



**aadpa**

**Australian  
Evidence-Based  
Clinical Practice  
Guideline for  
ADHD Factsheet**

**TYPES OF**

**NON-MEDICATION**

**INTERVENTIONS**

## **1 Lifestyle changes**

**WHAT |** Lifestyle changes involve modifying aspects of daily life to improve health and wellbeing. Lifestyle changes have the potential to improve day-to-day functioning for people with ADHD. Lifestyle factors considered in this section include diet, exercise or activity levels, and sleep patterns.

**WHO |** Clinicians including paediatricians, psychiatrists, general practitioners, nurses, nurse practitioners, psychologists and other allied health clinicians can assist a person with ADHD to make lifestyle changes to improve their functioning.

**HOW |** Lifestyle changes are generally explored during one-on-one sessions with a clinician.

**AGE RANGE |** Lifestyle changes can be considered for a person with ADHD of any age.

## 2 Education about ADHD (Psychoeducation)

**WHAT |** Information that can help improve the day to day functioning of the person as they build awareness of ADHD, and how adjustments can be made to their environment to maximise the strengths and improve their functioning. It includes providing education about the following:

- ADHD symptoms and their impacts
- Other common difficulties arising from ADHD symptoms e.g. emotion regulation difficulties, reduced self-esteem
- Common strengths in ADHD and identify and discuss the person's individual strengths
- How the severity of ADHD symptoms may vary due to factors such as stress (worsening of symptoms) or personal interest (resulting in motivation/ability to focus)
- Environmental modifications to improve functioning
- Rights to reasonable adjustments at school/university and the workplace and the types of accommodations
- Treatment and support of ADHD when a person has a co-occurring mental health or neurodevelopmental disorder
- Possible negative impacts of a diagnosis including stigma from others, labelling, others not understanding
- Possible increased risk of self-medication that may have occurred and the increased risk of substance use disorders and other addictions
- Impacts on driving (such as being distracted resulting in increased accidents) when ADHD is not treated
- Possible impacts on relationships due to ADHD symptoms – family, intimate and other social relationships.

**WHO |** Education is usually provided at the end of the diagnostic process by the diagnosing clinician such as a paediatrician, psychiatrist or psychologist.

Sometimes other clinicians, such as nurses, nurse practitioners or allied health staff will provide ADHD education.

Psychoeducation is likely to be an ongoing process and revisiting psychoeducation over time is important given the changing impact of ADHD symptoms over time.

**HOW |** Education about ADHD is usually provided in individual sessions.

**AGE RANGE |** Everyone who receives a diagnosis of ADHD should be provided with education about ADHD as part of the diagnostic process, and ongoing, including families and partners of adults with ADHD.

### 3 Parent-family training

**WHAT** | Parent/family training refers to interventions aiming to help parents to optimise parenting skills to meet the additional parenting needs of children and adolescents with ADHD, through parent training delivered directly to parents (or primary carers).

The intervention may target effects of ADHD on the child or may also include effects on the family.

Components may include general parenting guidance, as well as ADHD-specific guidance.

Importantly, parent/family training does not imply that parenting skills are in any way deficient, but rather that specific skill development relating to supporting children with ADHD is important.

**WHO** | Parent-family training is usually provided by psychologists and sometimes other allied health clinicians.

**HOW** | Parent-family training is usually conducted in groups or provided individually to a family.

**AGE RANGE** | Parent-family training is usually provided to parents/carers of young children, children and adolescents with ADHD and may include the child with ADHD.

## 4 Cognitive-behavioural interventions

**WHAT** | The term 'cognitive-behavioural interventions' is used to refer to a broad range of approaches that use cognitive and/or behavioural interventions to minimise the day-to-day impact on functioning from ADHD symptoms. This usually includes environmental modifications, behavioural modifications and psychological adjustment and cognitive restructuring. While a reduction in ADHD symptom severity may occur as an indirect result of these interventions, the greatest impacts are likely in broader functioning and wellbeing.

It is also noted that cognitive-behavioural interventions play an important role in addressing co-occurring conditions for people with ADHD. Environmental modifications involve adjusting the environment (home, school and/or work, social settings) to maximise the chances of success for the person with ADHD.

This could include preventing or removing challenges likely to result from ADHD symptoms, or enabling increased use of personal strengths and interests.

Behavioural modifications include introducing strategies to help compensate for cognitive difficulties, optimising use of cognitive strengths, managing and supporting emotion regulation, and improving social communication, problem-solving and self-advocacy.

Psychological adjustment and cognitive restructuring involve helping people with ADHD develop skills such as problem solving, managing stress, communication and advocacy skills; and helping people adjust to a diagnosis of ADHD, and develop their sense of self-esteem.

Some examples of cognitive behavioural based approaches that include aspects of the above include cognitive behavioural therapy, dialectical behaviour therapy (for adults) and mindfulness based therapy.

**WHO** | Cognitive-behavioural interventions can be provided by paediatricians, psychiatrists, psychologists and other allied health clinicians.

**HOW** | Cognitive-behavioural interventions are conducted in groups or provided individually.

**AGE RANGE** | Cognitive-behavioural interventions are usually provided for adolescents and adults with ADHD and may involve their family members.

## 5 ADHD Coaching

**WHAT |** ADHD coaching shares common elements with cognitive behavioural interventions, particularly with environmental modification and behavioural modification components noted above. While there is less evidence for ADHD coaching compared to the other non-pharmacological treatments recommended by the guideline, it could be considered as part of a treatment plan.

**WHO |** Elements of coaching could be provided by appropriately credentialled ADHD coaches (such as those with membership with the International Coaching Federation) and allied health professionals such as occupational therapists and psychologists.

**HOW |** ADHD coaching is usually provided in individual sessions.

**AGE RANGE |** ADHD coaching is usually provided for adolescents and adults with ADHD.