Page 1: Title: Implementation Guide 
Subtitle: Parent and Family Education for Children with ADHD
Rationale and effectiveness
• Clinical practice guidelines recommend psychoeducation programs as a part of multimodal management for children with ADHD 
• Parent and family educational programs  reduces ADHD symptoms (total symptoms, inattention/cognition and hyperactivity/impulsivity subdomains) over 6 months follow up
• Parent and family educational programs  improve medication adherence
Who is eligible...
• Parents of children who are: 
• Boys and girls age 3-19 years
• Have confirmed diagnosis of ADHD

How to approach families...
• By phone as a part of a health system quality initiative
• In person when children presents to ADHD follow up appointments
Appendix A. Implementation Guide

Page 2: 
How long and how often...
Option 1: Two- hour expert guided didactics provided weekly over 6 weeks
Option 2:Two 40 minute group sessions, and online community engagement allowing parents to communicate with each other and with a professional counselor, over 3 months

Provided by...
• Health Educators (nurses and social workers)
• Primary Care Providers
• Psychologists
• Psychiatrists

Helping parents learn...
• Symptoms and medication adverse events
• Parenting skills and strategies to manage symptoms and reduce defiant behavior
• Barriers to treatment adherence and how to cope with them
• Best practices of parent and clinician relationship
• Results of relevant research

Examples of curriculum format...
• Manual for administering personnel
• Manual for parents after each session
• Brief homework for parents between sessions
• Forms for parents to track child's use of medication and adverse events

Page 3: Example curriculum (Ferrin 2016)
Session 1
Presentations and group functioning rules
 What is ADHD? Definition of ADHD and general overview of the different sessions
Session 2
Core symptoms: hyperactivity, inattention, and impulsivity 
• What is ADHD and what is not?
• Diagnostic procedures. ADHD subtypes: inattentive, hyperactive/impulsive, and combined
Session 3
Etiological, maintaining, and perpetuating factors.
• Genes, environment as etiological factors.  
• Myths, misconceptions, and stereotypes about ADHD
Session 4
• Co-morbidities in ADHD. 
• Depressive and anxiety disorders, oppositional defiant disorder and conduct disorder, substance abuse, tic disorders, and learning disabilities
Session 5 
Prognosis and outcome: ADHD in the adolescent and the adult. 
• Evolution of symptoms throughout the life span.
• Executive function problems

Session 6
Non-pharmacological treatments: diets, supplements, cognitive, behavioral treatments, and neurofeedback.
• What is really effective for ADHD? Scientific evidence of the different psychosocial approaches
Session 7
Dealing with everyday-life problems at Home I. 
• Basic parenting techniques
Session 8
Dealing with everyday-life problems at Home II.
• Managing the child with difficult behaviors
Session 9
Dealing with everyday-life problems at school.
• Helping the ADHD child at school/ with their homework
Session 10 
Pharmacological treatments: stimulants
• Mode of action, monitoring, and side effects
Session 11 
Pharmacological treatments: non-stimulants. 
• Mode of action, monitoring, and side effects
Session 12
 Summarizing, final questions, and doubts. 
• Closing down session. Feedback from parents

Page 4: 
Additional resources: 
• Barkley RA, Benton CM. Your defiant child: Eight steps to better behavior: Guilford Press; 2013.
• Webster Stratton C. The Incredible Years: a trouble shooting guide for parents of young children aged 3-8 years. Ontario: Umbrella Press; 2004.
This implementation guide  is based on a systematic review  of the literature “Attention Deficit Hyperactivity Disorder: Diagnosis and Treatment in Children and Adolescents. Rockville (MD): Agency for Healthcare Research and Quality (US); 2018 Jan. “ 
This document is based on research conducted under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, Maryland. The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. Therefore, no statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services. None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report. The information in this document is intended to help health care decision makers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of health care services. This is not intended to be a substitute for the application of clinical judgment. Anyone who makes decisions concerning the provision of clinical care should consider this report in the same way as any medical reference and in conjunction with all other pertinent information, i.e., in the context of available resources and circumstances presented by individual patients. AHRQ or U.S. Department of Health and Human Services endorsement of any derivative products that may be developed from this document, such as clinical practice guidelines, other quality enhancement tools, or reimbursement or coverage policies, may not be stated or implied. 

Data were derived from  randomized trials judged to have the lowest risk of bias in the systematic review that provided detailed description of interventions  that led to improvement in patient outcomes. 
1. Bai GN, Wang YF, Yang L, et al. Effectiveness of a focused, brief psychoeducation program for parents of ADHD children: Improvement of medication adherence and symptoms. Neuropsychiatr Dis Treat. 2015;11:2721-35. 
2. Ferrin M, Perez-Ayala V, El-Abd S, et al. A Randomized Controlled Trial Evaluating the Efficacy of a Psychoeducation Program for Families of Children and Adolescents With ADHD in the United Kingdom: Results After a 6-Month Follow-Up. J Atten Disord. 2016 Feb 2doi: 10.1177/1087054715626509. PMID: 26838557. 
3. Ferrin M, Moreno-Granados JM, Salcedo-Marin MD, et al. Evaluation of a psychoeducation programme for parents of children and adolescents with ADHD: immediate and long-term effects using a blind randomized controlled trial. Eur Child Adolesc Psychiatry. 2014 Aug;23(8):637-47. doi: 10.1007/s00787-013-0494-7. PMID: 24292412. 