

ADHD FELLOWSHIP

Name of Institution: Montreal Children's Hospital
Fellowship Supervisor: Dr. Lily Hechtman
Number of positions: 2
Type of Fellowship: Clinical/Research Fellowship
Length of Fellowship: 1 year (if primarily clinical), 1-2 years (if primarily research)

Program Information

The objective of a primarily clinical fellowship (75% clinical / 25% research) in Attention Deficit Hyperactivity Disorder (ADHD) is to provide additional training in the diagnosis and treatment of ADHD throughout the lifespan, e.g., in children, adolescents, and adults. The program will focus on diagnostic issues, differential diagnoses (both medical and psychiatric), as well as comorbid diagnoses. It also stresses treatment issues and stresses the development of appropriate use of medication, as well as psychosocial treatments. Use of medications, titration, and management of side effects is taught via lectures, as well as supervised case management. The detection and treatment of conditions comorbid with ADHD are also stressed. The clinical fellowship also has an academic component with a published paper or small research project required.

The objective of a primarily research fellowship (25% clinical / 75% research) in Attention Deficit Hyperactivity Disorder (ADHD) is to train a potential young researcher to conduct research in the area of ADHD. The program will therefore focus on ethics of clinical research, research design and methodology, evaluation of research instruments, data collection, cleaning, and statistical analysis, interpretation of results, as well as limitation of the study and the results will also be focused on. The fellow will be required to review relevant literature in ADHD design, a viable and relevant research project, submit it to scientific and ethics approval, carry out the project, collect, clean, and analyze the data and write up the project for publication.

Background

Attention Deficit Hyperactivity Disorder has been a central focus of clinical research in the child psychiatry department at the Montreal Children's Hospital for more than 20 years. There is an extensive research program, which includes children, adolescents, and adults. The research program has received continuous NIMH and CIHR funding since 1988.

Areas of research have included:

1. Controlled, long-term prospective follow-up studies of children with ADHD and matched controls into adolescence and adulthood.
2. Multimodal treatment studies of children with ADHD.
3. Multisite (7 sites) multimodal treatment studies of children with ADHD (The MTA).
4. Follow-up of multisite multimodal treated children with ADHD and matched controls.
5. Assessing an intervention to aid children with ADHD who are transitioning from elementary to high school
6. Efficacy of careful medication and tailored case management follow-up for children with ADHD
7. Relative efficacy of medication, Cognitive Behavioral Therapy, or a combination of both as interventions for adults with ADHD.
8. Efficacy of Cognitive Behavioral Therapy for Adolescents with ADHD.

9. Efficacy of Aerobic Exercise as an Adjunct Treatment for ADHD

Research Activity

Clinical fellows can become involved in the diagnosis and treatment of research subjects. In addition, there are two ADHD clinics at the Montreal Children's Hospital.

One in pediatrics, which deals with ADHD patients who are generally not comorbid for another condition, and the child psychiatry ADHD clinic, which deals with ADHD patients who generally have one or more significant comorbidities. Clinical fellows in the ADHD program will be attached to both these clinics, as well as the extensive research program.

Research fellows in ADHD will be expected to review the relevant literature and design an independent research project, which will then be submitted first to scientific and then for ethical review. Once accepted by these committees, the fellow will carry out the project, do the data collection, data cleaning, and run the data analyses with the help and guidance of a statistician. Interpretation of the results and their clinical relevance will follow. The fellow will then be expected to write up the research project for publication.

Publications

See publications of Dr. Hechtman attached

Mission

The objective of a primarily clinical fellowship in ADHD is to improve the fellow's expertise in the diagnosis and treatment of ADHD throughout the lifespan. Detecting and treating conditions that may be comorbid with ADHD is also stressed.

The objective of a primarily research fellowship in ADHD is to provide expertise to young researchers to enable them to carry out research in the area of ADHD.

Outline How Intended Fellowship Will Enhance Residency Training

Depending on the level of clinical expertise of the fellow, he can become involved in the teaching, supervision, and monitoring of medical students and residents.

Name of the Fellowship Supervisor

Dr. Lily Hechtman, MD, FRCP
Professor Psychiatry and Pediatrics
Director of Research
Division of Child Psychiatry

Names of the Teaching Faculty

Dr. Emmett Francoeur who heads the pediatric ADHD clinic at the Montreal Children's Hospital. He and pediatricians working in that clinic, e.g., Dr. Ghosh, Dr. Raymond-Panet will provide clinical supervision to the fellow when he/she is working in the pediatric ADHD clinic.

Dr. Lily Hechtman who heads the child psychiatry ADHD clinic, as well as the child, adolescent, and adult research program and will supervise the fellow when they are involved in these programs.

Dr. Nathalie Grizenko who heads the child psychiatry department and the ADHD service at the Douglas Hospital and will supervise the fellow when they work in that clinic or their day hospital.

Dr. Jaswant Gudzer and Dr. Ashley Wazana who head the child psychiatry department at the Jewish General Hospital and will supervise the fellow when they work in that setting (clinical or day hospital).

Academic Facilities

The Montreal Children's Hospital is a McGill University teaching hospital and is part of the McGill University Health Center. The child psychiatry department has wide ranging programs, which include an emergency psychiatry service, a child psychiatry day hospital, an inpatient psychiatry unit, and a consultation service to medical and surgical inpatients. All these services are located at the Montreal Children's Hospital. The child psychiatry outpatient services and specialty clinics, as well as the ADHD research program are located at the Montreal Children's Hospital at the Glen Yards Campus. Conference rooms, examination rooms, and observation (1-way mirror) rooms are all available in that facility.

Appropriate facilities are available in the outpatient clinical and research space at the Glen to carry out clinical work and receive direct observation supervision.

The hospital investigation facilities, e.g., blood, urine tests, x-rays, ECGs, EEGs, etc. are available if further medical investigations are required.

Library access is available at the Montreal Children's Hospital library, which also interconnects with the McGill library and the libraries of other McGill teaching hospitals.

Fellow Duties and Responsibilities

Fellows engaged in clinical work primarily will be expected to cover the psychiatry ADHD service with a designated staff person in Dr. Hechtman's absence.

Teaching Responsibilities Toward Residents

The fellow will only be asked to teach, supervise, or mentor medical students and residents if and when their own level of expertise in ADHD is felt to be adequate for such responsibilities.

Outpatient Clinic Responsibilities

Fellows engaged in clinical work primarily will spend most of their time in the psychiatry and pediatric ADHD services and only go to the Douglas and/or Jewish General Hospital child psychiatry departments if the number of cases (e.g., English cases for unilingual English fellows) proves inadequate. The fellow will be responsible for assessing and treating children, adolescents, and adults with ADHD in the pediatric and psychiatric ADHD clinics and ADHD research program.

Academic Activities

The fellow will participate in all teaching activities in the child psychiatry department at the Montreal Children's Hospital. This includes grand rounds, clinical case conferences, research seminars, and resident journal club. The fellow will also attend weekly pediatric and psychiatric ADHD clinic team meetings where cases are discussed, as well as weekly individual supervision with Dr. Hechtman.

Support Staff Available

Support staff, e.g., secretarial, nurses, psychologists, social workers from the pediatric and psychiatric ADHD clinics outlined above will be available to the fellow while he/she is working in these services. Other members of the ADHD research group, e.g., psychologists, secretary, research assistants will provide support for the research component.

Research Productivity and Publication

A clinical fellow may devote 25% of their time to research, and is expected to review the literature in a particular area of ADHD and write up this review with relevant case illustrations for publication.

Alternatively, the fellow can opt to increase the research component and to carry out or participate in a research project, which is manageable, given the allotted time and write up the results of this project for publication.

Research fellows in ADHD will be expected to review the relevant literature and design an independent research project and carry it out. The fellow will then be expected to write up the research project for publication.

CURRICULUM:

Intended Case Load / Varieties of Cases

Fellows engaged in clinical work primarily will be expected to do one or two new assessments per week with ongoing treatment and follow-up of the patients the fellow assessed. Once the patients are stable and doing well, they will be referred back to their community physician. All ADHD cases should vary with regard to age (children, adolescents, and adults), as well as comorbidity.

Fellows engaged in research primarily will have no specific case load, but will need to recruit, assess, and treat the number of ADHD subjects required for his/her research project.

Regular Reading Materials Provided

The fellow is expected to review the literature as it pertains to the cases he has assessed and treated, and/or to a research project that he has opted to complete. Thus reading on etiology, genetics, neuroimaging, differential diagnoses, clinical presentation, pharmacological and psychosocial treatment, and outcomes of ADHD and its various comorbidities will be requested.

Conference Weekly Schedules

In addition to monthly meetings, such as grand rounds, clinical case conferences, research seminars, and resident journal club outlined above, the fellow will attend

weekly pediatric ADHD case discussion meetings, weekly child psychiatry ADHD meetings, and weekly ADHD research meetings.

Fellows who opt to carry out a research project will also meet weekly with Dr. Hechtman to review their research progress.

Role of the Fellow in Attending, Presenting, Supervising, Organization

The fellow will be expected to present cases he/she has assessed and treated at these various meetings.

Fellows who carry out a research project will also be expected to present his/her project and its findings at the Montreal Children's Hospital Research Day and the Quebec Child Psychiatry Research Day, as well as appropriate national and international meetings.

Lily Hechtman Peer-reviewed Publications (2010-Present)

J. Langberg, J. Epstein, J. Simon, R. Loren, L.E. Arnold, **L. Hechtman**, S. Hinshaw, B. Hoza, P. Jensen, W. Pelham, J. Swanson, T. Wigal. Parental agreement on ADHD symptom-specific and broadband externalizing ratings of child behaviour. *Journal of Emotional and Behavioral Disorders*, 18 (1): 41-50, 2010.

A.Y. Mikami, S. Hinshaw, L. E. Arnold, B. Hoza, **L. Hechtman**, J. H. Newcorn, H. B. Abikoff. Bulimia Nervosa symptoms in the Multimodal Treatment Study of children with ADHD. *International Journal of Eating Disorders*, 43(3): 248-259, 2010.

J.M. Langberg, L.E. Arnold, A.M. Flowers, J. Epstein, M. Altaye, S. Hinshaw, J. Swanson, R. Kotkin, S. Simpson, B. Molina, P. Jensen, H. Abikoff, W. Pelham, B. Vitiello, K. Wells, **L. Hechtman**. Parent-reported homework problems in the MTA study: Evidence for sustained improvement with behavioral treatment. *Journal of Clinical Child and Adolescent Psychology*, 39 (2): 220-233, 2010.

B. Hoza, D. Murray-Close, L.E. Arnold, S.P. Hinshaw, **L. Hechtman**, et al. Time-dependent changes in positively biased self-perceptions of children with ADHD: A developmental psychopathology perspective. *Development and Psychopathology*, 22 (2): 375-390, 2010.

M. Weiss, A. Childress, M. Pucci, **L. Hechtman**. Review of Long-acting Stimulant and Nonstimulant ADHD Pharmacotherapy in Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 20 (Suppl. 2), 1-20, 2011.

D. Murray-Close, B. Hoza, S. Hinshaw, L.E. Arnold, J. Swanson, **L. Hechtman**. Developmental processes in peer problems of children with ADHD in the MTA Study: Developmental cascades and vicious cycles. *Development and Psychopathology* 22: 785-802, 2010.

J.M. Langberg, B. Molina, L.E. Arnold, J. Epstein, M. Altaye, S. Hinshaw, J. Swanson, T. Wigal, and **L. Hechtman**. Patterns and predictors of adolescent academic achievement and performance in a sample of children with Attention-Deficit/Hyperactivity Disorder (ADHD). *Journal of Clinical Child and Adolescent Psychology*, 40: 4, 519-531, 2011.

M. Weiss, M. Wasdell, K.D. Gadow, B. Greenfield, **L. Hechtman**, C. Gibbins. Clinical correlates of Oppositional Defiant Disorder (ODD) and Attention-Deficit/Hyperactivity Disorder (ADHD) in adults. *Postgraduate Medicine*, 123 (2): 177-184, 2011.

L. Hechtman. Treatment of ADHD in patients unresponsive to methylphenidate. *Journal of Psychiatry & Neuroscience*, 36 (3), 216. 2011.

L. Hechtman. Prospective follow-up studies of ADHD: Helping Establish a Valid Diagnosis in Adults. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50 (6): 533-535, 2011.

A. Vaughn, J. Epstein, J. Rausch, M. Altaye, J. Langberg, J. Newcorn, S. Hinshaw, **L. Hechtman**, L.E. Arnold, J. Swanson, T. Wigal. Relations between outcomes on a continuous performance test and ADHD symptoms over time. *Journal of Abnormal Child Psychology*, 39, 853-864, 2011.

L. Hechtman, L. French, M. Mongia, M.V. Cherkasova. Diagnosing ADHD in adults: Limitations to DSM-IV and DSM-V proposals and challenges ahead. *Neuropsychiatry*, 1 (6), 579-590, 2011.

M. Weiss, C. Murray, M. Wasdell, B. Greenfield, L. Giles, **L. Hechtman**. A randomized controlled trial of CBT therapy for adults with ADHD with and without medication. *Biomedical Central Psychiatry*, 12 (30), 2012.

B. Vitiello, G. Elliott, J. Swanson, L.E. Arnold, **L. Hechtman**, H. Abikoff, B. Molina, K. Wells, T. Wigal, P. Jensen, L. Greenhill, J. Kaltman, J. Severe, C. Odbert, K. Hur, R. Gibbons: Blood pressure and heart rate in the Multimodal Treatment of Attention Deficit/Hyperactivity Disorder Study over 10 years. *American Journal of Psychiatry*, 169: 167-177, 2012.

M.V. Cherkasova, M.P. Pondé, **L. Hechtman**. Adolescent and adult outcome of attention deficit hyperactivity disorder: presentation and predictors. *Minerva Psichiatrica*, 53, 11-27, 2012.

S. Mrug, B. Molina, B. Hoza, A. Gerdes, S. Hinshaw, **L. Hechtman**, L.E. Arnold. Peer rejection and friendship in children with Attention-Deficit/ Hyperactivity Disorder: Contributions to long-term outcomes. *Journal of Abnormal Child Psychology*, 40 (6), 1013-1026, 2012.

P. Hodgkins, M. Shaw, D. Coghill, **L. Hechtman**. Amphetamine and methylphenidate medications for attention-deficit/hyperactivity disorder: complementary treatment options. *European Child & Adolescent Psychiatry*, 21 (9), 477-492, 2012.

D. Kolar, **L. Hechtman**, E. Francoeur, J. Patterson, Characteristics of children with ADHD in psychiatric and pediatric ADHD clinics. *Eastern Journal of Medicine*, 17, 1-10, 2012.

M. Mongia, **L. Hechtman**. Cognitive behaviour therapy for adults with Attention-Deficit/ Hyperactivity Disorder: A review of recent randomized controlled trials. *Current Psychiatry Reports*, 14 (5), 561-567, 2012.

M.V. Cherkasova, E. Sulla, K. Dalena, M. Pondé, **L. Hechtman**. Developmental course of Attention Deficit Hyperactivity Disorder and clinical implications, *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 22 (1), 47-54, 2013.

L. Hechtman, R.C. Russell, L. J. Young. Psychosis in a boy with ADHD treated with stimulants and acute lymphocytic leukemia treated with chemotherapy and steroids. *Neuropsychiatry*, 13 (1). 1-4, 2013.

BSG Molina, SP Hinshaw, LE Arnold, JM Swanson, WE Pelham, **L. Hechtman**, B Hoza, J.N. Epstein, T. Wigal, H.B. Abikoff, LL Greenhill, PS Jensen, KC Wells, B Vitiello, R.D. Gibbons, A. Howard, P.R. Houck, K. Hur, B. Lu, S. Marcus, & MTA Cooperative Group. Adolescent substance use in the MTA as a function of childhood ADHD, random assignment to childhood treatments, and subsequent medication. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52 (3), 250-263, 2013.

B. Hoza, J. McQuade, D. Murray-Close, E. Shoulberg, B.S. Molina, G.E. Arnold, J. Swanson & **L. Hechtman** (2013). Does childhood positive self-perceptual bias mediate adolescent risky behavior in youth from the MTA study? *Journal of Consulting and Clinical Psychology*, 81(5), 846-858.

JD McQuade, AJ Vaughn, B Hoza, D Murray-Close, BSG Molina, LE Arnold, & **L. Hechtman** (2014). Perceived social acceptance and peer status differentially predict adjustment in youth with and without ADHD. *Journal of Attention Disorders*, 18(1), 31-43.

P.J. Rosen, A.J. Vaughn, J.N. Epstein, B. Hoza, L.A. Arnold, **L. Hechtman**, **B.S.G.** Molina, & J.M. Swanson (2014). Social self-control, externalizing behavior, and sociometric peer liking in children with ADHD: A mediation model. *Social Development*, 23, 288-305.

M. Cherkasova, N. Faridi, K. Casey, G. O'Driscoll, **L. Hechtman**, R. Joober, G. Baker, J. Palmer, A. Dagher, M. Leyton, & C. Benkelfat. (2014) Amphetamine-Induced Dopamine Release and Neurocognitive Function in Treatment-Naïve Adults with ADHD, *Neuropsychopharmacology*. 39 (6): 1498-1507.

Mikami, A. Y., Hoza. B., Hinshaw, S. P., Arnold, L. E., **Hechtman, L. T.**, & Pelham, W. E. (2015). Cross-setting correspondences of sociometric nominations among children with ADHD. *Journal of Emotional and Behavioral Disorders*, 23: 52-64.

C. Rousseau, C. Beauregard, K. Daignault, H. Petrakos, B. D. Thombs, R. Steele, H. Vasiliadis, **L. Hechtman**. A cluster randomized-controlled trial of a classroom-based drama workshop program to improve mental health outcomes among immigrant and refugee youth in special classes. *PLoS One* 2014 15;9(8):e104704. Epub 2014 Aug 15.

B. Greenfield, **L. Hechtman**, A. Stehli, & T. Wigal. (2014) Sexual Maturation Among Youth with ADHD and the Impact of Stimulant Medication, *European Child and Adolescent Psychiatry*, 23 (9) 835-839.

Perez-Algorta, G, Kragh, C.A., Arnold, L.E., Molina, B.S., Hinshaw, S.P., Swanson, J.M., **Hechtman, L.**, Copley, L.M., Lowe, M., Jensen, P.S. (2014). Maternal ADHD symptoms, personality, and parenting stress: Differences between mothers of children with ADHD and mothers of comparison children. *Journal of Attention Disorders*, Epub 2014 Dec18.

D.W. Murray, B.G.S. Molina, K. Glew, P. Houck, A. Greiner, D. Fong, L.E. Arnold, J. Swanson, M. Lerner, **L. Hechtman**, H. Abikoff, P. Jensen. (2014). Prevalence and characteristics of school services for high school students with ADHD. *School Mental Health*. 6(4) 264-278.

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Klil-Drori S., **Hechtman L**. (2016). Potential Social and Neurocognitive Benefits of Aerobic Exercise as Adjunct Treatment for Patients with ADHD. *Journal of Attention Disorders*, published online before print June 10, 2016, doi: 10.1177/1087054716652617.

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Sibley, M. H., Swanson, J. M., Arnold, L. E., **Hechtman, L. T.**, Owens, E. B., Stehli, A., Abikoff, H., Hinshaw, S. P., Molina, B. S. G., Mitchell, J. T., Jensen, P. S., Howard, A. L., Lakes, K. D., Pelham, W. E. and the MTA Cooperative Group (2016), Defining ADHD symptom persistence in adulthood: optimizing sensitivity and specificity. *Journal of Child Psychology Psychiatry*. doi:10.1111/jcpp.12620

Roy, A., **Hechtman, L.**, Arnold, L.E., Sibley, M.H., Molina, B.S.G., Swanson, J.M., Howard, A.L. for the MTA Cooperative Group. (2016). Childhood factors affecting persistence and desistence of ADHD symptoms in adulthood: results from the MTA. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(11):937–944.

Hechtman, L., Swanson, J.M., Sibley, M., Stehli, A., Owens, E.B., Mitchell, J.T., Arnold, L.E., Molina, B.S.G., Hinshaw, S.P., Jensen, P.S., Abikoff, H., Algorta, G.P., Howard, A., Hoza, B., Etcovitch, J., Houssais, S., Lakes, K.D., Nichols, J.Q. (2016). Functional adult outcomes 16 years after childhood diagnosis of Attention-Deficit/Hyperactivity Disorder: MTA results. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(11):945–952.

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