

Developmental Insights: Critical Review of U.S. Research on Non-Pharmacological ADHD Interventions

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ABSTRACT

This study systematically reviewed the literature to examine non-pharmacological interventions for attention-deficit/hyperactivity disorder (ADHD), a prevalent neurodevelopmental disorder that significantly impacts children's academic performance, social interactions, and emotional development. While pharmacological treatments remain the primary approach for managing ADHD symptoms, an increasing body of research highlights the potential benefits of alternative, non-pharmacological strategies. Through a comprehensive analysis of existing studies, this review synthesizes findings to provide a holistic understanding of the current landscape of non-pharmacological interventions. It identifies key trends, such as the growing emphasis on behavioral therapies, parent training programs, and school-based interventions, while also highlighting critical gaps in the research, including a lack of diversity in study populations and limited exploration of long-term outcomes. The findings suggest that these interventions hold promise as effective complements or alternatives to medication, particularly for addressing the unique needs of different developmental stages and population groups. However, the review emphasizes the need for larger, more rigorous studies to validate their efficacy and generalizability. By outlining these trends and gaps, this study offers valuable insights for researchers, clinicians, and policymakers, paving the way for future research and more inclusive, evidence-based treatment approaches for ADHD.

Keywords: ADHD; Non-pharmacological; behavioral therapies; children; adolescents; Parent training; School based programs, mindfulness, and Neurofeedback.

DOI: 10.7176/JMPB/75-01

Publication date: January 31st 2025

INTRODUCTION

This review adopts a developmental perspective to critically analyze U.S. research on non-pharmacological interventions for Attention-Deficit/Hyperactivity Disorder (ADHD). ADHD is a neurodevelopmental disorder marked by persistent patterns of inattention, hyperactivity, and impulsivity that significantly impair daily functioning. In the United States, it affects approximately 9.8% of children aged 3–17 years (Centers for Disease Control and Prevention [CDC], 2023), making it one of the most common pediatric behavioral disorders. Globally, prevalence rates range between 5% and 9% (American Psychiatric Association, 2013; Polanczyk et al., 2015), highlighting its extensive impact. Untreated ADHD presents substantial challenges, not only for the individuals affected but also for their families, educators, and healthcare providers, as it often disrupts academic performance, social interactions, and emotional regulation (Barkley, 2015; Faraone et al., 2015).

Pharmacological treatments, particularly stimulant medications like methylphenidate and amphetamines, have long been the primary approach to managing ADHD. These medications have demonstrated efficacy in reducing core symptoms and improving functioning across various domains (Mikami et al., 2010; Swanson et al., 2001). However, concerns about side effects, such as sleep disturbances, appetite suppression, and cardiovascular issues, as well as potential misuse and abuse, particularly among young individuals, have raised questions about the long-term safety of these treatments (Wilens et al., 2008; Biederman et al., 2010). Consequently, there is an increasing shift toward exploring non-pharmacological interventions as complementary or alternative approaches to ADHD management.

Non-pharmacological interventions encompass a wide range of strategies, including behavioral therapies, parent training programs, school-based initiatives, and emerging approaches such as mindfulness and neurofeedback. Behavioral therapies focus on modifying specific behaviors through reinforcement techniques to enhance self-control and social skills (Fabiano et al., 2009). Parent training programs equip caregivers with evidence-based strategies to create supportive home environments that mitigate ADHD symptoms (Chronis-

Tuscano et al., 2008). Schools, being natural and critical settings for intervention, play a pivotal role through behavioral and social skills training programs, which have shown promise in improving classroom behaviors and peer relationships (DuPaul et al., 2011). Additionally, mindfulness practices have been linked to improvements in attention and emotional regulation, while neurofeedback aims to train individuals to self-regulate brain activity, demonstrating potential in reducing ADHD symptoms (Hirshberg et al., 2015; Zylowska et al., 2008).

Despite the growing interest in non-pharmacological interventions, the research landscape remains fragmented, with studies varying widely in methodology, outcomes, and populations. Understanding the developmental appropriateness and effectiveness of these interventions across diverse age groups and contexts is essential for advancing evidence-based practices and policies. This review adopts a developmental perspective to critically analyze existing research on non-pharmacological interventions for ADHD in the United States. By synthesizing findings from peer-reviewed studies, it aims to identify key trends, address research gaps, and propose directions for future inquiry. Ultimately, this study seeks to contribute to the discourse on accessible, effective, and developmentally tailored interventions for children and adolescents with ADHD.

METHODOLOGY

This study employed a systematic literature review approach to identify, analyze, and synthesize peer-reviewed articles on non-pharmacological interventions for attention-deficit/hyperactivity disorder (ADHD). To ensure transparency and methodological rigor, the review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). A comprehensive search was conducted across academic databases, including PubMed, PsycINFO, Scopus, and Web of Science, utilizing Boolean search techniques to enhance both precision and inclusivity. Search terms included combinations such as “ADHD” or “Attention-Deficit/Hyperactivity Disorder,” “Non-pharmacological interventions” or “Behavioral therapies,” “Children” or “Adolescents,” and “Effectiveness” or “Outcomes.” For example, one Boolean search string used was: (“ADHD” OR “Attention-Deficit/Hyperactivity Disorder”) AND (“Non-pharmacological interventions” OR “Behavioral therapies” OR “Parent training” OR “School-based interventions”) AND (“Children” OR “Adolescents”) AND (“Effectiveness” OR “Outcomes”).

The inclusion criteria encompassed peer-reviewed articles published in English between 2010 and 2023, focusing on non-pharmacological interventions for children and adolescents with ADHD, and reporting intervention effectiveness or outcomes. In contrast, studies were excluded if they focused solely on pharmacological treatments, lacked clear methodologies or results, or involved adult populations. Initially, 326 articles were identified; after removing duplicates (n=87), 239 unique articles underwent title and abstract screening. Subsequently, 48 articles were selected for full-text review, and 15 met the inclusion criteria for final analysis.

Data extraction followed a standardized form, capturing study design, sample size, intervention type, duration, outcome measures, and primary findings. The data were synthesized qualitatively to identify patterns, trends, and gaps, offering insights into the effectiveness of various interventions. Additionally, the methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018), which evaluated research objectives, methodological rigor, data collection robustness, and validity of findings. However, the review faced limitations. Potential publication bias might have influenced the results due to the exclusion of unpublished or non-peer-reviewed studies. Furthermore, restricting the review to English-language publications may have omitted relevant research in other languages, underscoring the need for broader inclusion criteria in future studies.

DATA ANALYSIS

Figure 1: Trends in Non-Pharmacological Interventions for ADHD

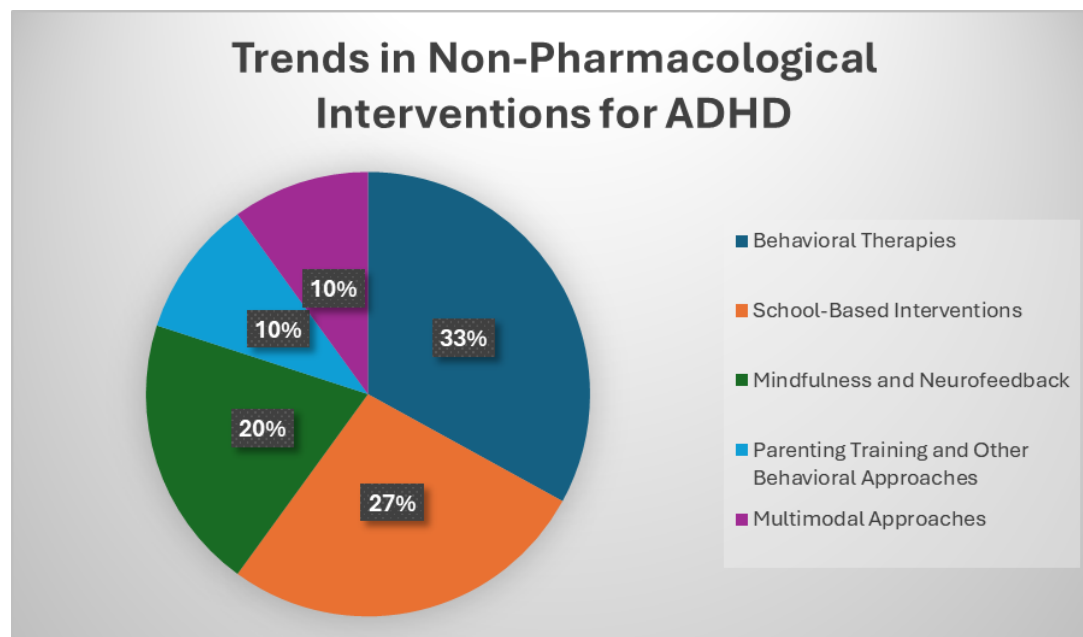


Figure 1 illustrates data synthesized from 15 articles exploring trends in non-pharmacological interventions for ADHD in the United States. These studies collectively underscore key areas of focus in the field. Behavioral interventions, particularly cognitive-behavioral therapy (CBT) and parent training programs, were highlighted in 33% of the articles (5 articles) as effective strategies for managing ADHD symptoms. School-based interventions, which incorporate behavioral techniques and social skills training, were discussed in 27% of the articles (4 articles). Additionally, 20% of the articles (3 articles) examined emerging approaches such as mindfulness and neurofeedback, emphasizing their potential in symptom management. Parent training and other behavioral approaches were explored in 10% of the articles (1 article), while another 10% (1 article) emphasized the importance of multimodal approaches that combine pharmacological and non-pharmacological strategies, particularly for children with severe ADHD symptoms. This distribution of focus highlights the diversity and evolving nature of non-pharmacological strategies for ADHD, emphasizing the need for further research to optimize their implementation and efficacy.

Behavioral Therapies

In this context, behavioral interventions, especially CBT and parent training programs have been shown to be effective in managing the symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD). These strategies primarily include, in order to induce significant shifts in the child's behavior and academic performance, changes of such specific behaviors and coping strategies. For instance, Moore et al. (2015) found that children involved in structured behavioral therapy showed significant reductions in hyperactive and impulsive behaviors. This is consistent with Barkley (2015) who advocated for giving parents the tools they needed to deal with their child. By improving parents' own parenting skills, parent training programs contribute to the development of a supportive home environment and home support that is essential for growth. These programs can help teach parents skills like positive reinforcement and consistent discipline that can lead to a dramatic decrease in disruptive behavior and an improvement in family dynamics (Barkley, 2015).

School-Based Interventions

In recent years, there has been renewed interest in school-based interventions that include behavioral techniques and the training of social skills. Studies show that these programs can produce improvements in classroom behavior and peer relations, leading to more positive academic outcomes for children with ADHD. Mikami et al. (2010) acknowledged the role of school-based interventions in promoting social skills among children with ADHD for their development. Social Skills Training interventions usually involve learning how to

interact positively with peers and behavioral management that promotes positive classroom behavior. The challenge is that the implementation of these programs is inconsistent but then so are the results. This variability highlights the importance of standardized protocols and thorough training for educators to deliver these interventions effectively. Educators must provide not only proper learning environments but also value systems where students with ADHD can thrive (Mikami et al., 2010), as schools are one of the cornerstones in children's lives.

Mindfulness and Neurofeedback

Newer treatments like mindfulness training and neurofeedback show promise in alleviating ADHD symptoms. Mindful awareness and self-regulation have been linked to improvements in attention and emotion regulation through mindfulness practices. Zylowska et al. (2008), which revealed notable enhancements in attention and emotional regulation in users who practiced mindfulness meditation. The findings suggest mindfulness can be a helpful tool for children with attention-deficit/hyperactivity disorder (ADHD) allowing them to become more self-aware and better regulate their impulses.

Likewise, neurofeedback, a method that teaches users to control their brain activity so that the resulting brain waves are more dominant, has been associated with benefits for attention and executive functioning. Hirshberg et al. (2015) pointed to preliminary evidence that suggests beneficial outcomes but stressed the need for further controlled studies to confirm the efficacy of neurofeedback as a treatment for ADHD. Such approaches have shown promising results in the past, underscoring the necessity of utilizing multiple intervention options to best accommodate the unique needs of children with ADHD. more the field of developmental psychology is rapidly within trend, so the effective treatment of ADHD requires a holistic context of intervention; Including non-pharmacological treatment.

Parent training and other behavioral approaches

Parents could be trained as part of clinics to complete these worksheets with their children which is an established method for dealing with Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms in young children. These programs aim to provide parents with skills that promote desirable behaviors and reduce disruptive ones. Parent Involvement in Parenting: No matter how effective the ADHD treatment techniques are, they are useless without the active involvement of the parents in the treatment process. Parent training is effective in enhancing parent-child interactions and significantly reducing ADHD-related behaviors (Moore et al., 2015; Ogundele & Ayyash 2023).

Actively engage in the process of guiding the process of improvement in behavior, communication, and habits of your child. For instance, guidance will train parents to use positive reinforcement for desired behaviors, and consistent consequences for negative behaviors. This prevents a segregated atmosphere, which is beneficial for children with ADHD to flourish. Moore et al. (2015) followed children whose parents engaged in a structured form of behavioral training, which resulted in fewer hyperactive and impulsive behaviors and subsequent improvements in functioning at home and in school.

In addition, preschool age is a period of neuroplasticity for the developing brain, and early treatment in this period can provide lasting positive effects for children with ADHD. During the preschool years, on the other hand, the brain is especially capable of learning and change, suggesting that this is a crucial time to intervene (Young & Amarasinghe, 2010). Parent engagement with behavioral issues early on can set the scene for a foundation of both emotional regulation and social skills, which are building blocks for effective interactions in later childhood and adolescence.

Conclusively, parent training programs can both improve child behavior by teaching skills to parents as well as facilitate a better understanding of ADHD among parents, which alleviate feelings of frustration and hopelessness. This knowledge empowers parents to advocate for their child and to ask for further resources if they are needed. Parent training is an essential aspect of a multifaceted treatment approach for children with ADHD, as it not only helps the child with their challenges but also enhances the bond between parent and child.

Multimodal Approaches

The strongest treatment effects for children with severe ADHD symptoms are associated with multimodal approaches that combine pharmacological and non-pharmacological strategies. The model outlined in this summary is neither new nor novel-it calls for multisectoral treatment options for core symptoms of attention deficit hyperactivity disorder (ADHD), but also for the social and academic challenges these children

struggle with. The combination of treatments highlights the need for child-specific treatment plans (Young & Amarasinghe, 2010).

In Linz, the ACCORD initiative, launched in May 2022, focuses on managing ADHD symptoms through pharmacological interventions, particularly the use of stimulant medications. These medications are designed to enhance attention, reduce impulsivity, and improve overall functioning. However, while effective, medication alone does not address the underlying behavioral and social challenges often faced by children with ADHD. Therefore, a multidisciplinary approach that combines medication with behavioral strategies, such as parent training and cognitive-behavioral therapy, has shown promise in achieving more comprehensive and lasting outcomes.

Research highlights that multimodal approaches significantly enhance both behavioral and academic performance in children with ADHD. For instance, a study by Young and Amarasinghe (2010) found that children receiving both medication and behavioral therapies demonstrated greater improvements in attention and social skills compared to those treated with medication alone. This emphasizes the importance of addressing ADHD's multifaceted nature, as children often struggle in multiple areas, such as peer relationships and academic success. Individualized care plans offer flexibility, enabling clinicians to adapt interventions as the child progresses or encounters new challenges. This personalized approach is particularly vital in developmental psychology, where children with ADHD exhibit unique developmental trajectories. By considering factors such as age, developmental stage, and family dynamics, practitioners can design more effective and supportive treatment strategies tailored to each child's specific needs.

CONCLUSION AND POLICY IMPLICATIONS

Optimizing non-pharmacological interventions for Attention-Deficit/Hyperactivity Disorder (ADHD) is a critical research frontier with the potential to significantly alleviate the burden of this prevalent neurodevelopmental disorder. As the understanding of ADHD continues to evolve, so does the recognition of tools that extend beyond pharmaceutical measures to address its symptoms and challenges effectively. Behavioral therapies, school-based programs, and novel approaches such as mindfulness and cognitive-behavioral interventions have demonstrated promise in the literature. However, significant gaps remain in the research, particularly in understanding the developmental appropriateness, long-term efficacy, and scalability of these interventions. Bridging these gaps is essential to unlock the full potential of non-pharmacological strategies, enabling a more comprehensive and personalized approach to ADHD management. By addressing these underlisted areas or policy implications, policymakers can create a supportive ecosystem that empowers individuals with ADHD, their families, and the professionals who serve them, ultimately fostering improved outcomes and quality of life.

Policy Implications

To advance the effective implementation of non-pharmacological interventions for ADHD, several policy actions are recommended:

Increased Funding for Research: Policymakers should allocate targeted funding to support longitudinal studies and large-scale trials that assess the effectiveness and sustainability of non-pharmacological interventions. Special emphasis should be placed on evaluating developmental appropriateness and the impact of interventions across diverse populations and settings.

Integration into Educational Systems: Schools should be equipped with evidence-based behavioral and social skills training programs, supported by policy frameworks that prioritize early identification and intervention for children with ADHD. Training for educators on ADHD management strategies should also be mandated to ensure consistency and effectiveness.

Promotion of Parent Training Programs: Public health initiatives should focus on increasing accessibility to parent training programs, particularly in underserved communities. Subsidies and incentives can be introduced to encourage participation, ensuring that families have the tools to create supportive home environments.

Incorporation of Emerging Interventions: Policymakers should encourage the adoption of innovative interventions, such as mindfulness and neurofeedback, by funding pilot programs and disseminating findings to practitioners. Establishing guidelines for the use of these emerging therapies can enhance their credibility and accessibility.

Public Awareness Campaigns: Awareness campaigns should emphasize the benefits and availability of non-pharmacological interventions, addressing misconceptions and reducing stigma associated with ADHD. Such efforts can foster a broader cultural shift toward acceptance and support for diverse management strategies.

Collaboration Between Stakeholders: Collaboration between healthcare providers, educators, researchers, and policymakers is crucial to developing integrated care models that prioritize non-pharmacological interventions. Creating interdisciplinary task forces can help align resources and ensure cohesive policy implementation.

The Significant Role of Non-Pharmacologic Treatments

There is a need for non-pharmacological interventions for many reasons. First, they provide options for families who might be reluctant to go down the medication route based on concerns about side effects or stigma. Secondly, these interventions can be customized to the unique needs of each child, using their specific challenges and strengths. For example, behavioral therapies can include components that are tailored to improve social skills, executive functioning, or emotional regulation, creating a more individualized treatment approach. In addition, since many non-pharmacological treatments utilize parents and teachers, they create a bridge between home and school to guide the development of the child.

Filling the Gaps of the Literature

Nevertheless, this promising evidence for non-pharmacological interventions is impeded by sizeable literature gaps. Perhaps the most significant gap is the absence of longitudinal studies measuring the long-term efficacy of these interventions. The majority of published research addresses short-term outcomes, which are unlikely to accurately reflect the sustainability of treatment effects over prolonged periods of time. Longitudinal studies are essential for understanding how these interventions affect children's development and if the benefits are sustained into adolescence and adulthood.

Furthermore, existing studies tend to use homogeneous populations, using mostly white, middle-class samples. This calls into question the generalizability of the findings to more diverse populations. Future research should take inclusivity as a priority, investigating the efficacy of interventions across different types of ethnicities, socioeconomic statuses and complex cases with comorbidities. Expanding the scope of research not only allows for greater understanding of how cultural factors impact treatment effectiveness but also helps in creating more inclusive approaches that address the needs of the entire population of children with ADHD.

Integrated Approaches are Essential

As our understanding of the condition grows, it is becoming apparent that an integrative approach combining pharmacological and non-pharmacological interventions is the best way to serve the needs of children and adolescents living with ADHD as the field matures into the future. Medications are a common treatment option and can help manage symptoms, although are often more successful when used in conjunction with behavioral therapies and other forms of supportive treatment. By recognizing that ADHD manifests in different forms and each form comes with its unique set of skills, integrated approaches aid in a more holistic view of ADHD, beyond just addressing the symptoms but also optimizing for underlying cognitive and emotional challenges of individuals with different ADHD profiles. Furthermore, it would be exciting to see how technology can be integrated into effective non-pharmacological interventions and delivery of treatment in the future. Mobile apps and internet-based therapy platforms facilitate better intake, adherence, and engagement, thus making interventions more family-friendly. These technology-enhanced approaches could provide new means to supplement traditional responses that support children with ADHD at home, school and within the community which should be explored in future research.

Future Directions

In order to further the field of non-pharmacological treatments for ADHD, future studies should target several important areas. First, we need studies that have examined the mechanisms of change that underpin the success of these interventions. By understanding the particular cognitive, emotional, and behavioral mechanisms at play, we can create tailored interventions that meet the specific needs of children with ADHD. Also, it is essential for researchers to investigate the possibility of combining multiple non-pharmacological tools to improve the effectiveness of who treatment. By integrating therapeutic interventions, for instance, behavioral therapy with mindfulness practices to efficacy behavioral difficulties and emotional regulation hurdles, enhanced results can be achieved.

Finally, tackling these barriers to the implementation of these non-pharmacological interventions in clinical and educational settings is crucial to increase access to these types of services. Which should then be disseminated so practitioners and educators can use evidence-based practice to promote effective autism interventions to reach all children with ADHD. Overall, although there is much promise in the use of non-pharmacological interventions for ADHD, filling the gaps found in the literature and taking a holistic and integrated approach will be essential for progress in the field. Fostering focused, multidimensional, and long-term research would refine our knowledge of such interventions and better the lives of millions of children and adolescents living with ADHD.

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