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Part 1-word count 2098

Part 2-word count 2043

Part 1 Thematic Analysis

Title: Understanding the Everyday Impact of ADHD: A Qualitative Exploration of Adolescents' Perspectives

Aim: To examine how adolescents with ADHD describe the impact of their symptoms across different environments and aspects of daily life

Participants: Five children aged 9–13 with a formal ADHD diagnosis, interviewed individually using semi-structured questions.

Coding data:

Below are **initial descriptive codes** (short, concise labels that capture meaning):

Transcript	Initial Codes
P1	Easily distracted; difficulty concentrating; difficulty finishing tasks; discipline does not have an impact; negative perception of self; self-centred; can be focused on enjoyable tasks
P2	Needs positive reassurance; lack of concentration; overwhelmed; loses focus; doubting self; unable to finish tasks; negativity towards disorder;
P3	Short concentration span; perceived as troublemaker; positive when interested; annoys others; always on the go; low self-esteem; lots of energy; positive when enjoying; carefree; fearless
P4	Low self-esteem; disruptive in class; energetic with sports; difficulty sitting still; misunderstood; negative towards school; can focus on interests
P5	Difficulty concentrating; loses focus; has patience on topics interested in; forgetful; keeps to themselves; unable to finish tasks

Generating themes

After collating and grouping codes with shared meanings, the following **themes** and **sub-themes** emerged:

Themes	Sub-themes	Example Codes Feeding In
1. Difficulty concentrating and inattentive		Unfocused, easily distracted, hard to concentrate
2. Negative perception of themselves		Low self-esteem, negative perception of others, always in trouble
3. Acceptance of condition		Carry on with their lives, not being depressed, in a vicious circle
4. Finding focus through interest and enjoyment		Can concentrate when interested, follows rules when enjoying, lots of energy

Results

This section integrates **themes, narrative, and participant quotes**, showing the interpretative work of Thematic Analysis.

Analysis of the interviews identified ? (3 or 4) overarching themes that capture ?:

1. Difficulty concentrating and inattentive
2. Negative perception of themselves
3. Acceptance of condition
4. Finding focus through interest and enjoyment

Together, these themes reveal ?.

Theme 1: Difficulty concentrating and inattentive

Children with ADHD often describe how they have trouble paying attention and remaining focused when asked to do something. Being inattentive they get distracted easily even by the smallest of things. They find it hard listening when someone else is talking or giving them instructions and then cannot relay them.

“When I’m at home, Mum might give me instructions, and I’ll get distracted and forget what I’m supposed to be doing”. P1

Children can forget what they are supposed to be doing and will be unfocused on tasks on school. The children report how they struggle to finish tasks, especially if they take a long time to complete. Feeling that if they cannot see an end goal or that they are actively getting anywhere then it is hard for them to continue with the task. Avoiding or being reluctant to attempt tasks knowing they will not finish them.

“So, I guess I lose focus, I can’t concentrate for long periods of time unless I can see where it is going”. P2

Children may not realise they are not focusing and do not do it intentionally. If they feel they have missed something or cannot focus they get frustrated with themselves and give up as they do not see the point in carrying on. Children will feel misunderstood and even embarrassed especially in front of their peers. They know they are hyperactive and cannot sit still and so they miss important information so are unable to finish the tasks. Having a lack of concentration or difficulty concentrating, the children can become overwhelmed. They can then act out as they are struggling with the work and not know how to get back on track. Children state that one of the biggest problems they face with ADHD is that they find it difficult to concentrate and this happens mainly in school. They feel this is why tasks do not get completed as they do not follow through with them.

“I find concentrating really difficult and because of this, I don’t always see things through”. P5

Due to their inattentive behaviour, they might not hear what is being asked or fully understand.

Sometimes, it’s to do with not hearing or understanding the instructions. Then, I miss important details and can’t finish what I am doing”.

This theme shows children with ADHD have difficulty concentrating and tend to be inattentive. They can lose focus on tasks that they are not interested in especially at school. Having difficulty concentrating and paying attention means they cannot follow detailed instructions on what to do and therefore cannot see an end result so do not see the point in continuing with the task. Children with ADHD struggle to concentrate and pay attention. It is harder for them to focus on tasks and for long periods. They can find it hard to stay organised and control their impulses so act out distracting them even more.

Theme 2: Negative perception of themselves

Children with ADHD have a negative perception of themselves due to a combination of academic, social and emotional challenges. Children with ADHD feel they have to deal with constant correction and criticism from teachers, peers and also parents as they have tendencies such as interrupting, being impulsive or hyperactive. Struggling to following instructions that then leads them to lose focus and not stay on task. Even being reprimanded does not have an impact and can make children feel like a lost cause.

“It would be like my teacher giving me a verbal warning, just telling me to stop, which for me, doesn't really do anything. It’s not like I choose not to listen to him; it’s just I carry on without thinking”. P1

Being perceived as a troublemaker leaves the children's self-esteem and makes them feel misunderstood. Having negative reactions from others makes them feel frustrated as they do not do it on purpose it is due to their condition. Children can see that they annoy others and it could potentially upset them and make them angry, but they cannot do anything to stop it.

Others do not understand the condition will be quick to judge and perceive them as troublemakers.

“Generally, people don’t have patience with me, so their reactions are negative”. P2

Being hyperactive and loud can affect how the children are treated by both teachers and peers. Feeling misunderstood and not being able to do anything to change it can leave children thinking they are a burden to others and feel deflated not seeing and positives to their condition.

“Misunderstood. They just don’t get me. I suppose I don’t get myself much either”. P3

This theme shows children with ADHD report how they have teachers shouting at them and making them leave class. They feel parents can give up on them and their behaviour and peers just do not want to know. This can leave them feeling at a loss and not have a positive outlook on their lives. Thinking what is the point in trying when due to their disorder they are never going to achieve anything.

Theme 3: Finding focus through interest and enjoyment

Children have to deal with accepting their condition so that they are able to carry on with their lives the best they can. They know they cannot help it; it is due to their disorder.

“I just get on with it. I can’t control it. So, what’s the point in worrying about it”. P1

Although they struggle to see the positives and negatives of the disorder, they know they will always have to live with it as that is just the way it is.

“You just gotta live with it. Pointless being done about it. So I guess that’s a positive, not depressed about it”. P1

They feel that the condition puts them in a vicious circle and although they cannot control their behaviour, they have accepted this is their life now and they just have to deal with it.

“People just think ADHD is all about being naughty, disrespectful, disruptive. It’s not is more than that”. P4

This theme highlights that children with ADHD can have acceptance of their condition and that will lay the foundation in helping them with their emotional well-being and help them be successful long-term. Children are able to recognise that they have a neurodevelopmental condition that is part of them. It is not because they just have bad behavioural habits or that they are idle. They need to understand it can affect attention and emotional regulation, have impulsive controlling issues and find it difficult academically.

Theme 4: Finding focus through interest and enjoyment

Although children with ADHD find it difficult to concentrate on tasks, they can find focus through their own interests and enjoyment. When they find a task or hobby, they are interested in they can put all their energy into it and enjoy. When children are enjoying an

activity, they can have self-worth and feel good about themselves and forget that they are different to others who do not have the condition.

“I guess forget I have ADHD when I’m playing football”. P1

Children with ADHD found they are able to follow rules when they are enjoying completing a task or taking part in an activity. They can thrive in an environment where activities will allow them to tap into intrinsic motivation as it is more meaningful and enjoyable to them. Having lots of energy will benefit them, giving them more stamina than others to keep going in physical activities. The children can feel good about themselves knowing they can take part with others in activities and find that they can be better than others too boosting their confidence levels. It allows the children to feel a sense of achievement and give them a positive perspective to their disorder.

“So I guess I got lots of energy...And others that maybe skateboard for half hour then they have to have a rest I can go on for a couple of hours”. P3

Children with ADHD can find it easier to focus and concentrate when they are carrying out a task or actually, they are interested in as it can stimulate their attention. Others cannot understand how children with ADHD can concentrate on tasks that interest them over things of disinterest like schoolwork. This can frustrate children with ADHD as they should not feel they have to justify their actions and should just be allowed to engage themselves in enjoyable activity without negative remarks.

“People say well, if I can concentrate on running, how can’t concentrate on my work. But again, they don’t get it; they don’t understand it’s different”. P4

Children with ADHD can experience hyperfocus so have the ability to concentrate intensely on tasks they are very interested in. They can spend hours on one task concentrating and completing it no matter how long it takes them. Even intricate tasks that require a lot of patience and a lot of effort the children will continue paying attention to the task in hand and not breaking concentration.

“I can spend hours concentrating on it and seeing the task through to the end. I don’t lose concentration; I can still pay attention to it”. P5

This theme shows children with ADHD can have better focus when they find something interesting to them and enjoy carrying out the activity or task. They have more motivation and engagement and can finish what they started. It allows them to build their confidence and having a positive outlook to their lives instead of always focusing on the negatives. They are able to forget about their disorder and feel like they belong with their peers. Seeing that they are good at certain activities and maybe even better than others help them with their self-esteem and gives them the confidence to help deal with their disorder.

Summary

Across the interviews, children described ADHD as having both a negative and positive impact to their lives. Children mostly struggle in school with difficulties concentrating and

focusing on tasks to complete work. They can be easily distracted and forget what is asked of them or what instructions they have been given. If they cannot see the finished outcome they tend to give up and think what is the point. Being seen as disruptive and labelled as a troublemaker affects the children's confidence and lowers their self-esteem. They struggle to maintain friendships and constantly feel misunderstood by others. Having a negative opinion of themselves and also gives them a negative perception of others. Children understand ADHD is a condition that they possess and have to work harder than others to achieve desired outcomes. They try not to worry about the condition as they cannot control it so have to take it in their stride. Children are able to enjoy activities and tasks that are of interest to them. They can forget about their disorder and feel like other children and not feel judged. They can concentrate and focus so that they can follow rules to take part in sports and activities they enjoy. They can present skills at a higher level than their peers and feel a sense of achievement and knowledge that they are good at something helping with their self-confidence. Being able to have patience to complete tasks and finish what they started.

The findings suggest that interventions could be put into place along with educational practices that will focus on behavioural management and also incorporate a well-being strategy that will emphasise emotional support for self-understanding allowing the children to identify their own strengths and use them to help focus and maintain them. Interventions can help children learn to control impulsive behaviours that will reduce frustration allowing them to develop positive coping strategies that will hopefully lead to fewer disciplinary issues. Having successful interventions will provide children with support that will help them feel more competent and understood. With consistent intervention it will increase the likelihood that they can develop skills needed to help them with their independence and form healthy relationships and allow them to work towards fulfil their career goals later in life. By addressing difficulties early, interventions will give children the best start to helping them reach their full potential and manage their neurodevelopmental disorder.

Proposal and Intervention: Part two: Create a psychosocial intervention to support adolescents with ADHD.

The following proposal form for your psychosocial intervention must consider the information provided in the FBA and interviews (your thematic analysis). Thus, the intervention needs to support behavioural issues faced by those with ADHD in any context (home or school). Please use the intervention form below (2000 words).

Suggested intervention title: Efficacy of alternative seating on attention, in-seat behaviour, and occupational performance in children with Attention Deficit Hyperactivity Disorder (ADHD)

Please state the aim and rationale of your intervention:

Attention Deficit Hyperactivity Disorder (ADHD) is a condition characterized by attention difficulties, hyperactivity, and impulsivity that impacts approximately 11% of school-aged children. Difficulties with attention hinder a child's ability to learn and participate in daily school activities or "occupations," leading to an increased incidence of repeated grades, behavioural problems at school, and placement in special education classrooms. As the incidence of ADHD diagnosis continues to increase by approximately 5% per year, there is a need for interventions to support children's occupational performance at school, which begins with students' ability to pay attention and stay in their seat when needed in the classroom.

Children with attention-deficit/hyperactivity disorder (ADHD) often exhibit problem behaviour in class, which teachers often struggle to manage due to a lack of knowledge and skills to use classroom management strategies.

Attention-deficit/hyperactivity disorder (ADHD) is a chronic disorder associated with negative symptoms such as inattention, hyperactivity and impulsivity (American Psychiatric Association, 2013). One common outcome for these students is poor academic achievement. Documentation of the relationship between ADHD and academic achievement is extensive and researchers generally agree that students with ADHD perform at a lower academic level than their peers without ADHD (DuPaul, McGoey, Eckert, & VanBrakle, 2001; Mash & Barkley, 2007; Raggi & Chronis, 2006). Thus, children with ADHD often require supplemental intervention to ensure educational progress. Behaviour management techniques are essential components of any treatment method for students with ADHD. Further, they appear to be the only line of treatment to which school personnel have direct access. Research has suggested that nearly all educators employ some form of behavioural modification techniques in their classroom.

Separate meta-analyses were performed on standardised mean differences (SMDs) for 24 within-subjects design (WSD) and 76 single-subject design (SSD) studies. Results showed that classroom interventions reduce off-task and disruptive classroom behaviour in children with symptoms of ADHD

What theory and empirical research evidence supports your intervention? (Please provide a brief review of relevant psychological literature/theory that supports your intervention and a minimum of six references – refs not part of the word count). (Approx. 700 words)

As teachers may be confronted daily with one or more children with ADHD in their classroom, it is important that they have confidence managing these children. General education teachers, irrespectively of their age and years of teaching experience, perceive children with ADHD as more stressful to teach than other children. They report that teaching children with ADHD causes a disruption of the teaching process, a loss of satisfaction from teaching, self-doubt and increased need for support. Teacher factors have a considerable impact on the achievement and behavioural outcomes of children with ADHD, but often teachers also seem to lack knowledge and skills to develop and implement effective classroom interventions [16]. Frequently simple management techniques are used, which can be implemented class wide and are not time-consuming [16–18], whereas interventions that are based on an analysis of the function of an individual child's behaviour (function-based interventions) have been proven to be more effective than non-function based interventions [19]. As many children with ADHD attend general education classrooms [10], it is important to assist teachers in their management of these children. Providing teachers with effective tools may benefit children with ADHD as well as their classmates, but moreover, may improve confidence and well-being of teachers themselves. The problem behaviours of students with ADHD in the classroom may require treatment. The most common treatment for children with ADHD is stimulant medication [6,7]. Although pharmacological interventions enhance on-task behaviour and academic achievement in children with ADHD [20], pharmacological interventions are limited by several factors, including possible side effects, lack of evidence of long-term effects, and compliance problems [21–25]. Furthermore, medical treatment may not normalize behaviour and cognition in children with ADHD [26,27]. Because of these significant limitations, there is a need for nonpharmacological interventions, including school-based interventions.

Self-Regulation and Social Cognitive Theory

Self-regulation is the ability to control your thoughts, emotions, and behaviours in order to achieve long-term goals. It means being able to manage impulses, stay focused, and motivate yourself even when it's difficult.

Self-regulation involves three key processes: Self-observation – monitoring your own behaviour (e.g., noticing when you're distracted). Self-judgment – comparing your behaviour against your goals or standards (e.g., "Did I study enough today?"). Self-reaction – responding to your own performance (e.g., rewarding yourself for progress or adjusting your plan if you fell short) (Bandura 1991).

Social Cognitive Theory, developed by Albert Bandura, explains how people learn and develop behaviours through observing others, imitating them, and interacting with their environment. Learning happens in a social context and is influenced by: Personal factors (beliefs, expectations). Behaviour (actions). Environment (social influences, situations). This is known as reciprocal determinism — each of these three factors influences and is influenced by the others (Zimmerman 2002)

Core components of SCT: Observational learning – learning by watching others (e.g., a child learns to share after seeing their teacher praise another student for sharing). Self-efficacy – belief in one's ability to succeed in specific situations ("I can do this!"). Outcome expectations – beliefs about what will happen as a result of actions. Self-regulation – the ability to control one's own behaviour toward goals.

Behavioural Parent and Teacher Training Models

Fabiano's work is rooted in behavioural/operant learning theory applied to children with disruptive behaviour disorders (especially Attention-Deficit/Hyperactivity Disorder (ADHD)). For example:

Behavioural Parent Training (BPT) aims to train parents to use contingencies (praise, clear instructions, time-out/response cost etc) to manage child behaviour more effectively. [PubMed+1](#).

Behavioural Classroom/Teacher Training similarly focuses on antecedents, reinforcement, consequences within the classroom to improve children's behaviour in school. [Routledge+1](#).

Fabiano emphasises the importance of including fathers and male caregivers (who have often been under-represented) and of embedding training in meaningful contexts. [Ovid+1](#). (Fabiano et al., 2009).

Parent training is often used to treat non-compliance and social problems in Attention Deficit Hyperactivity Disorder. Smith and Barrett (2000) found that a parent training intervention led to improved compliance and core ADHD symptoms in 3 school-aged girls. The current study extended findings from Smith and Barrett (2000) by directly examining changes in hyperactivity and inattentiveness in the same 3 girls. Five child behaviours indexing inattention and hyperactivity were assessed from home observations of parent-child interactions made before, during, and after the parent training program.

Methodological Details (Approx. 1000 words)

Please describe the anticipated design of your intervention (e.g., exercise programme, cognitive or behavioural strategies)

Participant group (including anticipated numbers, target population, and any specific inclusion/exclusion criteria)

Materials/measures (e.g., exercises, cognitive tasks)

Please describe the intervention procedure (what will your participant have to do from start to finish? It should be clear from this how you are actually planning to carry out your intervention, and what will happen to participants – how long is the intervention etc)

An a priori protocol was developed by six reviewers before conducting this systematic review to foster its validity. The protocol outlines all the steps and details needed to plan a systematic review before its execution. It includes the PICO question, search strategies for each database, inclusion criteria, and search methodology. The protocol was followed closely by the six reviewers (the first six authors) to identify, appraise, and synthesize all relevant published studies.

The systematic search for all relevant studies was conducted in February 2019 using the following databases: CINAHL, OT Seeker, OT Search, Pubmed, PsychINFO, and Google Scholar. Table 4 provides the search terms (i.e. combination of keywords and subject headings) used to conduct the search within each electronic database (Appendix 1). Two reviewers independently searched the databases and applied inclusion criteria to the titles and abstracts of each study retrieved. When the relevance of the article was uncertain, the inclusion criteria was applied to the full text of the article. Reviewers of Google Scholar predetermined that they would terminate their search once they reviewed 50 consecutive articles that did not meet inclusion criteria. The reviewers' reasoned Google Scholar is a database that sorts by degree of relevance, so it is likely that any studies following the 50 excluded articles would also be excluded. Each reviewer produced a list of articles that met inclusion criteria for their assigned databases, resulting in a total of two lists per database. A systematic literature search was conducted to identify studies for inclusion in the meta-analytic review. First of all, electronic database searches in PsycINFO, ERIC, and Web of Science were performed until the date of October 8, 2013. A combination of search terms was used to describe participants (*ADHD, ADD, attention deficit, hyperactivity, or hyperkinetic*), interventions (*classroom, school, education, or academic, and treatment, intervention, training, strategies, therapy, or program*), and outcome measures (*classroom, school, academic, on-task, off-task, or disruptive,*

and *functioning or behaviour*). The search was restricted to the English language and in PsycINFO additionally limited to school-aged children (6 to 11 years) and adolescents (12 to 17 years).

Furthermore, reference lists of relevant literature reviews and of studies included in the present meta-analytic review were checked for additional studies. All records identified by the electronic and manual searches were screened based on title and abstract. The full text of the remaining articles was used to determine eligibility for inclusion.

Each study meeting inclusion criteria was systematically coded on several variables by the first author. Variables that were examined as potential moderators included intervention type, classroom setting, type of measure, and characteristics of participants receiving the intervention, including age, gender, intelligence, and medication use. The categories *antecedent-based*, *consequence-based*, *self-regulation*, and *combined* were used to classify intervention type.

Classroom setting was defined as the classroom in which the intervention was implemented and coded as (inclusive) *general education* or *other* (e.g., special education, self-contained, resource, remedial, experimental, laboratory, hospital classroom). If an intervention was implemented in both the general education classroom and another classroom setting, it was classified as *other*. Type of measure was coded as *teacher ratings*, *direct observations*, or *both*. The mean or range of the age or grade of participants was used to create age categories for *children* (age 6 to 11 years; otherwise grade 1 through 5) and *adolescents* (age 12 to 17 years; otherwise grade 6 through 12). Gender was defined as the percentage of boys of the study samples and classified as *less than 20% boys*, *20 to 80% boys*, or *more than 80% boys*. Mean IQ of participants was used to allocate samples to the IQ categories *less than 90*, *90 to 110*, or *above 110*. Finally, medication use was defined as the percentage of participants on medication during the study and was classified as *less than 20% medicated*, *20 to 80% medicated*, or *more than 80% medicated*.

Participants. Families having a child (aged six to twelve years) diagnosed with ADHD were eligible for participation in the study. Excluded from the study were children with developmental disabilities (e.g., mental retardation) or those diagnosed with a psychosis disorder. Seven families initially agreed to participate out of a pool of twenty-six. However, only three families (43%) completed the study. The other four families left the project before the first group meeting.¹ A high level of attrition is not uncommon when conducting research with families, especially when participating families come from lower SES groups (Firestone & Witt, 1982). Each of the three family's completing the study had a daughter with ADHD who had received treatment at the community mental health centre and who had all been prescribed ADHD-related medication for more than a year.

When children with ADHD frequently get out of their seat, it's often because they're seeking movement, stimulation, or a way to manage restlessness. Effective interventions should therefore combine environmental adjustments, structured routines, and supportive behavior strategies.

Interventions and practical strategies to use:

1. Environmental & Classroom Modifications

- Flexible seating: Offer options such as wobble cushions, standing desks, resistance bands on chair legs, or fidget stools to allow movement while remaining in place.
- Movement breaks: Schedule short, frequent "brain breaks" or physical activities (e.g., stretching, delivering a message, collecting materials).
- Strategic seating: Place the child close to the teacher, away from high-traffic or distracting areas.
- Clear boundaries: Use tape on the floor or defined workspaces to visually show where the student should stay.

2. Structure and Routine

- Predictable schedule: Visual timetables and clear routines reduce anxiety and impulsivity.
- Chunked tasks: Break work into small, manageable segments with opportunities to move or check in after completion.

- Transition signals: Give advance warnings before changing activities (e.g., “In two minutes, we’ll switch to math.”).

3. Behaviour and Reinforcement Strategies

- Positive reinforcement: Praise and reward on-task, seated behavior (e.g., sticker charts, tokens, points).
- Clear expectations: Use concise instructions like “Feet on the floor, bottom on the chair.”
- Behaviour contracts: Create simple agreements with the child that set goals (e.g., “Stay in seat during reading time for 10 minutes = 5 minutes of movement time”).
- Nonverbal cues: Agree on a subtle signal (e.g., a hand gesture) to remind the child to sit down.

Appendix (not included as part of the 2000 words but must still be completed)

1. Reference list

2. Attach any materials to the end of this proposal as an appendix (questionnaires/interview schedules, etc)

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