

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that affects 3% to 9% of children attending UK schools (NICE, 2018). Despite its status as a neurodevelopmental disorder, historically, ADHD is often considered in terms of its associated negative behaviours that have a detrimental impact on the educational and social development of the individual (Barkley, 2006; Wiener et al., 2012). In addition, the disorder has substantial negative attitudes and stigma attached to both the diagnosis and the associated behaviours (Greenway & Rees Edwards, 2020; Varma & Wiener, 2020). Thus, research has approached ADHD to define and reduce its negative attributes to develop and provide effective treatments to aid educational achievement and acceptable societal standards (Darchia et al., 2021; Du Paul et al., 2011; Sonuga-Barke, 2002).

Problematic behaviour

The three most frequently encountered problem behaviours to receive attention and intervention tend to be talking with other students, inability to follow directions and interrupting the teacher (Geng, 2011; Wiener et al., 2012). However, these behaviours are relatively generalisable to all students, as evidenced by the findings in a previous study by Kaidar et al. (2003), who found that there is no difference between the frequency or type of behaviour perceived as problematic between students with or without ADHD. For Daley and Birchwood (2010), behaviours exhibited by individuals with ADHD appear to attract more negative attention than the same presentation of behaviours in those without ADHD. It is worth noting that such behaviours are usually minor (fidgeting, talking, getting out of their seat) and forms part of the child's coping mechanism for expelling excess energy or remaining 'grounded'. Du Paul and colleagues (2004) stress that targeting externalised behaviours, enforcing conformity, and highlighting a failure to meet the classroom's multiple

demands will lead to avoidance goals rather than approach or mastery goals (Ames, 1992). Consequently, such strategies will do little to increase motivation to sustain attention or subsequent achievement (DuPaul et al., 2011). Yet, despite such strategies failing to improve experiences for those with ADHD, schools continue to use them.

To-date, quantitative research highlights that most of the behaviour adolescents with ADHD consider problematic is directly related to their ADHD symptoms (Wiener et al., 2012; Varma, 2013; Varma & Wiener, 2020). For example, fidgeting, losing items, talking too much or being easily distracted are among the top reported problematic behaviours in adolescents (Kaidar et al., 2003). These findings are consistent with observation-based studies of ADHD-related behaviour within the classroom (Geng, 2011). However, such studies use quantitative measures, such as the Dominic-R (Valla, Bergen & Smolla, 2000), which require individuals to indicate their most problematic behaviour and its frequency from a preselected set. Although these measures allow data to be compared among groups and individuals, they appear to discount individual perceptions and assume generalisability across the ADHD population. Some may consider none of the behaviours the most problematic, whereas others may consider two problematic behaviours, but at different times. More importantly, these measures do not consider why the behaviours are problematic or within which context, leaving this very much open to interpretation.

From a qualitative perspective, when asked to explain their experiences of living with ADHD, adolescents will often describe feeling defined by their symptoms and not seen for who they are (Kreuger & Kendall, 2001). These feelings lead to expressing themselves in terms of their ADHD, which impact their sense of identity (Leyland, 2016) and perceptions of how they fit into society (Gallichan & Curle, 2008). Qualitative studies have also shown

that adolescents can recognise the differences in their symptoms across contexts (Singh et al., 2010). In particular, they can express the relationship between the environment and the severity or presentation of their symptoms (Gallichan & Curle, 2008). They can also recognise the need for specific support at home and in school, explaining that they look to teachers and parents to provide different kinds of support (Walker-Noack et al., 2013; Wiener & Daniels, 2016). However, a common theme across much of the research seems to be that adolescents feel that they lack control and autonomy over their environment. In addition, they argue that achievement and behaviour definitions set by others place them at a distinct disadvantage. Consequently, little control over how they receive support contributes to an overall negative perception of their diagnosis and symptoms (Ringer, 2019).

While quantitative measures can identify which general or specific behaviours present the biggest problem for adolescents with ADHD, qualitative research offers insight into why these behaviours are problematic. Unfortunately, however, the contextual base for a significant portion of the literature remains focused on educational environments (Kendall, 2016; Varma & Wiener, 2020) with few studies seeking to explicitly and exclusively examine the impact of ADHD in other areas of the adolescent's life (Walker-Noack et al., 2013).

Positive Behaviours

There is some evidence to suggest that ADHD should not be assumed to be inherently negative. For example, evolutionary psychologists posit that perceived inattention and hyperactivity-impulsivity could be considered residual characteristics of hyper-vigilance and high motor activity, both of which would have served their ancestors well in times of resource-depletion and conflict (Jensen et al., 1997). Such explanations have led to an interest in how these residual traits may benefit those with ADHD in more modern circumstances,

with studies of adult populations yielding promising results (Lerner et al., 2019; Sedgwick, Merwood & Asherson, 2019).

In the small body of research that examines the positive attributes of ADHD, traits such as hyperactivity, impulsivity, and risk-taking may afford opportunities psychologically inaccessible to neurotypical peers (Wiklund et al., 2016, 2017). These traits, in childhood and adolescence, may present as problematic within the classroom but as adults, with the freedom to choose their environment, may manifest as behaviours and thought processes considered to be divergent thinking, adventurous, energetic and courageous (Sedgwick et al., 2019).

In the adult literature, ADHD symptoms positively link to entrepreneurial intentions (Lerner et al., 2019), with hyperactivity being seen as the driving force. The willingness to take risks and make impulsive decisions are beneficial attributes in a quick-paced entrepreneurial environment. In addition, self-employment and entrepreneurship may be appealing to individuals with ADHD as it removes conventionality. Individuals are not forced to conform to the demands of others as they would be as an employee or when at school (Bozionelos & Bozionelos, 2013). Instead, they experience a level of autonomy and creativity, such as arranging their working hours, often late into the night, when they have the most energy and freedom to pursue new ideas and concepts (Wiklund et al., 2016).

However, these novel findings remain contested (Agafonow & Perez., 2020; Bozionelos & Bozionelos, 2013), with the presence of these beneficial attributes dependent on specific characteristics of the environment and task, such as autonomy of task selection and execution-style (Sedgwick et al., 2019; Wiklund et al., 2016). Additionally, research has only

examined adult ADHD populations to date, so how these findings are generalisable to the younger populations is yet to be seen.

Environmental context

Recently, research has indicated that school appears to evoke a unique and environment-specific set of ADHD-related behaviours not reported within the home environment, suggesting that ADHD may have a context-specific subtype (Murray et al., 2019). Thus, indicating a difference in symptom severity and/or presentation across the two environments, which may account for the lack of significant correlation between parent-teacher ratings (as reported using Conner's Parent Rating Scale: CPRS, 1998), and would bring into question the efficacy of using school-derived interventions at home. Many educational and developmental studies have previously supported the importance of environment characteristics (Daley & Birchwood, 2010; van den Berg & van den Berg, 2011). Given that neither parent nor teacher reports of ADHD symptoms are of superior validity (Bied, Biederman & Farone, 2017), and the general lack of significant correlation between reports (de Nijs et al., 2004), it may be beneficial to consider the perceptions of those with ADHD. After all, they are present across both settings. This notion has previously been raised by Travell and Visser (2007). They believe that consideration of adolescent perceptions is vital to diagnosis and understanding the behaviour and manifestation of ADHD. The authors further argue that speaking directly to the source reduces misconceptions and negative attitudes towards the disorder.