FINAL REPORT

Mindful Choices for ADHD 2026 Summit Series

Thriving in Transition:
Reimagining ADHD Care for Young Adults

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EXECUTIVE SUMMARY

As national attention on Attention-deficit/hyperactivity disorder (ADHD) continues to rise, there is a growing need for thoughtful, evidence-informed conversations that bring together science, clinical expertise, policy, and lived experience. Over two sessions, the **Mindful Choices for ADHD Summer Summit series, Thriving in Transition: Reimagining ADHD Care for Young Adults**, convened experts, including clinicians, researchers, patient advocates, policymakers, and individuals with lived experience, to examine one of the most vulnerable periods in the ADHD care continuum: the transition from adolescence to adulthood.

Public awareness of ADHD has grown significantly in recent years, with more individuals and families recognizing the condition and seeking information and care. While this increased awareness is an important step forward, it also underscores the need to ensure patients, families, and clinicians have access to accurate, evidence-based resources.

Young adulthood is one of the most consequential yet overlooked periods in the ADHD care continuum, as individuals transition to greater independence while navigating new health care systems, insurance changes, and increasing responsibility for managing their own care. The health care system, clinical guidance, and supporting policies have not fully evolved to meet the unique needs of this population.

Throughout the Summit series, panelists identified systemic gaps in key areas like care coordination, clinician education, research, and policy that can disrupt care. Panelists examined both the challenges young adults with ADHD face and the practical strategies needed to improve outcomes during this critical transition. Discussions emphasized that successful transitions require more than continuity of medication. Over the course of the sessions, it was frequently mentioned that young adults benefit from comprehensive care that supports executive functioning, behavioral health, self-advocacy, healthy lifestyle habits, and coordinated clinical care.

By bringing together a wide range of perspectives across the ADHD community, the Summit series helped identify actionable, evidence-informed opportunities to strengthen clinical care, advance research, and inform policies that better support young adults during this critical transition.

Four major findings emerged across the Summit series:

1. **Fragmented care disrupts treatment continuity during the transition to adulthood**
2. **The current ADHD care system lacks adequate clinical guidance and research for young adults**
3. **Effective ADHD care requires access to comprehensive, individualized support**
4. **Policy and payment systems have not kept pace with evidence-based ADHD care**

The Summit series also identified **four key action areas** for advancing evidence-based ADHD care for young adults and improving outcomes across the lifespan:

1. **Strengthen care coordination and policies that support evidence-based ADHD care**
2. **Expand access to comprehensive, individualized ADHD care**
3. **Strengthen clinician education and adult ADHD clinical guidance**
4. **Advance innovation in ADHD diagnosis and research**

Although the transition to adulthood presents significant challenges, panel participants emphasized that it also represents an opportunity. With thoughtful planning, more care coordination, improved clinician education, continued research, and policies that better support comprehensive, individualized care, more young adults with ADHD can successfully navigate adulthood and achieve positive long-term outcomes.

The Summit series reinforced Mindful Choices' commitment to convening stakeholders to identify shared challenges, advance practical, evidence-informed solutions, and promote accurate, trusted information that supports better care for young adults with ADHD.

Introduction & Background

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental conditions, affecting millions of children and adults across the United States.[1,2,3] Although ADHD begins in childhood, it can remain undiagnosed or extend well into adulthood, influencing educational attainment, employment, relationships, financial stability, physical health, and overall quality of life.[3, 4] Yet many systems of care continue to treat ADHD primarily as a childhood condition, leaving young adults without adequate clinical guidance during one of the most consequential periods of development.[3]

Young adulthood can often be one of the most challenging periods for those living with ADHD.[5] As individuals leave pediatric care and transition into college, the workforce, military service, trade programs, or independent living, they simultaneously lose many of the supports that previously helped them manage their condition.[6] During this period, they must navigate new health care systems, insurance changes, medication management, workplace or educational accommodations, and increase expectations for self-advocacy while continuing to develop executive functioning skills.[6]

Furthermore, as national attention to ADHD increases, so does the risk of misinformation and misunderstanding, underscoring the importance of ensuring that young adults and families receive accurate, evidence-based information and support from properly trained clinicians rather than relying on social media or disreputable sources for guidance.

Recognizing these challenges, Mindful Choices for ADHD (Mindful Choices) convened a two-part Summer Summit series to better understand where young adults are falling through the cracks and identify opportunities to strengthen ADHD care:

June 17, 2026: *Young Adults with ADHD: Lost in Transition*

July 22, 2026: *Successfully Transitioning: Expanding the ADHD Care Toolkit for Young Adults*

Taken together, the discussions revealed that many of the challenges facing young adults with ADHD are driven not only by clinical needs but also by gaps in the systems that support their care. Health care delivery, payment structures, clinical guidance, and public policy have not fully evolved to meet the unique needs of young adults during this critical transition.

Key Discussion Themes

Fragmented Care Disrupts Treatment Continuity

Rather than experiencing a seamless transition from pediatric to adult care, many young adults face multiple disruptions as they move into more independent settings.[6] Some of these disruptions include changes in insurance coverage, relocations for college or employment, shortages of adult ADHD providers, differing state prescribing requirements, and limited coordination between pediatric and adult clinicians, all of which can interrupt treatment at a time when continuity is especially important.[4,6]

Panelists consistently described the transition to adulthood as a period when expectations for independent health care management rose rapidly, even as many young adults continue to develop the organizational and self-management skills needed to navigate increasingly complex systems. Panelists also noted that many young adults may not recognize the extent to which structured supports from parents, schools, and clinicians previously enabled their success until those supports are withdrawn, making the transition to greater independence particularly challenging.

Successfully managing appointments, prescription refills, insurance requirements, accommodations, and communication with providers requires executive functioning skills that often continue to mature throughout early adulthood. When these supports disappear without adequate transition planning, treatment interruptions become more likely.

Administrative barriers were also identified as an important contributor to fragmented care. Because ADHD medication management is highly individualized, treatment often requires ongoing collaboration among patients, families, and clinicians to identify the medication, dosage, and formulation that best meet an individual's needs. This process can take time and may require adjustments as a patient's circumstances and response to treatment evolve.

In addition to workforce shortages and limited access to clinicians with ADHD expertise, insurance policies may unintentionally delay or interrupt access to clinically appropriate treatment. Panelists also observed that coverage policies do not always reflect the iterative nature of ADHD treatment.

Young adults who change health plans, relocate for college or employment, or transition to new providers may be required to repeat prior authorization requests or medication trials, even after an effective treatment regimen has been established. Changes in formularies, incomplete transfer of clinical information, and administrative delays can further disrupt care, making it more difficult for clinicians to prescribe the most clinically appropriate therapy for an individual patient.

Improving continuity of care requires reducing unnecessary administrative barriers, strengthening care coordination across providers and care settings, improving the transfer of clinical information during transitions, and ensuring that insurance processes support—rather than inadvertently disrupt—timely access to clinically appropriate treatment.

The Current ADHD Care System Lacks Adequate Clinical Guidance and Research for Young Adults

Throughout the Summit series, panelists consistently identified significant gaps in the clinical infrastructure supporting ADHD diagnosis and management in young adulthood. Although scientific understanding of ADHD has advanced considerably, panelists observed that clinician education, standardized guidance, and research have not kept pace, leading to variability in care and inconsistent patient experiences.

It was noted that primary care clinicians receive limited formal education and training in ADHD, despite increasingly serving as frontline providers for diagnosis, treatment, and long-term management. As young adults transition from pediatric specialists to adult health care settings, primary care clinicians are often asked to diagnose, treat, and monitor ADHD with limited clinical guidance or specialized training. Strengthening clinician education emerged as an important opportunity to improve diagnostic confidence, promote evidence-based care, and support more consistent, high-quality ADHD care. This need is particularly acute during the transition to adulthood, when patients are often present with evolving symptoms, new functional demands, and co-occurring mental health conditions.

Additionally, panelists emphasized that comprehensive ADHD evaluations require more than symptom checklists or routine neuropsychological testing. Accurate diagnosis depends on obtaining a thorough developmental history, evaluating functional impairment across multiple settings, considering co-occurring conditions, and recognizing that ADHD presentations may differ across individuals and can be masked by intelligence, compensatory strategies, or social expectations.

Panelists also stressed the importance of advancing objective, standardized diagnostic tools that complement, not replace, clinical judgment. More objective measures could improve diagnostic consistency, strengthen clinician confidence, reduce uncertainty in complex presentations, and help differentiate ADHD from conditions with overlapping symptoms, while preserving the comprehensive clinical evaluation as the foundation of diagnosis.

Limited clinician resources, inconsistent prescriber expertise, and widespread misinformation have contributed to both over- and underdiagnosis, underscoring the need for continued innovation to improve diagnostic accuracy while supporting clinician decision-making.

ADHD Treatment Must Be Personalized and Comprehensive

As one panelist mentioned, treatment is not one-size-fits-all. ADHD care is more like a "toolbox" tailored to each person. Across both Summit sessions, panelists agreed that ADHD care should not be reduced to a debate about medication alone. Individuals may benefit from different combinations of interventions, including cognitive-behavioral therapy, executive function coaching, organizational skills training, sleep optimization, nutrition, physical activity, mindfulness, and family education. Panelists discussed the importance of these types of tools that often complement pharmacologic treatment and can improve long-term outcomes for young adults with ADHD.

Panelists also emphasized that individualized treatment extends to medication selection. They noted that clinicians have multiple therapeutic options available, including both stimulant and non-stimulant medications. Long-acting stimulant formulations may be appropriate for some patients because they can reduce opportunities for misuse or diversion while providing sustained symptom control throughout the day. Participants emphasized that concerns about misuse should inform thoughtful clinical decision-making rather than limit access to appropriate treatment.

Medications can effectively improve core ADHD symptoms, but they do not teach the executive functioning skills required for long-term independence. Panelists emphasized that planning, organization, time management, self-monitoring, problem solving, and self-advocacy must be intentionally developed through practice, coaching, behavioral interventions, and supportive environments. They also noted that establishing these habits early, while support structures are still available, better prepares young adults to successfully manage the increasing academic, occupational, and personal responsibilities that accompany the transition to adulthood. Building these practical skills emerged as a critical component of helping young adults navigate higher education, employment, relationships, and independent health care management.

The Summit series also highlighted growing interest in lifestyle interventions as complementary components of ADHD care. While no single lifestyle intervention suits every individual, the panelists discussed emerging research on sleep, nutrition, exercise, stress management, and other healthy lifestyle practices that may improve outcomes when integrated with medication and behavioral treatment. Panelists agreed that additional research is needed to determine which interventions are most effective for different patients and how clinicians can incorporate these approaches into individualized care plans. Expanding this evidence base could help clinicians deliver more personalized care.

Policy and Payment Systems Have Not Kept Pace with Evidence-Based ADHD Care

While scientific understanding of ADHD continues to evolve, panel participants noted that many health care policies and payment structures have not kept pace with the evidence supporting comprehensive ADHD care. Panelists identified persistent insurance coverage gaps for behavioral therapies, ADHD coaching, executive functioning supports, and other non-medication interventions, despite their important role in helping individuals manage ADHD across the lifespan. As a result, patients may have limited access to the full range of evidence-based interventions needed to support long-term success.

Beyond improving access to care, panelists discussed opportunities to modernize policies that better support evidence-based practice. Priorities included strengthening clinician education, encouraging the development and adoption of objective diagnostic tools, expanding research into comprehensive treatment approaches, and supporting innovative care models that improve coordination among providers and across settings. They emphasized that policy should evolve alongside scientific evidence to ensure clinicians have the tools, resources, and flexibility needed to deliver individualized care.

Recommended Action Areas of Focus

Strengthen Care Coordination and Policies that Support Evidence-Based ADHD Care

Continuity of care is one of the greatest challenges facing young adults with ADHD. Transitions between pediatric and adult providers, changes in insurance coverage, relocation for college or employment, workforce shortages, and administrative requirements can all disrupt treatment during a period when maintaining clinical stability is especially important.

Improving continuity of care requires both stronger care coordination and policies that support timely, individualized treatment. The panelists highlighted opportunities to strengthen communication between pediatric and adult providers, improve transition planning, expand integrated care models, and reduce unnecessary administrative barriers. They also noted that insurance processes, including prior authorization, should better reflect the individualized and iterative nature of ADHD treatment, helping patients maintain access to clinically appropriate therapies as their needs evolve.

More broadly, the Summit series reinforced the need for policy and payment systems to keep pace with advances in ADHD care. Current coverage policies do not always support the full range of evidence-based interventions, including behavioral therapies, executive function coaching, and other services that complement medication and promote long-term self-management.

Expand Access to Comprehensive, Individualized ADHD Care

Throughout both Summit sessions, panelists emphasized that effective ADHD treatment requires an individualized, patient-centered approach that extends beyond medication alone. Medication remains an important component of care for many individuals, but clinicians should have the flexibility to tailor treatment based on each patient's clinical presentation, functional needs, and risk factors. Panelists discussed the importance of ensuring patients have access to the full range of evidence-based treatment options—including both pharmacologic and non-pharmacologic interventions—and noted that long-acting medication formulations may be clinically appropriate for some individuals because they can provide sustained symptom control while reducing opportunities for misuse or diversion.

Panelists also emphasized that long-term success depends on access to behavioral therapies, executive function coaching, psychoeducation, family support, healthy lifestyle interventions, and appropriate educational or workplace accommodations. These services help individuals develop the practical skills needed to manage ADHD across settings and throughout adulthood and are most effective when integrated with individualized medication management, when appropriate.

Continued efforts are necessary to ensure that health care delivery systems recognize the value of comprehensive ADHD care and support individualized treatment planning that reflects each patient's unique needs and goals. Expanding access to multidisciplinary care—including the full spectrum of evidence-based medication options and complementary behavioral and lifestyle interventions—can improve academic performance, employment, relationships, mental health, and overall quality of life.

Strengthen Clinician Education and Adult ADHD Clinical Guidance

Many clinicians have limited formal education and training in ADHD, despite often being the primary providers for diagnosis, treatment, and long-term management. Enhancing clinician education is a key opportunity to boost diagnostic confidence, minimize care variability, and ensure better adherence to evidence-based practices.

Panelists suggested that future initiatives could involve more comprehensive continuing medical education, revised clinical guidelines for adult ADHD, increased interdisciplinary teamwork, and educational resources aligned with the latest scientific evidence across all age groups.

Advance Innovation in ADHD Diagnosis and Research

Sustained investment in research that advances both the science and clinical practice of ADHD care is needed. While comprehensive clinical evaluation remains the foundation of diagnosis, panel participants discussed the potential of innovative, objective diagnostic tools to complement clinical judgment, enhance diagnostic consistency, and provide clinicians with additional evidence to inform decision-making.

Additionally, additional research into ADHD across the lifespan and lifestyle interventions such as sleep, nutrition, and physical activity could ultimately strengthen future care. Continued research in these areas can inform clinical guidelines, strengthen clinician education, improve reimbursement decisions, and support evidence-based policymaking.

Conclusion

As young adults navigate the transition to adulthood, they deserve systems of care that are as comprehensive, coordinated, and individualized as the challenges and opportunities they face.

Discussions throughout the Mindful Choices Summer Summit series identified clear opportunities to strengthen ADHD care for young adults through better care coordination, clinician education, continued research, and evidence-informed policy. By bringing together diverse voices from across the ADHD community, Mindful Choices is helping transform these shared insights into practical solutions that improve care and expand access to accurate, trusted information.

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Appendix

Appendix A - Summer Summit Series Descriptions and Goals

Session 1: *Young Adults with ADHD: Lost in Transition*

This session examined the critical transition from adolescence to young adulthood for individuals with ADHD, focusing on what breaks down as they move from high school into college or the workforce. Through a multidisciplinary discussion, our speakers explored how gaps in clinical guidance, care continuity, and support systems contribute to inconsistent treatment, increased risk behaviors, medication misuse and diversion, and both over- and under-prescribing. The session also examined how new peer environments, stigma, and the transition from pediatric to adult care affect young adults' ability to manage their condition effectively. Throughout the discussion, panel participants identified practical insights and opportunities to strengthen safe, consistent, and developmentally appropriate ADHD care during this high-risk, high-opportunity period.

Session 2: *Successfully Transitioning: Expanding the ADHD Care Toolkit for Young Adults*

This session explored how to better support young adults with ADHD as they transition into more independent environments by expanding their care toolkit. Speakers examined how young adults access appropriate, continuous care as they navigate new settings, such as college or the workforce, including challenges related to treatment management, provider access, and medication continuity. The discussion also explored the role of lifestyle approaches, including sleep, nutrition, exercise, and executive function coaching, alongside behavioral therapy, while highlighting persistent gaps in access and research. Panelists discussed strategies to reduce medication misuse and diversion through more comprehensive, coordinated care. They examined the policy landscape shaping access to ADHD treatment, including emerging federal and state priorities and their implications for improving outcomes for young adults.

Appendix B - Moderator and Speaker Biographies

Session 1: *Young Adults with ADHD: Lost in Transition*

Moderator:

David W. Goodman, MD

Johns Hopkins University School of Medicine

David Goodman, MD, is an Assistant Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine and Clinical Associate Professor of Psychiatry at the State University of New York, Norton College of Medicine. He is also the Director of the Adult Attention Deficit Disorder Center of Maryland in Lutherville and the Director of Suburban Psychiatric Associates, LLC.

An internationally recognized expert, he has presented over 750 lectures to medical specialists, authored peer-reviewed scientific papers, conducted clinical research on several of the ADHD medications now on the market, serves as a consultant to the NFL and the World Anti-Doping Agency, is widely quoted in national media, has served as expert witness, and teaches psychiatric residents at the Johns Hopkins School of Medicine and State University of New York Upstate. Dr. Goodman was on the American Professional Society for ADHD and Related Disorders Steering Committee for the development and publication of the first U.S. Clinical Practice Guidelines for the Diagnosis and Treatment of ADHD in Adults.

To advance funding and collaborative support for adult ADHD research, education, and advocacy, he founded two non-profit foundations (MyADHDFoundation.org and ADHDWorldFoundation.org).

Panelists:

Carla Chugani, PhD, LPC

Mantra Health

Carla Chugani, PhD, LPC, is Vice President of Clinical Programs at Mantra Health. Dr. Chugani is a clinical and translational scientist and researcher whose work is focused on increasing equitable access to high-quality mental health care for college students.

Prior to joining Mantra 4 years ago, she was an assistant professor of pediatrics, psychiatry, and clinical and translational science at the University of Pittsburgh School of Medicine, where she continues to contribute to NIH-funded research. Her research lies broadly at the intersection of mental health and higher education, and she has published more than 40 peer-reviewed articles in this area.

Dr. Chugani is also a clinical expert in dialectical behavior therapy (DBT), a Linehan Board-Certified DBT Clinician, a 2022 & 2023 co-chair of the conference, and a past Vice President of the Board for the International Society for the Improvement and Teaching of Dialectical Behavior Therapy (ISITDBT).

George J. DuPaul, PhD

Lehigh University

George DuPaul, PhD, is Professor of School Psychology in the College of Education and Associate Director of the Center for Community-Driven Assistive Technologies at Lehigh University in Bethlehem, Pennsylvania (USA). He is the author of 11 books, 213 peer-reviewed journal articles, and 67 invited book chapters related to attention-deficit/hyperactivity disorder (ADHD) and pediatric school psychology.

Dr. DuPaul serves on the editorial board of 11 scientific journals (e.g., Journal of Consulting and Clinical Psychology, Journal of School Psychology). He received the 2008 Senior Scientist Award from the School Psychology Division of the American Psychological Association. He was inducted into the Children and Adults with ADHD (CHADD) Hall of Fame in 2008.

He investigates early intervention and school-based interventions for students with ADHD and the assessment and treatment of college students with ADHD.

Jessica Lewis

Quick Wins for ADHD Moms

Jessica Lewis is a professional voiceover artist, high-performance leadership coach, photographer, entrepreneur, and passionate ADHD advocate. Born and raised in Meadville, Pennsylvania, she discovered her love for storytelling early through photography. She later earned a BA in Broadcasting and Media from Cedarville University, launching her career in radio before touring internationally with the Canadian band Downhere. After returning home to raise her family, Jessica built a successful photography and boutique packaging business before transitioning into voiceover work. Today, her voice can be heard worldwide in campaigns for major brands including DIOR, Stryker, PNC Bank, Ocean Spray, and Mondelez International. Jessica's most meaningful work, however, is rooted in her lived experience as an ADHD mom.

Navigating ADHD within her own family inspired her to use her voice, platform, and coaching to support other parents raising children with ADHD and to bring greater awareness, compassion, and practical strategies to the conversation. Through her coaching, speaking, and creative work, she empowers ADHD parents to lead with confidence, reduce shame, and help their children thrive. She is also a recognized Pexels Hero photographer, with her calming nature images reaching more than 725 million views worldwide, reflecting her commitment to helping others find clarity, beauty, and calm in everyday life. Jessica lives in northwest Pennsylvania with her husband, Dave, where they tag-team the adventure of raising three children and navigate ADHD with teamwork, humor, and a deep commitment to helping their family thrive.

Patricia O. Quinn, MD

Center for Girls and Women with ADHD

Patricia Quinn, MD is a nationally recognized developmental pediatrician and a pioneering authority on ADHD, with a particular focus on advancing understanding of ADHD in girls and women. With more than 50 years of clinical and research experience, she has shaped the field through her work in child development, psychopharmacology, and learning disabilities. Dr. Quinn is an influential thought leader whose contributions span clinical practice, education, and advocacy.

She is a sought-after international speaker and has delivered workshops nationwide, and has also appeared on prominent media platforms, including NPR, PBS, CNN, and Good Morning America, to raise awareness of ADHD across the lifespan. Her lasting impact is reflected in her extensive body of published work, including several groundbreaking books that define best practices in understanding ADHD in females. Notably, Understanding Girls with ADHD and Attention Girls! helped establish a new clinical and social framework to identify and support this underserved population. At the same time, her broader portfolio includes best-selling and award-winning titles for both professionals and families. Her latest book, Clinicians' Guide for Diagnosing and Treating ADHD in Women, will be released in June 2026 by Routledge Publishers.

Dr. Quinn also co-founded the Center for Girls and Women with ADHD in Washington, DC, further cementing her leadership in addressing gender-specific challenges in diagnosis and treatment. Her decades-long dedication has earned national recognition, including the CHADD Hall of Fame Award for outstanding service to the field. Through her clinical expertise, research contributions, and public advocacy, Dr. Quinn has fundamentally advanced the understanding of ADHD and continues to influence how it is diagnosed, treated, and discussed worldwide.

Session 2: *Successfully Transitioning: Expanding the ADHD Care Toolkit for Young Adults*

Moderator:

Jakara Eason

Executive Director, Mindful Choices for ADHD

Jakara Eason is the Executive Director of Mindful Choices for ADHD, a nonprofit organization dedicated to advancing evidence-based, balanced approaches to ADHD policy, diagnosis, and treatment. She leads the organization's strategic initiatives, stakeholder engagement, and advocacy efforts focused on improving outcomes for individuals living with ADHD across the lifespan. Before launching Mindful Choices for ADHD, she helped convene the National Leadership Summit on the Appropriate Use of ADHD Treatments, which brought together hundreds of stakeholders to shape the organization's mission and policy priorities.

Jakara graduated from Howard University and earned her master's degree from George Washington University.

Panelists:

Jeremy Didier, LSCSW, LMAC, ADHD-CCSP

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Jeremy Didier, LSCSW, LMAC, ADHD-CCSP, has spent more than fifteen years walking alongside individuals and families whose lives are shaped by ADHD—and she brings both professional expertise and lived experience to every room she enters. A licensed clinician, nationally recognized speaker, and co-chair of CHADD's Advocacy and Public Policy Committee, Jeremy offers assessment, diagnosis, and therapeutic services through her private practice, TreehouseADHD, based in the Kansas City, Missouri area.

She is the founder and co-coordinator of ADHDKC, Kansas City's CHADD chapter—twice named CHADD Chapter of the Year—and is the immediate past president of CHADD's board of directors. All of her work is rooted in CHADD's core commitment to evidence-based information, support, and advocacy.

Jeremy's voice reaches well beyond the therapy room. She has contributed to the Washington Post and appeared on NBC Nightly News, and her speaking engagements span the country. Her professional focus centers on the underdiagnosis of ADHD in girls and women, the relationship between ADHD and addiction, and improving outcomes for justice-involved individuals—areas where she believes better awareness can change lives. Diagnosed with ADHD as an adult herself, Jeremy understands firsthand what it means to have a name for the way your brain works finally. She holds a master's degree in social work from Fordham University and a bachelor's degree in journalism from the University of Kansas.

Outside of her work, Jeremy is most proud of the title she holds closest: mom to five children, four of whom are also neurodivergent.

Jeffrey Newcorn, MD

Icahn School of Medicine at Mount Sinai

Jeffrey Newcorn, MD is a highly regarded researcher in the areas of ADHD, aggression, and child and adolescent psychopharmacology, whose work spans clinical and translational topics. He has been the Principal Investigator or Co-investigator on numerous NIH-funded grants examining the clinical, genetic, neuroanatomic, and neurophysiologic bases of ADHD and its treatment, including the landmark MTA Study. He directs an active clinical trials program and has studied many of the current and emerging medications for ADHD. He is an internationally recognized educator and an editorial board member of several leading journals in child psychiatry/psychology and psychopharmacology.

Dr. Newcorn has published over 400 articles and book chapters; he has received numerous awards for his work, including the Hulse Award from the New York Council on Child and Adolescent Psychiatry, the Elaine Schlosser Lewis Award for research in Attention Deficit Disorder from the American Academy of Child and Adolescent Psychiatry, and (in May 2026) the Blanche F. Ittleson award for research in Child and Adolescent Psychiatry from the American Psychiatric Association.

He was elected to the CHADD Hall of Fame in 2014. He was a founding board member of the American Professional Society for ADHD and Related Disorders, serving as President from 2020 to 2022.

Elizabeth Sparrow, PhD

Sparrow Neuropsychology

Elizabeth Sparrow, PhD, is a licensed psychologist in North Carolina, providing neuropsychological services to people with ADHD, learning disorders, anxiety, and depression. She has helped people with ADHD for 40 years in hospital, university, educational, and private clinic settings, including coaching, enrichment, tutoring, evaluation, and intervention. Dr. Sparrow completed an undergraduate degree in Psychology at Swarthmore College. Her doctorate in Clinical Psychology (Neuropsychology track) is from Washington University in St. Louis, with an internship at the University of Chicago.

She completed a post-doctoral residency in pediatric neuropsychology at the Kennedy Krieger Institute and Johns Hopkins School of Medicine. In addition to co-authoring the Conners Adult ADHD Rating Scales (CAARS and CAARS 2), Dr. Sparrow served as lead clinical consultant for the Conners 3, Conners CBRS, and Conners EC. Past writing projects include Essentials of ADHD Assessment for Children and Adolescents, Executive Function and Dysfunction: Identification, Assessment, and Treatment, and the Guide to Assessment Scales in Attention-Deficit/Hyperactivity Disorder, 2nd edition.

Dr. Sparrow enjoys collaborating with groups to expand knowledge and awareness of ADHD, including workshops for schools, webinars for mental health providers, and clinical training/validation in pharmaceutical trials. Recent webinars include ADHD Assessment Across the Lifespan and ADHD Transitions: From Adolescence into Early Adulthood.

Lidia Zylowksa, MD

University of Minnesota

Lidia Zylowska, MD, is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Minnesota (UMN) and a faculty member at the University's Earl E. Bakken Center for Spirituality and Healing. She founded and directs the UMN Adult ADHD Clinic, a residency training site dedicated to whole-person health.

Dr. Zylowska is an internationally recognized expert in adult ADHD and mindfulness-based therapies; she co-developed the Mindful Awareness Practices (MAPs) for ADHD program, and her clinical insights have been featured in The New York Times, Time Magazine, and National Geographic.

She is the author of two books: The Mindfulness Prescription for Adult ADHD and Mindfulness for Adult ADHD: A Clinician's Guide.