

ADHD Definition
Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity, and impulsivity. It affects approximately 7–10% of school-aged children globally and can significantly impact education and social development (Siva Prasad M.S and Rahul Kumminimana, 2025). This poster critically evaluates how ADHD is identified and diagnosed, analyses barriers faced by learners with ADHD, and explores an effective support strategy within educational settings.

Barriers
ADHD directly impacts executive functioning, including attention regulation, working memory, and organisation (Kofler *et al.*, 2017). This can lead to difficulties in following instructions, completing tasks, and maintaining focus during lessons. As a result, learners may underachieve despite having average or above-average intelligence (Dominguez and Carugno, 2023).

Traditional classroom environments often worsen ADHD symptoms. Long periods of sitting still, teacher-led instruction, and minimal movement opportunities conflict with the needs of learners who require stimulation and flexibility. Noise and distractions can further reduce concentration (Staff *et al.*, 2023).

Children with ADHD may struggle with peer relationships due to impulsivity or difficulty interpreting social cues. This can lead to social exclusion or conflict. Repeated negative feedback from teachers and peers may also contribute to low self-esteem and increased risk of anxiety or behavioural issues (Ramnivas *et al.*, 2024).

School systems are often structured around standardised expectations of behaviour and achievement. Learners with ADHD may be disproportionately disciplined for behaviours linked to their condition, such as restlessness or interrupting. This reflects a lack of inclusive practice and can reinforce educational unfairness (Cheesman *et al.*, 2022).

Misunderstandings about ADHD can result in labelling learners as “lazy” or “disruptive.” Such attitudes from educators or peers can negatively impact the learner’s identity and engagement with school (Richardson *et al.*, 2015).

Support strategies
One highly effective support strategy for learners with ADHD is the implementation of structured classroom interventions, particularly those grounded in behaviourist and inclusive education principles (Frolli *et al.*, 2023).

Structured interventions include, clear routines and predictable schedules, breaking tasks into manageable steps, use of visual supports such as, checklists and timetables, positive reinforcement such as reward systems, opportunities for movement and active learning (Thomas and Karuppali, 2022).

This approach is influenced by behaviourist theories, particularly the reinforcement principles associated with B. F. Skinner’s theory of operant conditioning. Positive reinforcement encourages desired behaviours, such as task completion or sustained attention, by providing rewards or praise. Skinner argued that behaviour is shaped and maintained by its consequences, meaning that reinforcing appropriate behaviours increases the likelihood of them being repeated over time (Scott, Cogburn and Jain, 2023).

Research shows that structured environments can significantly improve attention, reduce disruptive behaviour, and enhance academic performance in learners with ADHD. Consistency and clarity help reduce cognitive load, allowing learners to focus more effectively (Staff *et al.*, 2023).

While effective, structured interventions require teacher training and consistency. Without proper implementation, strategies may be ineffective or inconsistently applied (Ryan *et al.*, 2022). Additionally, over-reliance on reward systems may lead to extrinsic motivation, where learners depend on rewards rather than developing intrinsic motivation. There is also a risk that highly structured environments may limit creativity or autonomy if not balanced appropriately (Li, Pei and Zhao, 2025).

To maximise effectiveness, structured interventions should be embedded within a broader inclusive framework. This includes differentiation, collaboration with support staff, and engagement with parents. Structured classroom interventions are a practical and evidence-based approach to supporting learners with ADHD. However, they must be implemented thoughtfully and flexibly to meet individual needs (Eiraldi, Mautone and Power, 2012).

Identification and Diagnosis of ADHD
ADHD is typically identified through behavioural observation and multi-informant assessments rather than a single diagnostic test. Diagnostic criteria are outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires symptoms to be present in multiple settings and to significantly impair functioning (Cabral, Liu and Soares, 2020).

A key strength is the multi-disciplinary nature of assessment. Teachers, parents, and clinicians contribute observations, often using standardised tools such as rating scales. This holistic approach increases reliability by capturing behaviour across contexts (Chadwick, Buell and Goldbart, 2019) Additionally, early identification frameworks in schools allow educators to flag concerns quickly. This can lead to earlier intervention, which is associated with improved academic and behavioural outcomes (Perrin, Heller and Loe, 2019).

However, ADHD diagnosis is not without controversy. One major issue is subjectivity. Behavioural interpretations vary between observers, meaning diagnoses can be inconsistent. For example, what one teacher perceives as hyperactivity, another may interpret as normal developmental behaviour (Hamed, Kauer and Stevens, 2015). There is also evidence of overdiagnosis and underdiagnosis. Boys are more frequently diagnosed than girls, partly because girls often present with inattentive rather than hyperactive symptoms, which are less disruptive and therefore less likely to be identified. This suggests gender bias within diagnostic practices (Skogli *et al.*, 2013).

Cultural factors further complicate diagnosis. Expectations of behaviour differ across societies, meaning that ADHD may be over-identified in some contexts and overlooked in other (Chan, Shum and Sonuga-Barke, 2022). Finally, diagnosis often relies on deficit-based models, focusing on what the child cannot do rather than recognising strengths such as creativity or high energy levels. This can contribute to stigma and negative self-perception (Al-Beltagi *et al.*, 2025).

Symptoms
Attention Deficit Hyperactivity Disorder is characterised by a persistent pattern of symptoms that fall into two main categories: inattention and hyperactivity/impulsivity. These symptoms must be developmentally inappropriate and present for at least six months (National Institute of Mental Health, 2024).

Inattention symptoms. Learners may:

- Struggle to sustain attention during tasks or play activities
- Frequently make careless mistakes in schoolwork
- Appear not to listen when spoken to directly
- Have difficulty following instructions or completing tasks
- Experience poor organisation and time management
- Avoid or dislike tasks requiring sustained mental effort
- Frequently lose items such as books, pens, or homework

(National Institute of Mental Health, 2024).

Hyperactivity Symptoms. Learners may:

- Fidget or tap hands and feet excessively
- Leave their seat in situations where remaining seated is expected
- Run or climb in inappropriate situations (or feel restless internally in older learners)
- Have difficulty engaging in quiet activities
- Often appear “on the go” or driven by a motor

(National Institute of Mental Health, 2024).

Impulsivity Symptoms. Learners may:

- Interrupt or intrude on others’ conversations or games
- Struggle to wait their turn
- Blur out answers before questions are completed
- Make hasty decisions without considering consequences

(National Institute of Mental Health, 2024).

Symptoms can present differently depending on age and gender. For example, females are more likely to show inattentive symptoms rather than hyperactivity, which can lead to under-identification in educational settings. This variability contributes to diagnostic challenges and inconsistency in recognition (Quinn and Madhoo, 2014).

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