vocational, interpersonal). Thus, evidence-based psychosocial interventions have the potential to improve academic and interpersonal skills, family relationships, and environmental contexts to support development, thereby contributing to improved long-term outcomes. This guideline therefore recommends implementation of evidence-based psychosocial treatments, targeting areas of functional impairment, as the foundation for treatment of children and adolescents with complex ADHD. We recognize that logistical considerations such as availability of services, family preferences, and other factors will impact the implementation of psychosocial and pharmacological treatment.

Shared Decision-Making and Clinical Judgment

Research on effective treatment for complex ADHD, particularly for children with ADHD and coexisting conditions, is limited. There are multiple evidence-based psychosocial and pharmacological treatments for the core symptoms of ADHD, conditions that often coexist with ADHD, and associated functional impairments. This guideline therefore emphasizes a data-based, sequential approach, using evidence-based psychosocial and pharmacological treatment, incorporating shared decision-making among the child/adolescent, parents/guardians, and clinician, all informed by the clinical judgment of clinicians and expertise of other professionals (e.g., educators) who are collaborating on the child or adolescent's treatment.

Interprofessional Care

Developmental-behavioral pediatricians, psychologists, and nurse practitioners who comprise the membership of the SDBP are often asked by primary care clinicians or parents/guardians to provide subspecialty level diagnostic and treatment services to children and adolescents with "complex ADHD."[13] Child neurologists, child psychiatrists, and other clinicians with specialized training and/or experience also provide care for these patients. Psychosocial treatments require collaboration with the child or adolescent's teacher and other school personnel. Optimal diagnostic and treatment services for complex ADHD require the expertise of professionals from multiple disciplines working together to meet the medical, psychological, and educational needs of affected children and adolescents. Thus, this guideline is intended to be used by clinicians from multiple health care and education disciplines.

Psychological Testing and Mental Health Diagnostic Assessment

In this guideline, the term "psychological testing" refers to an assessment that primarily consists of formal measures of cognitive ability and academic achievement. By contrast, "neuropsychological testing" includes additional direct assessments of cognitive processes (e.g., memory, executive function), which is often appropriate for children suspected of having specific neurological conditions (e.g., traumatic brain injury, central nervous system tumors).

Mental health diagnostic assessments typically include diagnostic interviews (informal or structured) along with standardized questionnaires that assess a broad range of disorders or specific conditions such as anxiety or depression.

Modality of Treatment and Multimodal Treatment

For the purposes of this guideline, treatment modalities for complex ADHD are divided into 2 main categories—psychosocial and pharmacological. Each modality may include 1 or more specific interventions (e.g., psychosocial treatment includes behavioral parent and youth training as well as educational interventions; pharmacological treatment includes different medication categories). It is often necessary to use multiple specific types of intervention within a single treatment modality (e.g., educational intervention plus behavioral parent training; less commonly, 2 classes of medication). "Multimodal treatment" refers to the combination of psychosocial and pharmacological treatments to address ADHD symptoms and functional impairments.

Evidence-Based Psychosocial Interventions

In this guideline, we use the term "evidence-based psychosocial interventions" specifically to refer to behavioral, educational, and psychological interventions and treatment that have been shown to improve function and/or expression of core ADHD symptoms in children and adolescents with ADHD. Other approaches that are often provided to children and adolescents with ADHD but for which there is inadequate evidence (e.g., play therapy, dietary supplements, occupational therapy, classroom accommodations) are not included as evidence-based interventions in this guideline.

Coexisting Conditions

The medical term "comorbidity" is frequently used to describe conditions that are often associated with ADHD. However, this guideline employs a broader perspective on the conditions that define complex ADHD, including neurodevelopmental disorders (e.g., genetic disorders, autism spectrum disorder), mental health disorders, and socioeconomic factors (e.g., poverty). We therefore use the term "coexisting conditions" to refer to these disorders and factors associated with ADHD.

Life Course Perspective

Attention-deficit/hyperactivity disorder is often mistakenly viewed as merely a constellation of childhood behaviors that can create challenges in the home, school, or community. This guideline is informed by research that clearly demonstrates that ADHD is, in fact, a chronic neurodevelopmental disorder that is often accompanied by complex coexisting conditions,[14–18] is associated with impairment in multiple domains, typically persists into late adolescence and often into adulthood,[19–22] and may lead to adverse, long-term outcomes including mental health disorders,[23,24] educational failure,[25,26] vocational