intact	~ 12 h	18 mg q.d. a.m.	↑ 18 mg at weekly intervals Max. dose/day: Children = 54 mg Adolescents = 54 mg / Adults = 72 mg	↑ 9 - 18 mg at weekly intervals Max. dose/day: Children = 72 mg Adolescents = 90 mg / Adults = 108 mg
<b>Foquest®</b> Capsules 25, 35, 45, 55, 70, 85, 100 mg 	Sprinklable Granules	~ 16 h	25 mg q.d. a.m.	↑ 10-15 mg in intervals of no less than 5 days Max. dose/day: Adults = 100 mg	↑ 10-15 mg in intervals of no less than 5 days Max. dose/day: Adults = 100 mg
<b>NON PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>					
<b>Strattera<sup>MD</sup></b> (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg 	Capsule needs to be swallowed whole to reduce GI side effects	Up to 24 h	Children and Adolescents : 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day : 1.4 mg/kg/day or 100 mg	Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg
<b>NON PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST</b>					
<b>Intuniv XR®</b> (Guanfacine XR) Extended release tabs 1, 2, 3, 4 mg 	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (morning or evening)	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg

Note: Illustrations do not reflect real size of pills/capsules. For specific details on how to start, adjust and switch ADHD medications, clinicians are invited to refer to the Canadian ADHD Practice Guidelines ([www.caddra.ca](http://www.caddra.ca)).

<sup>1</sup> Pharmacokinetics and pharmacodynamic response vary from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK and duration of effect.  
<sup>2</sup> Starting doses are from product monographs. CADDRA recommends generally starting with the lowest dose available. <sup>3</sup> Higher abuse potential. \* Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada.

Document developed by Annick Vincent MD ([www.attentiondeficit-info.com](http://www.attentiondeficit-info.com)) and Direction des communications et de la philanthropie, Laval University, with the special collaboration of CADDRA.



# GUIDE TO ADHD PSYCHOEDUCATION

## What is ADHD?

**Attention Deficit Hyperactivity Disorder** is a neurodevelopmental condition with symptoms existing along a continuum from mild to severe and occurs across the life span.

## How is ADHD Treated?

Treatment should be **multi-modal**: incorporating multiple modes of treatment including medication, education, and behavioral modifications/psychotherapy produces a better outcome.

**Treatment must be collaborative between the physician, the patient, and the family to ensure optimal functioning.**

**Two important components of a multimodal approach:**

### PSYCHO-EDUCATION

**Psycho-education should be the first intervention.** Educating the family/patient about ADHD (symptoms, functional impairment, possible comorbidities and treatment) will ensure a more successful outcome.

### PSYCHOSOCIAL INTERVENTIONS

Psychosocial interventions can reduce impairments associated with ADHD symptoms and improve overall quality of life.

Interventions can be **cognitive** or **behavioral**.

## PSYCHOEDUCATION

### Discover

- ◆ What does the individual/family know about ADHD?

### Demystify

- ◆ Myths about ADHD
- ◆ Diagnosis and assessment processes

### Instill Hope

- ◆ Evidence-based treatments and interventions **DO** exist and **WILL** promote a positive outcome

### Educate

- ◆ Importance of combining pharmacological and psychosocial interventions
- ◆ Risks and benefits

### Empathize

- ◆ Acknowledge feelings of discouragement, grief, and frustration.

### Encourage, Guide, Motivate

- ◆ A strength-based approach
- ◆ Make more positive comments than negative comments
- ◆ Discourage criticisms

### Recognize & Praise

- ◆ Appropriate behavior, whether observed or reported
- ◆ Goals achieved

### Be Culturally & Gender Sensitive

- ◆ Ethnic, cultural and gender issues may shape the perception and beliefs about ADHD and its treatment

### Motivate

- ◆ Nurture strengths and talents
- ◆ Encourage skills

### Promote a Balanced Lifestyle

- ◆ Regular exercise
- ◆ Consistent sleep hygiene
- ◆ Healthy nutrition routine

### Humour



Humour can defuse awkward, tense situations and avoid or reduce conflict

### Give Resources

- ◆ websites,
- ◆ local community resource information
- ◆ book lists



# GUIDE TO ADHD PSYCHOSOCIAL INTERVENTIONS

## At Home

### Instructional

- ◆ Make eye and/or gentle physical contact before giving one or two clear instructions. Have instructions repeated back, or confirm they were understood, before proceeding

### Behavioral

- ◆ Use a positive approach and calm tone of voice. Teach calming techniques to de-escalate conflict
- ◆ Use praise, catch them being good (playing nicely)
- ◆ Set clear attainable goals and limits (homework and bedtime routines, chores) and connect them to earning privileges, special outings etc.
- ◆ Use positive incentives and natural consequences: *When you..., then you may...*
- ◆ Empathy statements can be useful, such as *I understand*
- ◆ Adults should model emotional self-regulation and a balanced lifestyle (good eating and sleep habits, exercise and hobbies)
- ◆ Choices should be limited to two or three options

### Environmental

- ◆ Structure and routine are essential. Parents/partners must be united, consistent, firm, fair and follow through
- ◆ Encourage prioritizing instead of procrastination
- ◆ Post visual reminders (rules, lists, sticky notes, calendars) in prominent locations
- ◆ Use timers/apps for reminders (homework, chores, limiting electronics, paying bills)
- ◆ Keep labeled, different coloured folders or containers in prominent locations for items (keys, electronics).
- ◆ Find the work area best suited to the individual (dining table, quiet area)
- ◆ Break down tasks
- ◆ Allow movement breaks
- ◆ Allow white noise (fan, background music) during homework or at bedtime

## At School

### Instructional

- ◆ Keep directions clear and precise
- ◆ Get student's attention before giving instructions
- ◆ Check understanding and provide clarification as needed
- ◆ Actively engage the student by providing work at the appropriate academic level

### Behavioral

- ◆ Provide immediate and frequent feedback
- ◆ Use direct requests – *when...then*
- ◆ Visual cues for transitions
- ◆ Allow for acceptable opportunities for movement- "walking passes"

### Environmental

- ◆ Preferential seating
- ◆ Quiet place for calming down

### Accommodations

- ◆ Chunk and break down steps to initiate tasks
- ◆ Provide visual supports to instruction
- ◆ Reduce the amount of work required to show knowledge
- ◆ Allow extended time on tests and exams
- ◆ Provide note taker or access to assistive technology
- ◆ Supports can include the CADDRA psychoeducational and accommodations template
- ◆ Request school support services

## At Work

### Accommodations

- ◆ Identify accommodation needs
- ◆ Provide CADDRA workplace accommodations template

### Counsel

- ◆ Suggest regular and frequent meetings with manager and support collaborative approach
- ◆ Set goals, learn to prioritize, review progress regularly
- ◆ Identify time management techniques that work for the client, e.g. using a planner, apps
- ◆ Declutter and create a work-friendly environment

### Tools

- ◆ Organizational apps and/or productivity websites  
[caddra.ca/medical-resources/psychosocial-information](http://caddra.ca/medical-resources/psychosocial-information)

## Relationships

- ◆ Understand the impact ADHD can have on relationships with partners, family, friends, teachers, peers and co-workers.
- ◆ Recognize and accept ADHD can cause unintended friction and frustration between parent and child as well as between partners (e.g. difficulties with self-regulation, time management difficulties)
- ◆ Learn how to listen and communicate effectively
- ◆ Organize frequent time to communicate (don't just talk) to discuss goals and plans (what works, what doesn't) within home, educational and work environments
- ◆ Schedule regular fun with family, partner, friends
- ◆ Practice relaxation and mindfulness techniques  
[caddra.ca/medical-resources/psychosocial-information](http://caddra.ca/medical-resources/psychosocial-information)
- ◆ Stay calm, be positive, recognize/validate and celebrate strengths!

### Other referrals may be needed:

- |                           |                               |                       |
|---------------------------|-------------------------------|-----------------------|
| ◆ Psychologist            | ◆ Social Skills Program       | ◆ Audiologist         |
| ◆ Tutor, Family Therapist | ◆ Organizational Skill Course | ◆ Learning Strategist |
| ◆ Parenting Programs      | ◆ Occupational Therapist      | ◆ ADHD Coach          |
|                           | ◆ Speech and Language         | ◆ Vocational Coach    |

# Questions and Discussion

Further Questions:

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