

# Beyond Medication: What Else Works

Proven Options Every Parent Should Know

## Medication Is Not the Whole Picture

Stimulant and non-stimulant medications target ADHD's core brain chemistry, but decades of evidence, including the largest ADHD treatment study ever conducted (the MTA Study, 579 children followed for 16 years), show that **medication alone is not enough for most children**. Combined treatment (medication plus behavioral strategies) produces better social skills, better reading scores, less oppositional behavior, and allows lower medication doses.

## What Has Strong Evidence

- **Behavioral Parent Training (BPT).** You learn specific strategies: consistent rewards for positive behavior, planned consequences, structured routines. BPT reshapes the home environment and has the strongest evidence of any non-medication treatment. Effects last long after sessions end. Programs include Triple P, Incredible Years, and Parent-Child Interaction Therapy. Ask your child's doctor or insurance what's available and covered in your area.
- **Classroom behavioral strategies.** Daily report cards, strategic seating, frequent feedback, and clear behavior plans at school are proven to reduce symptoms and improve functioning. Ask your school about a Daily Behavior Report Card. It's one of the most practical tools available.
- **Organizational skills training.** For older elementary and middle school students, structured programs that teach binder systems, assignment tracking, and time management produce real improvements in homework completion and school organization.
- **Physical exercise.** Aerobic exercise (30+ minutes) improves attention and impulse control through the same brain pathways that medication targets. Team sports, swimming, martial arts, and running all count. This is a genuine treatment add-on, not just general health advice.

### What the AAP Guidelines Say

For children under age 6, the AAP recommends **behavioral parent training as the first-line treatment before medication**. For school-age children, combining medication with behavioral strategies is the recommended approach.

## What Does NOT Have Good Evidence

- **Neurofeedback.** This sounds promising, but when researchers use double-blind tests (where even the evaluators don't know who got real treatment), the ADHD benefits disappear. Kids improve from the one-on-one attention, not the brainwave training. Most programs cost thousands of dollars and are not covered by insurance.

- **CogMed and brain-training apps.** Children get better at the specific computer games they practice, but those gains do not carry over to real-world attention, school performance, or ADHD symptoms in blinded studies.
- **Traditional social skills groups.** Clinic-based social skills training shows weak effects because children struggle to use rehearsed skills in real-world settings. Natural peer activities (summer camps, recreational programs) tend to work better.
- **Supplements with limited evidence.** Omega-3 fatty acids show a very small effect (about one-fifth the size of stimulant medication). Zinc and iron may help only if your child has a confirmed deficiency. Ginkgo biloba and St. John's Wort have no evidence and can cause dangerous drug interactions.

## Diet and Sugar: What the Science Shows

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**Sugar does not cause hyperactivity.** Multiple double-blind studies confirm this, even in children parents identified as "sugar-sensitive." The perceived effect is driven by parental expectation. Elimination diets (removing specific food groups) help a subgroup of children but require strict medical supervision and are not a routine recommendation.

### Before You Spend Money on a Treatment

Ask three questions: (1) Has it been tested in a blinded, randomized study? (2) Did the improvement show up on measures rated by people who didn't know which treatment the child received? (3) Did real-world functioning improve, not just performance on computer tasks? If the answer to any of these is no, be cautious.

Source: VeriPsych Clinical ADHD Education Platform, Module 5: Psychosocial Interventions. Content based on the MTA Study, AAP 2019 Clinical Practice Guideline, and meta-analyses from JAMA Psychiatry, Review of Educational Research, and Clinical Psychology Review.