

19th International Conference on ADHD — Berlin 2026

Clinical Takeaways

Prof. Manfred Döpfner

University of Cologne

Do digital psychological interventions in children with ADHD improve family stress and family relationships?

- In many families with children with ADHD, family stress is increased and family relationships are often impaired.
- The relation between impaired family relationships / family stress is bidirectional and may also be influenced by third factors (e.g. oppositional behavior, genetic factors).
- Improvement of family relationships and reduction of family stress may be important treatment goals and may also reduce ADHD symptoms and impairment.
- The need for psychological services is enormous, and only a small proportion of individuals in need actually receive treatment (Kazdin & Blase, 2011).
- In Germany: 36.2% medication only, 6.5% multimodal treatment, 6.8% psychotherapy only — 50.2% receive neither treatment (Riedel et al., 2021).
- Individual psychotherapy, the dominant model of treatment delivery, is not likely to be able to meet treatment needs.
- Digital technologies may improve CBT by minimizing import problems: better focus on specific problem behavior in the real-world during treatment sessions.
- Digital technologies may improve CBT by minimizing export problems: better transfer of coping strategies learned in sessions to real life (e.g. reminders, online coaching).
- Digital technologies may improve CBT by minimizing motivational problems: making treatment less boring and demanding.
- Digital technologies can help cover treatment needs in the population by strengthening self-help and self-management skills through remote interventions.
- The effects of behavioral interventions on family stress and family relationships have been demonstrated in several studies examining face-to-face parent management training.
- Self-directed parent management training aims to reduce the unmet needs of patients and parents and to improve face-to-face parent management training.
- hiToco® — a digital self-directed parent management training — aims at the reduction of family stress, improvement of family relationships, and reduction of behavioral problems of the child in the family.
- Results of a randomised controlled trial support the efficacy of hiToco® in reducing ADHD symptoms and symptoms of oppositional defiant disorder, and in reducing parental stress and improving family relationships.

Prof. Mark A. Stein

University of Washington School of Medicine

ADHD Runs in Families: Implications for Screening, Diagnosis, and Treatment

- ADHD is sometimes over diagnosed, often underdiagnosed, sometimes overtreated — but often undertreated.
- Screening based on symptom counts alone is problematic — context, impairment, and informants matter.
- ADHD is a 24-hour disorder — academics are not the only outcome that matters.
- Untreated ADHD is not a benign condition — functional, relational, and medical consequences accumulate.
- Sleep is always part of the ADHD picture — assess and treat it.
- Social and structural factors shape identification and access to care — equity is a clinical obligation.

- ADHD is a family disorder — treat the whole system, not just the identified patient.
- For Multiplex families, monotherapy is less effective in short trials, seldom effective long-term — multimodal, sustained care is recommended.
- Girls and women are frequently missed — inattentive presentation is under-recognised.
- Racial and ethnic minorities are less likely to be assessed or treated.
- Adults often reach midlife before first diagnosis.
- When mothers received both medication AND behavioral parent training — regardless of sequence — child outcomes were best. (SMART trial, Lui et al., J Clin Psychiatry 2025)
- Parental ADHD treatment is not optional: untreated parent ADHD undermines child intervention.
- Screen all parents of children referred for ADHD — family-based assessment and treatment is best practice.

Prof. Andrea Chronis-Tuscano

University of Maryland

Treating Parents with ADHD and their Young Children (TPAC): A hybrid effectiveness-implementation trial

- Offspring of parents with ADHD are at risk by virtue of both genetics (80–85% heritability) and environment.
- Parent ADHD predicts poorer child developmental and treatment outcomes.
- Behavioral and organisational interventions require parent executive function (EF) and emotion regulation (ER) — specifically:
 - ...to maintain a consistent, organised environment to scaffold the child's developing EF skills
 - ...to inhibit impulsive responses to child behavior in favor of pre-planned behavioral skill use
 - ...to maintain collaborative working relationships with school and treatment providers
 - ...to schedule and keep appointments, and administer daily medications
- Child functioning: Parents receiving PSM+I-BPT had children who showed faster improvements in functioning than those receiving I-BPT alone.
- Parent functioning: Parents in the PSM+I-BPT group demonstrated greater improvements in their own functioning, consistent with prior adult ADHD literature.
- Parenting outcomes: PSM+I-BPT led to faster gains in positive parenting and consistency.
- Punitive practices decreased over time in both groups — suggesting I-BPT alone reduces harsh parenting, but parent medication enhances adaptive parenting.
- Family-based models could be implemented in urban pediatric primary care.
- Structural barriers for screening parent ADHD in pediatric primary care must be addressed.
- Sensitivity required when discussing parent ADHD — attention to medication hesitation.
- [Note: Full results under review — Chronis-Tuscano et al., under review at time of conference]

Prof. Jan Buitelaar

Radboud University Medical Center, Nijmegen

When both parent and child have ADHD: Implications for pharmacotherapy

Note: This talk was explicitly described as clinical practice-based and evidence-informed rather than evidence-based.

- Starting point: both parent and child have been properly assessed and diagnosed with ADHD, and pharmacotherapy is indicated for both.
- ADHD is highly heritable (~70–80%). If a parent responds well to a stimulant class, the child has a higher probability — not a guarantee — of responding well to the same class.

- If the parent had significant cardiovascular or emotional side effects, clinicians may monitor the child more closely or start more conservatively.
- When both parent and child have ADHD: forgetting doses, double-dosing, or running out early is more common. Recommend pill organisers, pharmacy auto-refills, locked storage, and clear routines.
- Aligning morning medication routines reduces missed doses — parents on medication often become more consistent in supporting their child's dosing and monitoring.
- When both are effectively treated: household routines stabilise, emotional reactivity decreases, conflict reduces, and parent training becomes more effective.
- Shared decision-making tool available at: ebiadhd-database.org (Gosling et al., BMJ 2025)

ADHD medications work differently in adults vs. children — Summary (Buitelaar)

Category	Children	Adults
Metabolism	Faster	Variable
Side effects	Appetite, sleep, growth	Anxiety, cardiovascular
Main benefit	Classroom behavior & attention	Executive function & emotion
Monitoring	Parent/teacher	Self-monitoring
Rebound	More common, stronger	More subtle
Co-occurring issues	Fewer	Many more
Behavioral context	School	Work, parenting, complex demands