Behaviour Therapy for Children with ADHD



A child may understand a rule perfectly at 8 am and still struggle to follow it at 3 pm, particularly after a demanding school day. This gap is often frustrating for families, but it is not simply a matter of effort or discipline. Behaviour therapy for children with ADHD focuses on the practical conditions that make helpful behaviour more likely, while supporting parents, carers and schools to respond consistently.

ADHD can affect attention, activity level, impulse control, planning and emotional regulation. These differences can show up as unfinished tasks, frequent arguments

around routines, difficulty waiting, classroom disruption or intense reactions when plans change. Behaviour therapy does not aim to change a child's personality. It aims to build skills, adjust expectations and create environments in which a child can practise success more often.

What behaviour therapy for children with ADHD involves

Behaviour therapy is a structured psychological approach that looks at what happens before, during and after a behaviour. Rather than labelling a child as "naughty" or assuming they are choosing to be difficult, therapy considers the purpose a behaviour may serve and the skills or supports that may be missing.

For example, a child who repeatedly leaves the dinner table may be avoiding a task that feels too long, seeking movement after a busy day, or responding to unclear expectations. A useful plan might involve a shorter initial sitting time, a visual reminder, a predictable movement break and specific praise for returning to the table. The plan is reviewed over time, because strategies need to fit the child, family and setting.

In childhood ADHD care, behaviour therapy commonly includes parent or caregiver guidance. Children benefit when the adults around them use clear instructions, predictable routines and calm, consistent responses. Depending on age and developmental needs, sessions may also involve direct work with the child on emotional regulation, problem-solving, social skills or organisational habits.

The focus is on patterns, not blame

A clinician will usually ask detailed questions about daily life: when difficulties occur, what happens beforehand, how adults and peers respond, and whether the same pattern appears at home, school and other settings. Sleep, learning demands, anxiety, sensory sensitivities, family stress and developmental stage can all affect behaviour.

This matters because ADHD frequently occurs alongside other concerns. Anxiety, low mood, learning difficulties, autism spectrum differences, language difficulties or oppositional behaviour can alter the most appropriate treatment plan. A comprehensive assessment helps distinguish between overlapping presentations and informs care that is proportionate to the child's needs.

Practical strategies used in ADHD behaviour therapy

Effective strategies are usually straightforward, but applying them consistently can take planning and support. Therapy helps families choose a small number of priorities rather than attempting to change every difficulty at once.

Clear instructions are a common starting point. Instead of calling out several tasks from another room, a parent may give one brief instruction, gain the child's attention first and ask them to repeat it back. A visual morning checklist can reduce repeated reminders and help a child see what "ready for school" means.

Positive reinforcement is another important element. This is not about rewarding every basic expectation or ignoring boundaries. It means noticing and responding promptly when a child uses a target skill, such as starting homework, using respectful words or coming back after a break. Praise is most useful when it is specific: "You put your shoes on after the first reminder" gives clearer feedback than "Good job".

Where appropriate, a simple reward system may be used for one or two agreed behaviours. The reward should be realistic, timely and linked to an achievable goal. Some children respond well to points towards shared activities or a preferred privilege; others find visual tracking motivating. If a system becomes overly complicated, it can add pressure rather than support, so therapy often involves simplifying it.

Predictable consequences also matter. Adults may need guidance to respond to unsafe, disruptive or rule-breaking behaviour without lengthy lectures, escalating conflict or inconsistent follow-through. The most useful response depends on the

behaviour, the child's age and what has happened beforehand. Safety concerns, severe aggression or significant emotional distress require individual clinical advice rather than a generic behaviour chart.

Building routines that reduce friction

Children with ADHD often benefit from reducing the number of decisions required during high-pressure parts of the day. Preparing clothes and school items the night before, using a visible after-school sequence, and breaking homework into short work periods can make tasks more manageable.

Transitions deserve particular attention. Moving from a preferred activity to a less preferred one can be difficult when a child is absorbed, tired or worried about what comes next. Advance warnings, a timer, a clear next step and a choice between two acceptable options may help. For instance, "Homework starts in ten minutes. Would you like to begin at the kitchen table or the desk?" preserves the expectation while offering some control.

Parents, carers and schools are part of the plan

Therapy is most practical when the strategies used at home and school are broadly aligned. This does not mean every setting needs identical rules. School staff manage a classroom, while families manage home life. However, shared goals can reduce confusion for the child.

A clinician may help identify useful school adjustments, such as written and verbal instructions, seating that reduces distraction, planned movement opportunities, shorter task segments, organisational check-ins or a discreet way to seek help. These supports should be considered in the context of the child's learning profile, classroom environment and school processes.

Parents and carers are not expected to apply a strategy perfectly. Family life is busy, siblings have needs, and some days will not go to plan. Behaviour therapy provides a space to review what was workable, identify barriers and adjust the approach without judgement. Consistency is valuable, but a plan also needs to be flexible enough for

real life.

Behaviour therapy and other ADHD supports

Behaviour therapy is often one part of a multimodal ADHD treatment plan. The right combination depends on the child's age, symptoms, functional difficulties, co-occurring concerns and family circumstances. Psychological therapy may sit alongside school supports, parenting strategies, occupational therapy or other allied health input where clinically indicated.

For some children, medication may also be discussed with an appropriately qualified medical practitioner, such as a paediatrician or psychiatrist. Psychological therapy and medication address different aspects of care and can be considered together as part of coordinated planning. Families should have the opportunity to ask questions about the purpose, likely demands and limits of each option.

A formal ADHD assessment can be particularly helpful where it is unclear whether ADHD is present, where difficulties are occurring across multiple settings, or where anxiety, learning concerns, autism spectrum differences or disruptive behaviour may also be relevant. Assessment generally draws on developmental history, interviews, questionnaires and information from school or other relevant settings. It is more than a brief checklist.

Accessing support and knowing when to seek an assessment

It may be useful to seek professional guidance when attention, impulsivity, activity level or emotional regulation are persistently affecting a child's learning, relationships, family routines or wellbeing. The goal is not to pathologise normal childhood behaviour. It is to understand whether ongoing difficulties warrant assessment and structured support.

At Behavioural Neurotherapy Clinic, child and adolescent ADHD assessment and psychological therapy can be provided in Melbourne, including from Doncaster, and through telehealth where appropriate. A GP, paediatrician, psychiatrist or other

health professional may be involved in referral and care coordination. Medicare rebates may be available for eligible psychological therapy services when a person has the relevant referral and Mental Health Care Plan; families can check their individual eligibility before booking.

The most helpful first step is usually a clear description of what is happening in daily life: the situations that are hardest, the strategies already tried, and the changes a family hopes to see. That information can turn a broad concern about behaviour into a thoughtful plan for support.

For more information

Call (03) 9848 9100

Published: 30/07/2026 and updated on: 17/10/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist