| **Program Title** | **Learning Objectives**<br>**At the end of this session, participants will be better able to:** | **Program Type** | **Length** |
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| Welcome to the 13th CADDRA ADHD Research Day! | Distinguish diagnostic approaches for adult ADHD and their effects on prevalence estimates, e.g. in studies suggesting high prevalence of 'late onset'<br>Explain how normative age-related brain changes unfold in ADHD.<br>Discuss practical policy and system levers that could improve access to ADHD-informed care, services, and supports in Canada | Research Day co-chairs, Drs. Penny Corkum and Sébastien Normand, will welcome delegates to the day and provide an overview of the day. | 1.25 ADHD Knowledge/ADHD Coaching |
| The Specificity Problem in<br>Adult ADHD: Accounting for Impact in Diagnosis and Treatment<br><br>(Craig Surman) | 1. Distinguish diagnostic approaches for adult ADHD and their effects on prevalence estimates, e.g. in studies suggesting high prevalence of 'late onset'.<br>2. Recognize Develop appreciation for how measurement choices shape conclusions about etiology, prognosis, and treatment effects.<br>3. Consider factors involved in customization of clinical research methods related to adult ADHD identification and treatment. | Research Day: KEYNOTE | Fri 8:00 - 9:45 AM<br><br>N/A - Medical, Diagnostic |
| ADHD Primer Session 1<br>(Concurrent program) | 1. Diagnose ADHD using clinical history and validated screening tools;<br>2. Implement the Canadian ADHD Practice Guidelines, 4th edition to support assessment and ongoing management;<br>3. Confidently manage ADHD in your clinical practice. | Participants will be introduced to the Canadian ADHD Practice Guidelines (4.1 edition, 2020) and learn how to use the latest screening tools to recognize ADHD and comorbid disorders. Through case-based instruction, attendees will learn how to apply evidence-based treatments to address the challenges faced by children, teens and adults. | Fri 10:00 - 11:10<br><br>N/A - Medical, Diagnostic |
| The Aging ADHD Brain: Emerging Neuroimaging Findings and Future Research Directions<br><br>(Dr. Brandy Callahan) | 1) Describe the neuroanatomical differences between older adults with ADHD relative to typically aging controls.<br>2) Explain how normative age-related brain changes unfold in ADHD.<br>3) Identify key methodological and scientific gaps in the current literature on ADHD in older adulthood. | Research Day: ORAL PRESENTATION | Fri 10:15 - 10:45 AM<br><br>.5 ADHD Knowledge/ADHD Coaching |

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| The Association between Relative Age and ADHD diagnosis and Pharmacotherapy: A Population-based Study<br><br>(Andrew Li) | (1) Identify the influence of relative age on ADHD diagnosis and pharmacological treatment across preschool, elementary, and high school age groups, stratified by sex.<br>(2) Distinguish sex-specific patterns in the relative-age effect — including its diverging trajectory between boys and girls into high school — to inform more accurate clinical assessment of ADHD.<br>(3) Apply awareness of a child's relative age when evaluating ADHD symptoms to reduce the risk of misdiagnosis and inappropriate treatment. | Research Day: ORAL PRESENTATION | Fri 10:45 - 11:05 AM<br><br>N/A - Medical |
| Rethinking EEG Biomarkers for ADHD: Age and Biological Sex Matter more than Diagnosis<br><br>(Dr. Erin Panda) | 1. Recognize aperiodic EEG activity as a metric for studying the brain's intrinsic balance of low- and high-frequency neural activity across development.<br>2. Explain how unequal male-female representation and other confounding variables can distort conclusions in ADHD neuroscience research.<br>3. Evaluate the challenges of identifying a single EEG biomarker for ADHD, given the developmental and clinical heterogeneity of the disorder. | Research Day: ORAL PRESENTATION | Fri 11:20 - 11:50 AM<br><br>N/A - Diagnostic |
| ADHD Primer session 2 (Concurrent program) | 1. Diagnose ADHD using clinical history and validated screening tools;<br>2. Use the Canadian ADHD Practice Guidelines, 4th edition to support assessment and ongoing management;<br>3. Confidently manage ADHD in your clinical practice. | | Fri 11:25 AM- 12:30PM<br><br>N/A - Diagnostic, Medical |

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| The Changing Face of ADHD: From Boys' Disorder to Women's Diagnosis<br><br>(Ms. Christiane Roth) | 1. Identify and explain the changing face of ADHD in the Canadian provincial context, recognizing sex, age and ethnic differences in diagnostic trends of ADHD and co-occurring mental health conditions, as well as service access.<br>2. Implement this knowledge in clinical settings by a) improving the recognition of ADHD at younger ages, in females, gender-diverse individuals and in populations with immigration background, b) designing interventions that reflect the changing face of ADHD.<br>3. Examine diagnostic practices, the application of diagnostic criteria and further investigate the support needs of the increasing ADHD population with its unique demographic make-up. | Research Day: ORAL PRESENTATION | Fri 11:50 - 12:05 PM<br><br>N/A - Diagnostic, Medical |
| Peer-reviewed Poster Presentations with Audience Top-Poster Review & Selection | | | Fri 1:00 - 1:40 PM<br><br>N/A |
| ADHD Primer session 3 (Concurrent program) | 1. Diagnose ADHD using clinical history and validated screening tools;<br>2. Use the Canadian ADHD Practice Guidelines, 4th edition to support assessment and ongoing management;<br>3. Confidently manage ADHD in your clinical practice. | TBD | Fri 1:15 - 2:35 PM<br><br>N/A - Diagnostic, Medical |
| Improving Workplace Inclusion and Quality of Life for Adults Living with ADHD Symptoms: Results from a Randomized Controlled Trial and a Single Case Experimental Design Studies<br><br>(Dr. Genevieve Sauve) | 1. Identify new psychosocial interventions aimed at improving workplace inclusion and quality of work life<br>2. Assess the effects of these interventions based on the presented scientific evidence<br>3. Theorize future avenues to involve workplace stakeholders | Research Day: ORAL PRESENTATION | Fri 1:40 - 2:10 PM<br><br>.5 ADHD Knowledge/ADHD Coaching |
| Unintended Benefits of Parent-Group Interventions for ADHD: Exploring Mechanisms for Reductions in Affiliate Stigma<br><br>(Ms. Simran Di Paula) | 1) Describe the clinical relevance of affiliate stigma for children with ADHD and their parents.<br>2) Recognize the potential for parent-group interventions to reduce affiliate stigma in parents of children with ADHD.<br>3) Identify candidate mechanisms that may explain longer-term reductions in affiliate stigma following parent-group interventions. | Research Day: ORAL PRESENTATION | Fri 2:10 - 2:30 PM<br><br>.5 ADHD Knowledge/ADHD Coaching |

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| From priorities to action: Advancing ADHD policy, services, and supports in Canada | 1. Describe key Canadian ADHD priorities from the CAPS study with relevance for policy, systems, and implementation.<br>2. Identify major barriers to translating ADHD priorities into real-world changes in policy, health systems, schools, and service delivery.<br>3. Discuss practical policy and system levers that could improve access to ADHD-informed care, services, and supports in Canada | Research Panel Discussion | Fri 2:50 - 4:30 PM<br><br>1.5 Additional Coaching Skills/Coaching Resources |
| ADHD Primer session 4 | 1. Recognize the importance of a comprehensive biopsychosocial assessment in the diagnosis of ADHD across the lifespan.<br>2. Translate the updated Canadian ADHD Practice Guidelines into a range of clinical settings.<br>3. Discuss the importance of an individualized approach to ADHD management. | | Fri 2:35 - 3:00PM<br><br>N/A - Clinical |

| Program Title | Description | Program Type | Length |
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| Welcome to CADDRA 2026! / Social Polarization and Youth Violence :<br>Adapting Clinical Intervention to a Rapidly Shifting Social Reality<br><br>(Dr. Cecile Rousseau) | 1. Describe the youth culture transformations associated with social polarization and leading to an increase in ideological and nihilistic violence<br>2. Recognize risk and protective factors and psychopathological features associated with an increased risk of enrolment in ideological or nihilistic violence groups<br>3. Identify promising avenues of prevention and intervention to mitigate the impact of these forms of violence | KEYNOTE | Sat 8:00 - 9:40 AM<br><br>N/A - Medical, diagnostic, therapy |
| ADHD and ASD (Craig Surman) | 1. Describe how co-occurring autism and ADHD traits in adults are associated with greater executive, adaptive, and mental health burden than either condition alone.<br>2. Identify the key executive-function and psychopathology domains most elevated in ASD+ADHD relative to ASD-only and ADHD-only groups.<br>3. Apply these findings to strengthen clinical assessment and treatment planning by targeting executive, adaptive, and mental health functioning in adults with suspected | BREAKOUT SESSIONS | Sat 10:10-11:10<br><br>1 ADHD Knowledge/ADHD Coaching |
| Wiggles, Worry, or Warning? Recognising and Managing ADHD in Preschoolers (4- And 5-Year-Olds) (Dr. Jane Liddle and Dr. Doron Almagor) | 1. Apply developmentally-contextualized DSM-5 criteria and validated multi-informant tools (SNAP-IV-26, WFIRS-P, Conners EC, CBCL 1½–5, CADDRA Teacher Form) to differentiate ADHD from normative variability and from common mimicking or comorbid conditions in 4- and 5-year-olds.2. Recommend ADHD-focused parent behaviour training (Incredible Years, Triple P, Parent-Child Interaction Therapy, New Forest Parenting Programme) as first-line treatment, citing effect sizes, number-needed-to-treat, and Canadian access pathways.3. Construct a stepwise, off-label pharmacotherapy plan for preschoolers with persistent moderate-to-severe impairment — including methylphenidate dosing per the PATS protocol, anticipated adverse-effect | BREAKOUT SESSIONS | Sat 10:10-11:10<br><br>1 ADHD Knowledge/ADHD Coaching |

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| Why Bother at 65? ADHD Diagnosis and Treatment in Later Life (Dr. Sarah Carty) | 1. Recognize how ADHD presents in adults aged 60 and over, including when it may mimic or overlap with MCI or early dementia 2. Differentiate ADHD from age-related cognitive changes and common comorbid conditions using clinical history and key diagnostic features<br>3. Apply practical strategies to the assessment and management of ADHD in older adults, including consideration of comorbidities and | BREAKOUT SESSIONS | Sat 10:10-11:10<br><br>1 ADHD Knowledge/ADHD Coaching |
| Driving Infractions and Crashes in Adults Vs. Controls Followed Prospectively in the Multisite Multimodal Study on ADHD (MTA) (Dr. Lily Hechtman) | 1. Recognize the driving challenges that adults with ADHD face and the differences between young adults with ADHD and matched controls.<br>2. Recall the differences in driving and risks of car crashes between those individuals with childhood ADHD who have persistent or desistent ADHD and matched normal controls.<br>3. Illustrate how important comorbidities such as anxiety, depression and substance abuse impact driving infractions and car crashes in adults with ADHD. | BREAKOUT SESSIONS | Sat 10:10-11:10<br><br>1 ADHD Knowledge/ADHD Coaching |
| Disordered Sleep, ADHD, and Psychiatric Comorbidities (Dr. Martin A. Katzman and Dr. Atul Khullar) | 1. Examine the effects of disordered sleep and circadian dysregulation on both ADHD presentation and severity, as well as other psychiatric comorbidities. 2. Identify the underlying neurobiological mechanisms of sleep disturbances in a psychiatric population. 3. Recognize the interactions between sleep disturbances, risk of suicidality, and comorbid psychiatric disorders in patients diagnosed with ADHD | BREAKOUT SESSIONS | Sat 11:15-12:15<br><br>1 ADHD Knowledge/ADHD Coaching |
| Innovation in ADHD: From Pharmacology to Occupational Therapy (Mrs. Emmanuelle Beaulieu and Dr. Martin Gignac) | 1. Plan ADHD pharmacological management by selecting appropriate medications. 2. Explain the role of occupational therapy in ADHD care. 3. Identify the concrete tools and strategies occupational therapists use to support patients' daily functioning. | BREAKOUT SESSIONS | Sat 11:15-12:15<br><br>.5 ADHD Knowledge/ADHD Coaching<br>.5 Additional Coaching Skills & Coach Resources |
| ADHD and Criminal Justice System-involvement as an accused and as a victim: epidemiology, challenges and opportunities for intervention. (Dr. Andrew Bickle) | 1. Recognize the association between ADHD and Criminal Justice System-involvement as an accused person and as a victim. 2. Identify the impact of ADHD on progression through the Criminal Justice System. 3. Articulate strategies for improving access to ADHD treatment for justice-involved | BREAKOUT SESSIONS | Sat 11:15-12:15<br><br>1 Additional Coaching Skills & Coach Resources |

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| It's Never Easier, You Just Prepare Earlier: Postsecondary Transition with ADHD (Ms. Julie Lapointe and Sophia Rivard) | 1. Examine postsecondary transition issues from both the perspective of exacerbation of previous challenges and the arising of new areas of autonomy; 2. Discuss ways of better supporting students with ADHD during this transition; 3. Evaluate the contributions and limits of academic accommodations across different | BREAKOUT SESSIONS | Sat 11:15-12:15<br><br>1 ADHD Knowledge/ADHD Coaching |
| Refocusing Our Attention: The Developmental History in the Diagnosis of ADHD (Dhiraj Aggarwal and Dr. Tessa Ritchie) | 1. Perform a focused developmental history as a central tool in the diagnosis of ADHD in children and adolescents, integrating multi-informant data including structured pre-assessment questionnaires. 2. Recognize the role and limitations of commonly used ADHD rating scales, and the contributions of psychoeducational assessment, in diagnostic decision-making 3. Differentiate ADHD from anxiety, autism spectrum disorder, and learning disorders, and detect how patient shame, parental conflation of mental health and behaviour, and social media–driven presentations can | Symposia | Sat 1:30 - 3 PM<br><br>N/A - Diagnosis |
| Youth Violence Prevention and Treatment Program. (Martin Gignac, Cecile Rousseau, Delphine Collin-Vézina) | 1. Describe a school-based intervention program that addresses hate and the glorification of violence in order to reduce the risk of violent incidents 2. Discuss implementation of trauma-informed care frameworks in youth readaptation centers 3. Present the pharmacological management of emotional dysregulation and impulsive behaviors | Symposia | Sat 1:30 - 3 PM<br><br>1.5 Additional Coaching Skills & Coach Resources |
| Advancing ADHD Assessment in Canada: Challenges, Innovations, and Importance of Collaborative Care (Penny Corkum, Ghalib Ahmed, Evangelia Lila Amirali, Sarah Marchand- Lacoursière) | 1. Describe discipline-specific roles, challenges, and approaches to ADHD assessment and diagnosis across family medicine, psychiatry, and nursing. 2. Identify systemic, clinical, and diagnostic barriers that contribute to variability in ADHD assessment and access to care across Canada, including challenges related to comorbidity, rural access, and virtual service delivery. 3. Apply evidence-informed and interdisciplinary strategies to improve the accuracy, accessibility, and quality of ADHD assessment and diagnostic care across diverse clinical settings | Symposia | Sat 1:30 - 3 PM<br><br>N/A - Diagnosis |

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| Personalizing Adult ADHD Care: Matching Medication, CBT, and Accommodations to Metacognitive Capacity and Context (Craig Surman) | 1. Explain a care-continuum approach to adult ADHD treatment planning that prioritizes self-care and adaptive functioning. 2. Identify key patient-specific factors that affect whether medication, CBT, and environmental accommodations are usable and effective. 3. Evaluate treatment fit (capacities, context, and prior response to supports) when tailoring and adjust treatment | KEYNOTE | Sat 3:15 - 4:30 PM<br><br>.5 ADHD Knowledge/ADHD Coaching |

| Program Title | Description | Program Type | Length |
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| Complex, Comorbid and Connected: Clinical Management of Complex Cases (Dr. Greg Mattingly) | 1. Recognize the shared genetic and neurologic underpinnings of ADHD and comorbid health conditions 2. Examine the role mental health "vital statistics" to improve outcomes in complex patients 3. Evaluate real world pharmacologic strategies to improve outcomes in complex patients | KEYNOTE | Sat 8:00 – 9:30 AM<br><br>.05 ADHD Knowledge/ADHD Coaching |
| Canadian ADHD Practice Guidelines: Assessment, Psychosocial and Pharmacological Updates (Dr. Russell Schachar, Dr. Martin Gignac, Dr. Penny Corkum, Dr. Andrew Bickle) | 1. Identify updated assessment strategies that improve diagnostic accuracy across age groups and improve access care. 2. Describe the latest updates in ADHD pharmacology and their incorporation into CADDRA guidelines, including changes to first-line medications and prescribing considerations. 3. Review evidence-based updates to the psychosocial treatments section. | SYMPOSIA | Sun 10:00-11:30<br><br>N/A – Medication, treatment, diagnostics |
| Navigating the Intersection of ADHD and Neurodiversity: Tailored Assessment and Integrated Clinical Management (Dr. Weldon Bonnell, Dr. Evangelia Lila Amirali, Dr. Sarosh Khalid-Khan, Dr. Matthew Pierce) | 1. Analyze the interplay between ADHD and comorbid disorders to differentiate tailored assessment strategies that address the impact on daily functioning, sensory processing, and feeding (e.g., picky eating). 2. Design nuanced management plans that integrate pharmacological and non-pharmacological interventions for neurodiverse individuals with ADHD. 3. Evaluate clinical approaches to educational challenges, internet use, and substance use risks by incorporating the complex interaction between neurodiversity and ADHD. | SYMPOSIA | Sun 10:00-11:30<br><br>1 ADHD Knowledge/ADHD Coaching<br>.05 Additional Coaching Skills and Coach Resources |
| To Screen or Not to Screen: The Potential Impact of Universal Screening (Dr. Greg Mattingly) | 1. Examine the risks and benefits of early ADHD diagnosis 2. Recognize factors historically associated with delays in diagnosis 3. Explore strategies to improve measurement guided care for ADHD screening and diagnosis | BREAKOUT SESSIONS | Sun 11:40-12:40<br><br>.05 ADHD Knowledge/ADHD Coaching |
| Females: Hormones, ADHD, and Insomnia: Can They Catch a Break? (Sara Binder) | 1. Recognize ADHD in women throughout their lifespan 2. Recall the importance of managing sleep in ADHD 3. Discuss pharmacological and nonpharmacological treatment priorities in Women with ADHD and Insomnia | BREAKOUT SESSIONS | Sun 11:40-12:40<br><br>1 ADHD Knowledge/ADHD Coaching |
| An Update on Psychostimulant Treatment for ADHD in the Prison Setting (Dr. Andriy Samokhvalov, Dr. Saeid Chavoshi) | 1. Differentiate core clinical features of adult ADHD from symptoms associated with complex trauma, borderline personality traits, and Cluster C personality features. 2. Identify common diagnostic pitfalls and apply developmentally informed assessment strategies when evaluating overlapping presentations of ADHD, trauma-related dysregulation, and personality-based coping patterns. 3. Apply evidence-informed pharmacologic and psychotherapeutic approaches for managing patients with co-occurring ADHD, trauma-related symptoms, | BREAKOUT SESSIONS | Sun 11:40-12:40<br><br>N/A – Medical and Diagnosis |
| When Success Masks Struggle: Recognising ADHD in High-Functioning Professionals (Dr. Ailish Kenny) | 1. Recall common presentations of ADHD in high-functioning professionals 2. Describe how compensatory strategies may mask ADHD symptoms in adults 3. Identify factors contributing to delayed diagnosis in high-achieving individuals 4. Recognize ADHD in patients presenting with burnout, anxiety, chronic overwhelm, or underperformance | BREAKOUT SESSIONS | Sun 11:40-12:40<br><br>1 ADHD Knowledge/ADHD Coaching |

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| After the Diagnosis: Embedding Evidence-Based ADHD Coaching into Multimodal Care (Ms. Faelyne Templer) | 1. Distinguish the evidence-based role of credentialed ADHD coaching from other psychosocial interventions, and identify literature-informed indicators — including motivational readiness and functional domain impairment — that suggest a patient may benefit from coaching as a complement to their existing treatment plan. 2. Apply a structured interprofessional collaboration framework to facilitate effective referral to, and ongoing communication with, credentialed ADHD coaches — including what to communicate at referral, what outcomes to monitor, and how to recognize when the coaching relationship is supporting or diverging from clinical goals. 3. Describe how a strengths-based, positive psychology orientation in ADHD coaching supports functional gains in workplace, academic, and relational domains that clinical treatment alone is less positioned to address, and explain how this orientation is distinct from and | BREAKOUT SESSIONS | Sun 11:40-12:40<br><br>1 ADHD Knowledge/ADHD Coaching |
| Beyond the Hashtag: A Balanced Clinical Approach to ADHD in the Age of Tiktok (Dr. Joan Flood, Dr. Doron Almagor) | 1. Appraise recent peer-reviewed evidence (2022–2025) on both the harms and the benefits of ADHD-related social media content for patients seeking care. 2. Apply a structured, CAP-G–aligned clinical framework ("Validate – Contextualize – Assess") to patients whose ADHD presentation has been shaped by social media, including key differential considerations (anxiety, trauma, autism, sleep disorders). 3. Integrate digital health literacy counselling and curated high-quality online resources into routine ADHD consultations, recognizing how algorithmic curation, creator incentives, and transdiagnostic symptom attribution shape what patients bring to the visit | BREAKOUT SESSIONS | Sun 2:00-3:00<br><br>.5 Additional Coaching Skills & Coaching Resources<br>.5 ADHD Knowledge/ADHD Coaching |
| From Symptoms to Sequencing: Clinical Decision-Making in ADHD, Depression, and Anxiety (Dr. Kenny Handelman) | 1. Differentiate ADHD-related executive dysfunction and demoralization from anxiety avoidance, depressive cognitive slowing, anhedonia, and other overlapping clinical presentations. 2. Apply a practical treatment-sequencing framework to determine when to prioritize anxiety or depression treatment, when ADHD treatment may reasonably be started first, and when concurrent treatment is indicated. 3. Reassess treatment response over time and modify the care plan when improvement in one symptom domain reveals persistent ADHD, anxiety, depressive, or | BREAKOUT SESSIONS | Sun 2:00-3:00<br><br>.5 Additional Coaching Skills & Coaching Resources<br>.5 ADHD Knowledge/ADHD Coaching |
| ADHD and OCD: Paradox, Comorbidity, or Continuum? (Dr. Ali Sulais) | 1. Analyze the epidemiological, neurobiological, and neuropsychological evidence underlying the comorbidity between Attention-Deficit/Hyperactivity Disorder and Obsessive-Compulsive Disorder to inform diagnostic formulation. 2. Compare theoretical models explaining ADHD–OCD co-occurrence, and apply an integrative conceptual model to reconcile findings across neurobiological, cognitive, and developmental levels. 3. Apply evidence-based principles to assess and manage patients with comorbid ADHD and OCD, including adapting pharmacological and psychotherapeutic interventions to guide individualized treatment | BREAKOUT SESSIONS | Sun 2:00-3:00<br><br>.5 Additional Coaching Skills & Coaching Resources<br>.5 ADHD Knowledge/ADHD Coaching |

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| Advancing Workforce Participation for Adults with ADHD: Evidence Informed Strategies for Practice (Jane Hutchison) | 1) Identify key barriers and facilitators influencing workforce participation for adults with ADHD in Canada. 2) Apply evidence informed, neuroaffirming strategies to support adults with ADHD during workforce transitions. 3) Integrate practical approaches that enhance sustainable employment by leveraging strengths and identifying strategies and supports to address functional limitations. | BREAKOUT SESSIONS | Sun 2:00-3:00<br><br>1 ADHD Knowledge/ADHD Coaching |
| The Age 12 Wall: Is "Adult-Onset ADHD" a Diagnostic Mirage? Reclaiming Clinical Wisdom in the Surge of Adult Inattention (Dr. Craig Emes) | 1. Appraise the longitudinal evidence for adult-onset ADHD-like phenotypes and identify the clinical risks of relaxing the DSM-5-TR Criterion B (Age 12) mandate in adult practice. 2. Critique the "Stimulant Response Myth" and evaluate the long-term cardiovascular and ethical implications of prescribing stimulants to adults without a verified neurodevelopmental history. 3. Formulate a diagnostic decision tree utilizing a validated, non-developmental DSM-5-TR alternative for patients presenting with late-manifestation cognitive impairment and executive dysfunction. | BREAKOUT SESSIONS | Sun 2:00-3:00<br><br>N/A Medical/Diagnostic |
| Trauma and ADHD: Untangling the Clinical Picture and Building More Responsive Systems of Care for Children and Youth (Dr. Delphine Collin-Vézina) | 1. Distinguish complex and developmental trauma from PTSD, describe its overlap with ADHD symptom profiles, and explain the implications of this distinction for differential diagnosis and clinical formulation in mental health settings. 2. Identify key principles of trauma-informed care and discuss practical strategies for integrating them into ADHD assessment and treatment, including how to screen for trauma history and adapt intervention approaches when both conditions are present. 3. Discuss the most pressing systemic barriers to addressing trauma and ADHD together — including gaps in professional training, siloed service delivery, and the underrepresentation of lived experience in service design — and consider how cross-sector collaboration can help bridge | KEYNOTE | Sun 3:15-4:30<br><br>1.25 ADHD Knowledge/ADHD Coaching |