



## Behavioral Health Identification, Treatment & Referral in Primary Care

Part Three: Behavioral Health Treatment for Children and Adolescents

# Presenters

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# Learning Objectives

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**At the end of this educational activity, participants should be able to:**

- Discuss the treatment modalities for ADHD, including psychosocial, educational and medical interventions
- Perform the recommended follow-up care for children on stimulant medication
- Perform the recommended annual metabolic monitoring tests for children on antipsychotic medication
- Describe the screening tools used to aid in the assessment for ADHD
- Explain the impact of untreated and undertreated ADHD
- List the HEDIS® measures related to ADHD and antipsychotic medication for children

# Attention Deficit Hyperactivity Disorder (ADHD)



# Attention Deficit Hyperactivity Disorder (ADHD)

- A neurodevelopmental disorder
- Developmentally inappropriate levels of hyperactivity, impulsivity, and inattention
- At least 6 months
- Impaired executive function and behavioral self-regulation. For example: Inattention, trouble organizing tasks and activities, forgetful, interrupts others
- Impaired function in at least 2 settings
- Comorbidities: mood, conduct, learning disorders



- ❖ **7.2% Global Prevalence** (Thomas et al., 2015)
- ❖ **10.2% of US Children** (Xu et al., 2018)
- ❖ **4.4% of US Adults** (Kessler, et al., 2006)

# Symptoms of ADHD – Three Types

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## Core symptoms from the DSM-5

### ❖ **Hyperactivity:**

- Trouble sitting still for even a short time
- May squirm, fidget, or run around at the wrong times

### ❖ **Impulsivity:**

- May talk too loudly or become easily angered
- Not able to wait for their turn to share, making it hard for them to play with other children
- May interrupt at inappropriate times

### ❖ **Inattention:**

- Easily distracted and has a hard time focusing on any one task
- May have focused attention on one task to the detriment of other tasks

**AAP  
Clinical  
Practice  
Guidelines  
(Wolraich,  
et.al, 2019)**

## **ADHD Guidelines**

**ADHD is the most common neurobehavioral disorder of childhood and can affect academic achievement, well-being, and social interactions of children**

**The child's PCP should initiate an evaluation for ADHD for any child 4-18 yrs. who presents with academic or behavioral problems and SX of inattention, hyperactivity or impulsivity**

**To make a DX: determine that DSM criteria are met and document impairment in > 1 setting**

**Obtain information from parents/caregivers and from another source**

**Include assessments for other conditions that might mimic ADHD**

**Screen for behavioral comorbidities**

**Recognize that ADHD is a chronic condition and requires coordination of care with school and other community stakeholders**

# Screening Tools for ADHD

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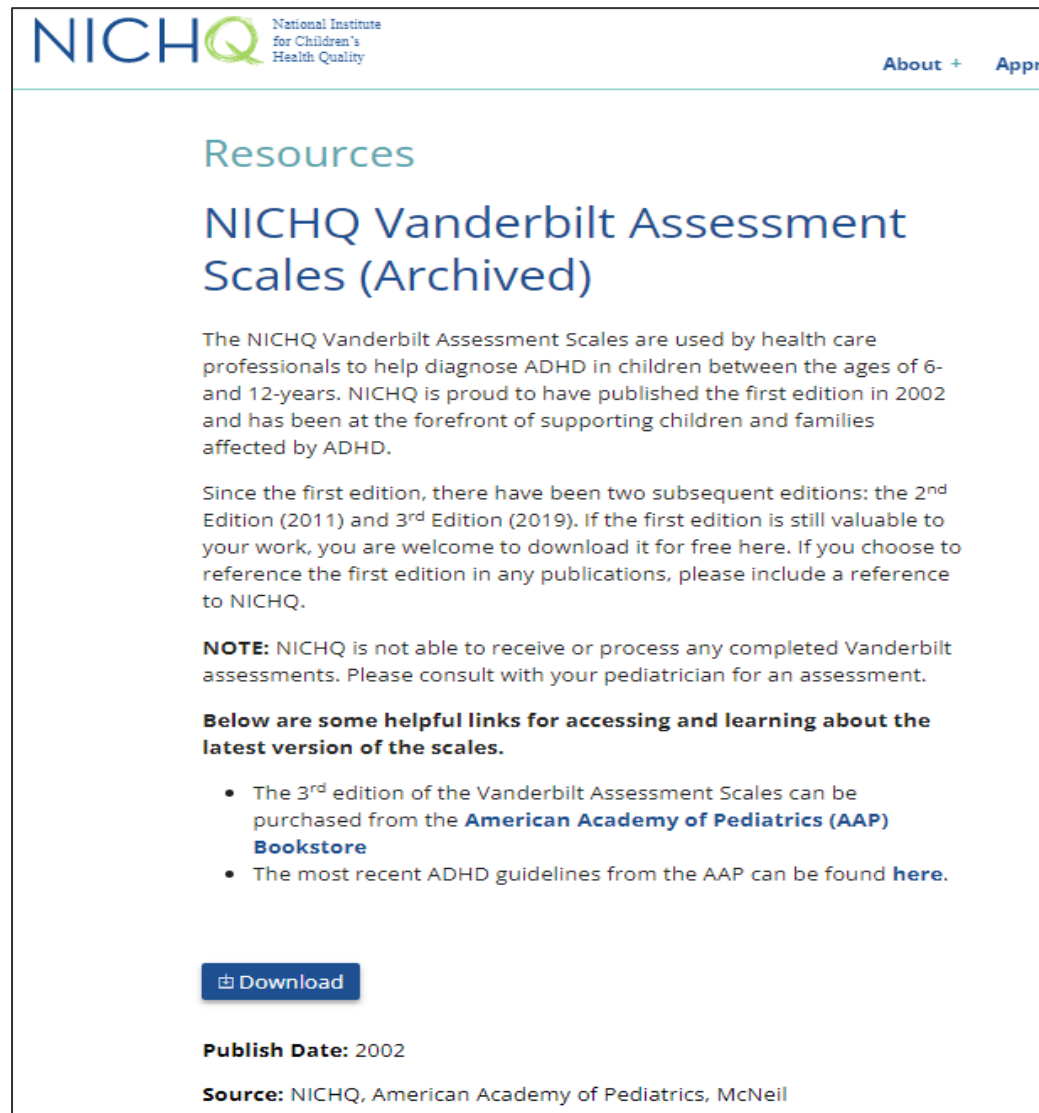
## Use Screening Tools to aid in assessment:

- Screening tools aid in understanding symptoms for **feedback from parents and teachers**
- Screen for learning disabilities, depression, anxiety disorder or other conditions. Use the criteria from DSM-5 to diagnose ADHD
- A common screening tool is the **Vanderbilt Scale**, which is not copyright protected and can be downloaded for free from nichq.org  
<https://www.nichq.org/sites/default/files/resource-file/NICHQ-Vanderbilt-Assessment-Scales.pdf>
- **Use CPT code 96127** (brief emotional/behavioral assessment) for ADHD-focused parent and teacher rating scales as a component of screening / diagnosis when there is concern. A maximum of 2 units of 96127 is reimbursed per visit





# Screening Tools for ADHD



The screenshot shows the NICHQ website page for "Resources" with the title "NICHQ Vanderbilt Assessment Scales (Archived)". The page includes a description of the scales, a note about the first edition, and a list of helpful links. A "Download" button is visible, along with the publish date (2002) and source (NICHQ, American Academy of Pediatrics, McNeil).

**NICHQ** National Institute for Children's Health Quality

About + Appro

## Resources

### NICHQ Vanderbilt Assessment Scales (Archived)

The NICHQ Vanderbilt Assessment Scales are used by health care professionals to help diagnose ADHD in children between the ages of 6- and 12-years. NICHQ is proud to have published the first edition in 2002 and has been at the forefront of supporting children and families affected by ADHD.

Since the first edition, there have been two subsequent editions: the 2<sup>nd</sup> Edition (2011) and 3<sup>rd</sup> Edition (2019). If the first edition is still valuable to your work, you are welcome to download it for free here. If you choose to reference the first edition in any publications, please include a reference to NICHQ.

**NOTE:** NICHQ is not able to receive or process any completed Vanderbilt assessments. Please consult with your pediatrician for an assessment.

**Below are some helpful links for accessing and learning about the latest version of the scales.**

- The 3<sup>rd</sup> edition of the Vanderbilt Assessment Scales can be purchased from the **American Academy of Pediatrics (AAP) Bookstore**
- The most recent ADHD guidelines from the AAP can be found **here**.

[Download](#)

**Publish Date:** 2002

**Source:** NICHQ, American Academy of Pediatrics, McNeil

- Vanderbilt scales information for ADHD can be acquired at <https://www.nichq.org/sites/default/files/resource-file/NICHQ-Vanderbilt-Assessment-Scales.pdf>
- The 1<sup>st</sup> edition is still available at no cost

# The Vanderbilt Parent –Informant example

**NICHQ Vanderbilt Assessment Follow-up—PARENT Informant**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors in the past \_\_\_\_\_ when rating his/her behaviors.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

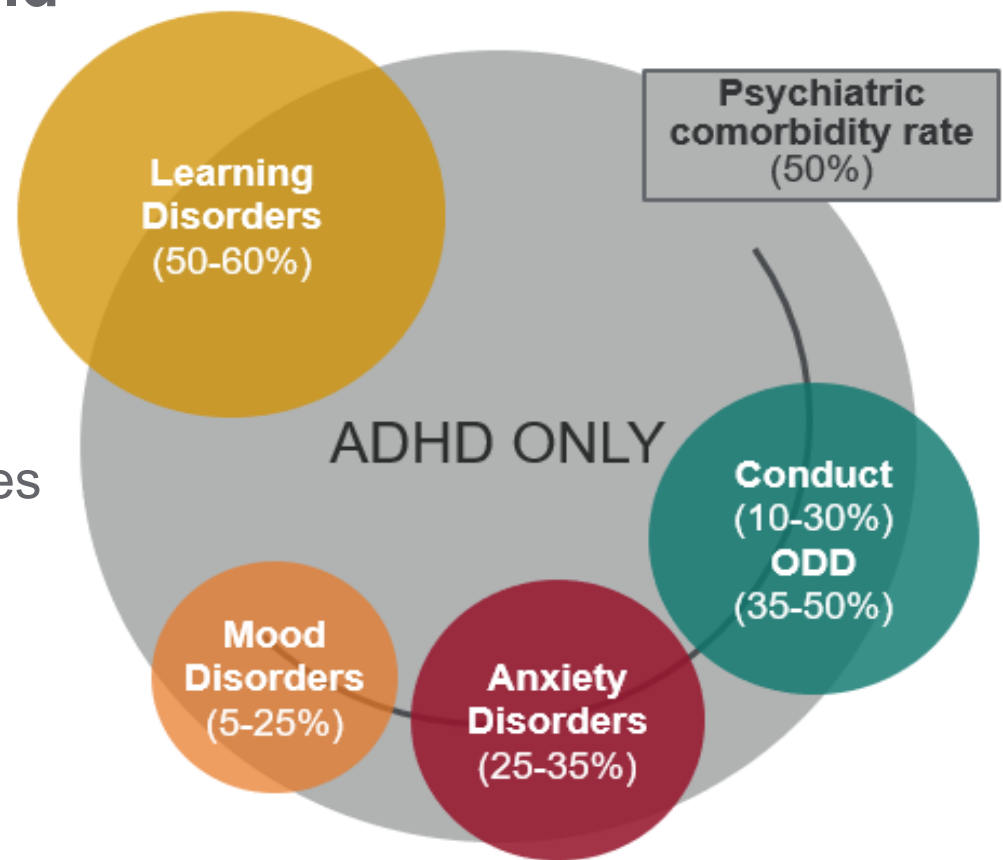
Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3

<https://www.nichq.org/sites/default/files/resource-file/NICHQ-Vanderbilt-Assessment-Scales.pdf>

# ADHD Comorbidities

Evaluation for ADHD should include assessment for coexisting conditions

- ✓ Greater social and educational impairments
- ✓ Use more mental health services
- ✓ Have lower remission
- ✓ Are referred less frequently for therapy



(Al Ghriwati, et al., 2017)

# Treatment for ADHD

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## Psychosocial Interventions

- **Parent behavior training (PBT)** is an evidence-based practice that helps parents learn strategies to improve the child's behavior
- Counseling and extra support at home and school can also help children succeed and feel better about themselves



## Educational Interventions

- May include accommodations based on an **IEP or 504 Plan** at the child's school and may include involvement with the school psychologist and treatment team



## Medical Interventions

- **Stimulants** treat the core symptoms of ADHD: hyperactivity, impulsivity and inattention
- **Non-stimulants:** atomoxetine, clonidine and guanfacine may also be used to treat ADHD

(Pliszka, 2007)

# School Services Individualized Education Programs (IEP)

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## The Individuals with Disabilities Education Act (IDEA)

- Federal special education law for children with disabilities
- Parents need to ask the school to have their child evaluated
- Under **Other Health Impairments (OHI)** ADHD is a qualifying disorder for an IEP

## Includes other supports

- IEP Team includes a special education teacher, general education teacher, School Psychologist, school administration, parents, evaluation personnel, others as needed and the child
- Team meeting must occur within first 30 days and then yearly. Parents can ask for an updated team meeting at any time



# School Services 504 Plan

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## 1973 Rehabilitation Act

- Federal civil rights law to stop discrimination against people with disabilities
- Modification of curriculum
- Diagnosed impairment
- Limits learning or school performance



## Under Regular Education

- No additional funding
- No additional assistance from special education department

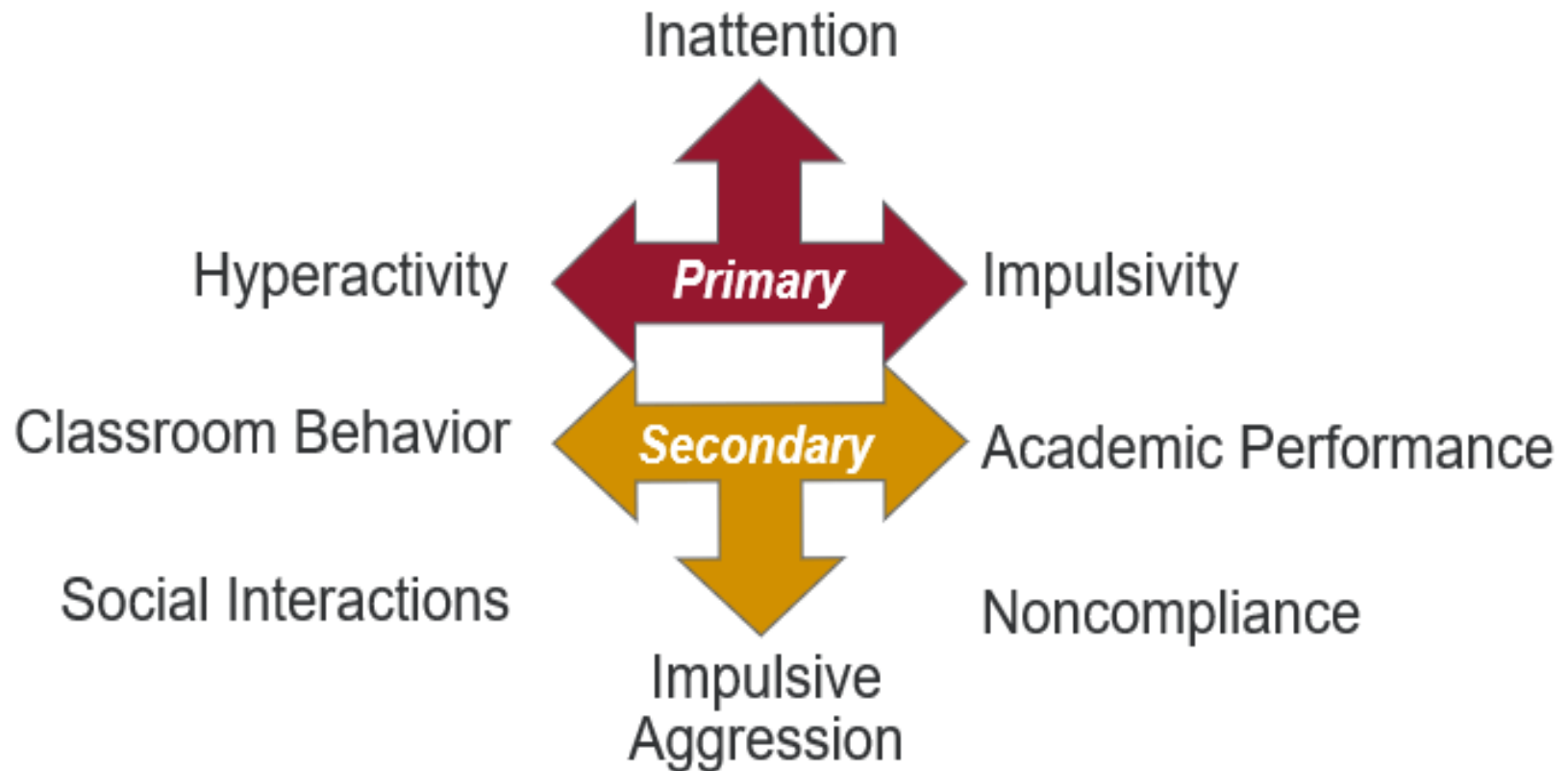


## Interventions

- Physical
- Instructional
- Behavioral
- Daily home report card

# ADHD Medical Interventions: Psychostimulants

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# Central Nervous System Stimulants for ADHD

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## Methylphenidate

- Inhibits the reuptake of neurotransmitters (dopamine and norepinephrine)
- Brands: Quillivant XR, Daytrana, QuilliChew ER, Methylin, Aptensio XR, Cotempla XR-ODT, Metadate ER, Ritalin, Concerta, and Ritalin LA

## Amphetamine Salts

- Inhibits the reuptake of neurotransmitters (dopamine and norepinephrine)
- Stimulates release of dopamine from presynaptic neuron
- Brands: Adderall and Mydayis are trade names for a combination drug containing four salts of amphetamine



# ADHD Stimulant Medications

Med Class	Hours active		
	4 hours	4-8 hours	> 8 hours
Mixed Amphetamine salts	Mixed Amph salts (low dose)	Mixed Amph salts (high dose)	Mixed Amph salts XR Lis-dexamfetamine Mixed Amph XR-ODT
Dextro-amphetamine	Dextro-amphetamine	Dextro-amphetamine spansules	
Methylphenidate	MPH Dex-MPH	MPH-SR Dex-MPH-XR	OROS-MPH MPH-ER MPH-ER transdermal MPH-ER oral suspension MPH ODT

# ADHD Stimulants

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## Benefits

### Long-Acting Formulations

Improved adherence

Lower abuse potential

Decreased stigma associated with multiple administrations during the day

Decreased potential for adverse effects related to dosage peak

## ADHD: Other Medications

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<b>Tricyclic antidepressants</b>	Imipramine Nortriptyline
<b>Alpha 2-adrenergic agonists</b>	Clonidine, Catapres TTS, Clonidine XR Guanfacine, Guanfacine-XR
<b>Norepinephrine reuptake inhibitor</b>	Atomoxetine
<b>Atypical Antidepressants</b>	Bupropion Venlafaxine Duloxetine

# Impact of Untreated and Undertreated ADHD

<b>Healthcare System</b>	<ul style="list-style-type: none"> <li>• 50% increase in bike accidents</li> <li>• 33% increase in ER visits</li> <li>• 2–4 x more motor vehicle crashes</li> </ul>	<p>(DiScala et al., 1998)          (Liebson et al., 2001)          (Barkley et al., 1993, 1996; NHTSA, 1997)</p>
<b>School</b>	<ul style="list-style-type: none"> <li>• 46% expelled</li> <li>• 35% drop out</li> </ul>	<p>(Barkley et al., 1990)          (Barkley et al., 1990)</p>
<b>Society</b>	<ul style="list-style-type: none"> <li>• Substance use disorders: 2 x risk</li> <li>• Earlier onset</li> <li>• Less likely to quit in adulthood</li> </ul>	<p>(Biederman et al., 1997)          (Pomerleau et al., 1995)          (Wilens et al., 1995)</p>
<b>Family</b>	<ul style="list-style-type: none"> <li>• 3–5 x &gt; parental divorce or separation</li> <li>• 2–4 x &gt; sibling fights</li> </ul>	<p>(Barkley et al., 1991; Brown &amp; Pacini, 1989)          (Mash &amp; Johnston, 1983)</p>
<b>Occupation</b>	<ul style="list-style-type: none"> <li>• Lower occupational status</li> <li>• &gt; parental absenteeism and</li> <li>• ↓ productivity</li> </ul>	<p>(Mannuzza et al., 1997)          (About ADHD, 2021)</p>

# ADHD Best Practice

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- **Listen** to parents' and patients' concerns
- Complete a **comprehensive assessment**
- Use **standardized tools** to evaluate
- **Get input** from more than one source
- Look for and treat **comorbidities**
- Treat using **evidence-based practice** and multimodal treatment modalities

# Strategies for Success

## Specify target outcomes to guide treatment

If child does not meet target outcomes, then reevaluate original diagnosis, use of appropriate treatments, adherence to treatment plan, and presence of comorbidities



## Use Shared Decision Making\*

- Establish treatment program with family and patient
- Supports child / family & clinician collaboration
- Part of Family-Centered Care
- Incorporates voices of all stakeholders
- Improved health care
- Improved patient-parent satisfaction

\*(Adams & Levy, 2017)

## Strategies that Support Families support the Child

- Assess family strength and coping
- Signs of couple conflict / parental depression
- Ongoing education
- Coordination of care
- Attention to sibling needs
- Transition to adult care: [www.gottransition.org](http://www.gottransition.org)

# ADHD Toolkit

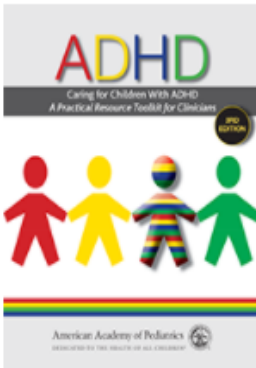


ADHD Toolkit

Autism Toolkit

Bright Futures Toolkit

## Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians, 3rd edition



*William Zurhellen, MD, FAAP; Herschel R. Lessin, MD, FAAP; Eugenia Chan, MD, MPH, FAAP; Carla Counts Allan, MS, PhD; Mark Wolraich, MD, FAAP; Eli Sprecher, MD, MPP; Steven W. Evans, PhD*

Most children with ADHD have their first encounter for care within their primary clinician's practice—their "medical home."

These tools help you prepare for that encounter and beyond: readying your staff, screening, diagnosis, treatment, ongoing follow-up, and negotiating insurance payments for every step your patients need.

**Quick Links:** [Clinical Practice Guideline](#) | [Preparing Your Practice](#) | [Initial Patient Intake](#) | [Comprehensive Assessment](#) | [Vanderbilt Rating Scales](#) | [Treatment and Follow-up](#)

[ADHD Toolkit](#) | [AAP Toolkits](#) | [American Academy of Pediatrics](#)



# **Antipsychotic Medications in Children and Adolescents**





# Antipsychotic Medication Treatment in children

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## ➤ **FDA-approved indications for antipsychotic medication use in children**

(CMS, 2015)

- Acute depressive episodes associated with Bipolar I Disorder
- Irritability associated with Autism Spectrum Disorder
- Manic or mixed episodes associated with Bipolar I Disorder
- Tourette's Disorder
- Schizophrenia

## ➤ **Antipsychotics are often prescribed to children and adolescents off-label for disruptive behaviors, anxiety, irritability, and sleep problems**

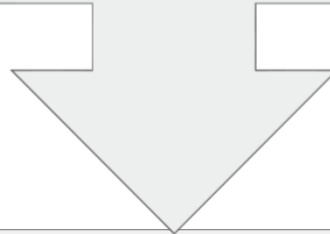
(Dinnissen et al., 2020)

- Severe behavioral problems - combativeness and/or explosive hyper-excitable behavior and short-term treatment of hyperactive children who show excessive motor activity with accompanying conduct disorders
- Hyperactivity (Medi-Cal, 2015)

# Unsupported Off-Label Prescribing

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Symptom-based use of antipsychotics can lead to **inappropriate, non-FDA-approved, and unsupported prescribing**



Severe symptoms in children like aggression can be upsetting to families, educators and physicians, and can lead to a sense of urgency to manage symptoms with medication

([www.psychiatrictimes.com](http://www.psychiatrictimes.com))

# Antipsychotic Medication Treatment in Children

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**“Antipsychotics serve as a primary treatment for schizophrenia. In other circumstances, antipsychotics are generally only used after other interventions, both psychosocial and pharmacological, have failed (e.g., disruptive behavior disorders).”** (AACAP Guidelines, 2011, p10)

**“Children taking antipsychotic medications receive an atypical antipsychotic 90% of the time, and in the majority of patients the use is for an off-label indication.”** (CMS, 2015, p3)

## Atypical Antipsychotic Medications

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- **Six** atypical antipsychotics currently have FDA-approved indications for use in children and adolescents (CMS, 2015)
  - Aripiprazole
  - Asenapine
  - Olanzapine
  - Paliperidone
  - Quetiapine
  - Risperidone
- Atypical antipsychotics are **not FDA approved** for children younger than 5 years old
- “The **FDA-approved** indications and dosages for atypical antipsychotics in pediatric patients are provided in the dosing table in the document “*Atypical Antipsychotics: U.S. Food and Drug Administration-Approved Indications and Dosages for Use in Pediatric Patients*” (CMS, 2015, p2)

# Adverse Reactions and Risks of the Use of Atypical Antipsychotic in Pediatric Patients

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**Children and adolescents taking antipsychotic medications are at a higher risk for:**

(CMS, 2015; Medi-Cal, 2015; Melamed, 2021)

- metabolic change
- weight gain
- cardiovascular changes
- hyperprolactinemia
- type 2 diabetes
- suicidality
- hyperlipidemia
- hyperglycemia
- prolactin elevation
- dizziness and blurred vision
- menstrual problems for girls

**A patient baseline for weight, blood glucose level, and lipid panel should be established, and they should be monitored for weight and metabolic changes**

(CMS, 2015)

# Prescribing Antipsychotics in Children: Guideline Adherence

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**Clinicians should follow evidence-based practices and the existing empirical data on the efficacy and safety**

## Recommendation 1

- Follow the guidelines found in the American Academy of Child and Adolescent Psychiatry Practice Parameters for the use of Atypical Antipsychotics in Children and Adolescents 2011

## Recommendation 2

- Prior to the initiation of and during treatment with an atypical antipsychotic, the general guidelines that pertain to the prescription of psychotropic medications should be followed:
  - Follow a careful diagnostic assessment and pay attention to co-morbid conditions

## Resource

- [https://www.aacap.org/App\\_Themes/AACAP/docs/practice\\_parameters/Atypical\\_antipsychotic\\_Medications\\_Web.pdf](https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_antipsychotic_Medications_Web.pdf)

# Prescribing Antipsychotics in Children: Guideline Adherence and Metabolic Monitoring

## Recommendation 3

Antipsychotic medications can increase a child's risk for developing health concerns, including metabolic health complications. The goal is for children to have metabolic monitoring by having both a **blood glucose test (glucose or HbA1c)** and **LDL-C testing** annually



### Record your efforts and include on patient bill:

- Glucose test or HbA1c test and LDL-C cholesterol test as identified by claim/encounter
  - **Document results** in the member's medical record
- 
- ✓ Metabolic testing needs to occur prior to the prescription of an antipsychotic medication to set a **baseline**
  - ✓ **Monitor** and review of metabolic side-effect needs to occur **at least yearly**

<https://www.dellchildrens.net/wp-content/uploads/sites/66/2021/03/TCDPEC-0322-21-Medicaid-APM-SSD-Prov-NL-Article-FINAL.pdf>

# Antipsychotic Medications and Psychosocial Care

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- In a study by Dinnissen et al. (2020) only 37% of the children and adolescents continuously received concomitant psychosocial interventions
- **Psychosocial treatment by behavioral health practitioners** needs to occur along side antipsychotic medication prescription (Dinnissen et al., 2020)
- Behavioral health practitioners include psychologists, counselors, social workers, peer support, etc.



# Psychosocial Care Services

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Psychosocial care includes any of these therapies and services provided by a behavioral health practitioner

Many can be done in person or virtually



- Activity therapy, such as music, dance, art or play therapies not for recreation
- Training and educational services related to care and treatment
- Social work and psychological services
- Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting
- Behavioral health counseling and therapy
- Mental health partial hospitalization, treatment
- Community psychiatric supportive treatment
- Self-help/peer services
- Crisis intervention service
- Partial hospitalization services
- Intensive outpatient psychiatric services



# HEDIS® Measures



# What Are The HEDIS Measures & Why Are We Talking About Them?

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**HEDIS**<sup>®</sup> (Healthcare Effectiveness Data and Information Set) is a comprehensive set of standardized claims-based performance measures designed by NCQA<sup>®</sup> \* to provide purchasers and consumers with the information they need for reliable comparison of Health Plan performance

## HEDIS measures related to behavioral Health treatment for children and adolescents

- Follow Up Care for Children Prescribed with ADHD medication (ADD)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

\*NCQA<sup>®</sup> - The National Committee for Quality Assurance is an independent, non-profit organization dedicated to improving health care quality. NCQA developed metrics to measure outcomes in key areas.



## Why Are These Measures Important to A PCP?

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By establishing a **therapeutic alliance** and a **collaborative, stigma free approach to care**, your patients are more likely to **communicate** with you



Continuity of care is crucial to a patient's clinical trajectory



You may be their **FIRST** point of contact for ongoing care



You can help reduce the likelihood of a crisis and promote their recovery

# Child and Adolescent Measures

## Follow Up Care for Children Prescribed with ADHD medication (ADD)

The percent of children 6–12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed

Two rates are reported:

- **Initiation:** First follow-up **within 30** days of filling script
  - **Continuation:** Two more follow-up visits **within 9 months** (only for those who stayed on the medication)
- Patients who do not continue their medication are removed from the continuation phase. So, this measure is less about medication compliance and more about **attending visits**
- It may help to have a protocol in place to follow-up with a patient within 30 days when prescribing an ADHD medication for the first time

# Child and Adolescent Measures

## Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment

- This measure **excludes** children with psychotic disorders and bipolar disorder. This measure only applies to antipsychotic prescriptions for kids with other behavioral disorders
- **Psychosocial treatment should be tried prior to prescribing antipsychotic meds**

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing

- Testing for **Diabetes and Cardiac disease** are needed **annually**

# HEDIS® Measures Adherence Supports Best Practices



**Your relationship & communication with a patient matters**

These tips below help you support your patients in adhering to their treatment plans and receiving follow up care when needed

- Establishing a therapeutic alliance builds trust and openness, such that a patient is more likely to reach out before a crisis
- Establishing open communication can eliminate stigma and increase the likelihood that your patients will discuss negative side effects or changes from medications
- Engaging social supports and establishing an interdisciplinary team approach to care helps build more opportunities for communication in real time

## Takeaways For PCPs

- Kids with ADHD have comorbidities which need assessment and treatment
- Consider long-acting formulations when prescribing medication for ADHD
- Psychosocial treatment should be tried prior to prescribing antipsychotic meds for children with aggression and behavioral disturbances
- When prescribing antipsychotics, a baseline and twice a year metabolic screening should be completed







# Resources



## Resources & References for Patients and Families

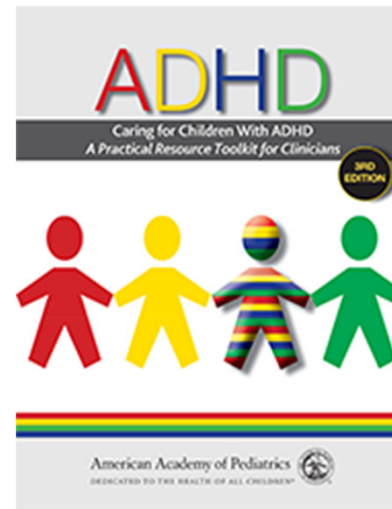
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- ADHD, 3<sup>rd</sup> Edition, Mark Wolraich, MD and Joseph F Hagan, MD, Pub 05/21/2019
- Attention Deficit Disorder Association  
<https://add.org/>
- Center for Parent Information and Resources  
<https://www.parentcenterhub.org/>
- Children and Adults with ADHD (CHADD)  
<https://chadd.org/>
- Family Voices  
<http://familyvoices.org/>
- Healthychildren.org from the AAP  
<https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx>
- LDOnline  
<http://www.ldonline.org/adhdbasics>
- Learning Disabilities Association of America  
<https://ldaamerica.org/>
- National Institute of Mental Health  
<https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>
- PACER Center  
<https://www.pacer.org/parent/>
- Raising an Organized Child, Damon Korb, MD, Pub 06/18/2019
- Understood for learning and attention issues  
<https://www.understood.org/en/learning-attention-issues>

## More Resources – American Academy of Pediatrics

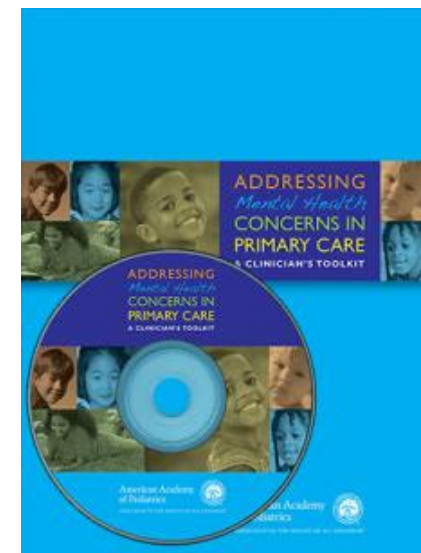
ADHD - Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians, 3rd Edition

<https://shop.aap.org/adhd-caring-for-children-with-adhd-a-practical-resource-toolkit-for-clinicians-3rd-edition/>



Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit

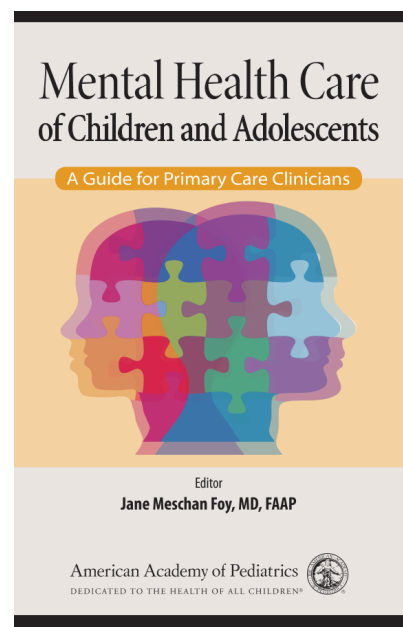
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Addressing-Mental-Health-Concerns-in-Primary-Care-A-Clinicians-Toolkit.aspx>



## More Resources – American Academy of Pediatrics

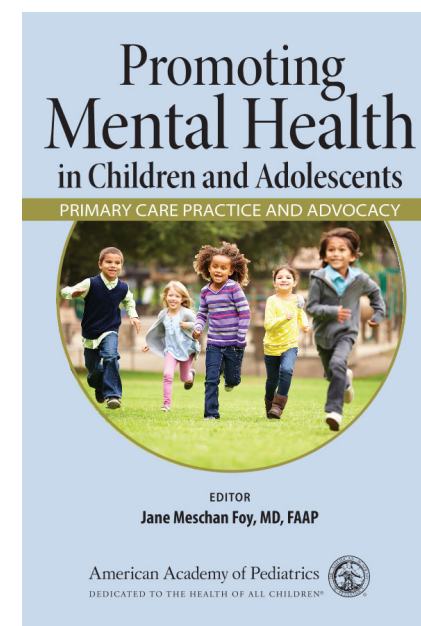
Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians

<https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians/>



Promoting Mental Health in Children and Adolescents

<https://shop.aap.org/promoting-mental-health-in-children-and-adolescents-ebook/>



## More Resources – American Academy of Pediatrics

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[Understanding ADHD Brochure - 50/pk \[Brochure\] - AAP](#)

### **Other Resources:**

[Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder \(pediatricspec.com\)](#)

## Medication Resources

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- For up-to-date information about atypical antipsychotic drugs, visit the Postmarket Drug Safety Information for Patients and Providers page at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm094303.htm> on the FDA website
- The Center for Drug Evaluation and Research (CDER) hosts a website providing health professionals with current information on over-the-counter (OTC) and prescription drugs. Visit <http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals> to access drug-related databases, information on drug recalls and alerts, current information on new and generic drug approvals, and information on drug safety and availability

# References

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- About ADHD Basic Info & Statistics. (2020-1221). Retrieved <https://www.adhd-coach-asn.com/adhd-information-and-help/adhd-statistics-and-information>
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**Thank you.**

