that clinicians can raise adolescents' treatment engagement through autonomy support.

Developing a practice profile as a tool to support professionals

Aurelie Lange, & Esmee Verheem

Aim: This presentation will discuss practice profiles as a tool to support professionals to better deliver evidence-based effective components. A practice profile describes the activities of professionals in a specific setting and in a concrete and 'action-based manner.' This provides a tool to support 'learning on the job.' We will describe what a practice profile is, how it can be developed in co-creation and what benefits it provides for professionals. Relevance: Currently, there is a lack of action-based knowledge regarding the delivery of evidence-based effective components of interventions or programs. As a consequence, professionals are aware of the importance of delivering certain elements but are unequipped to actually deliver those elements in a context-appropriate manner. It is therefore important to improve our understanding of how to support professionals to acquire and develop this action-based knowledge. Method and findings: We developed a practice profile for professionals working in a residential setting for young people, and a practice profile for volunteers providing support to families with young children. We will discuss the steps undertaken to develop these practice profiles, which included a review of the literature / documentation, interviews, and vetting during work sessions with various stakeholders. We will also show how the practice profile can be applied in various ways, for example as a tool to coach students, or as a card game to use during supervision. Both practice profiles are currently being pilot tested in clinical practice. Initial findings regarding their applicability will be shared during the session.

Evidence-based treatment for children with ADHD: Challenges and solutions

Tycho J. Dekkers, on behalf of the PAINT consortium

For children with ADHD, several interventions with a robust evidence-base are available. The implementation of these interventions in clinical practice, however, is suboptimal, which negatively impacts many children and their families. In this talk, I will discuss this problem from three perspectives. First, I will present three recent studies from our PAINT (Psychosocial ADHD Interventions) research consortium, in which we detected facilitators and barriers towards evidence-based practice for ADHD (survey studies in clinicians [N=219] and school mental health professionals [N=115], and a longitudinal observation study in parents of children with ADHD [N=126]). These studies demonstrate that guidelines are often not followed, many children with ADHD receive interventions without a solid evidence base, and many factors determine families' treatment choices. Second, I will discuss one particular finding in detail: Context-focused interventions (i.e. behavioral parent/teacher training) are recommended by all guidelines, but their uptake is problematic. We therefore developed a brief and more accessible intervention of only three sessions. I will discuss pilot work (N=29 families), showing that this brief intervention has promising effects, as well as our three ongoing randomized controlled trials in different settings. Third, I will argue that the current narrative around ADHD, with a predominant emphasis on biological causes, is a crucial factor driving treatment selection. A too narrow biological perspective on ADHD may lead to decontextualization, which is the believe that children, or their brains, are primarily responsible for their symptoms. This narrative logically leads families towards child-focused solutions, and prevents them from selecting evidence-based contextual interventions.