

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:

The aim of the proposed intervention is to support children aged 9–13 with ADHD in developing improved attention, emotional understanding, and self-esteem through strength-based and interest-focused strategies. The intervention aims to help children recognise how ADHD affects their behaviour and learning, while also supporting them to identify their strengths, regulate their attention, and build positive coping strategies within school and everyday environments (Barkley 2015).

The findings from the thematic analysis highlight several key challenges experienced by children with ADHD, particularly difficulties with concentration, negative self-perceptions, and feeling misunderstood by others. Participants frequently described being easily distracted, struggling to complete tasks, and finding it difficult to follow instructions, particularly within school settings. These challenges often resulted in frustration and disengagement from learning activities. Research consistently shows that attention difficulties and executive functioning challenges are central characteristics of ADHD and can significantly impact academic performance and classroom participation (Busk 1992).

Another important finding was the negative way in which children perceived themselves. Many participants reported feeling labelled as “troublemakers” and described receiving frequent criticism from teachers, peers, and parents. Such experiences can contribute to low self-esteem and emotional distress. Supporting children to better understand ADHD as a neurodevelopmental condition, rather than a personal failure, may help improve their self-concept and emotional wellbeing.

Importantly, the findings also revealed that children were able to focus and sustain attention when engaged in activities they found enjoyable or meaningful. When involved in interests such as sport or hobbies, participants described feeling capable, confident, and motivated. This suggests that interventions should incorporate interest-based learning and strength-focused approaches to increase engagement and support sustained attention.

Therefore, the proposed intervention will combine psychoeducation, self-regulation strategies, and interest-based activities to support both academic engagement and emotional wellbeing. By helping children recognise their strengths, develop coping strategies, and build confidence, the intervention aims to reduce frustration, improve focus, and promote more positive educational and social experiences (Barkley 2015).

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)

Teachers frequently encounter pupils with ADHD in mainstream classrooms, which highlights the importance of equipping educators with the knowledge and confidence to manage these behaviours effectively. Research suggests that many teachers perceive children with ADHD as more challenging to teach compared with other pupils, regardless of their teaching experience or age. Difficulties such as impulsivity, inattention, and hyperactivity can interrupt lessons, making classroom management more demanding. As a result, teachers may experience increased stress, reduced satisfaction in their teaching role, and uncertainty about their ability to support these pupils effectively.

Teacher knowledge and classroom practices play a crucial role in shaping both behavioural and academic outcomes for children with ADHD. However, studies indicate that many teachers feel insufficiently prepared to implement effective strategies that address the specific needs of these pupils. In many classrooms, simple behaviour management techniques are commonly used because they are easy to apply across the whole class and require little preparation time. While these approaches may provide some support, evidence suggests that interventions tailored to the underlying causes of an individual child's behaviour are often more effective. Function-based interventions focus on understanding why a behaviour occurs and then applying targeted strategies to address those needs.

Since a large proportion of children with ADHD are educated in mainstream classrooms, it is essential that teachers are supported with practical and evidence-based strategies. Providing educators with effective tools and interventions can benefit not only pupils with ADHD but also the wider classroom environment. Improved strategies can enhance teacher confidence, reduce stress, and promote a more positive teaching experience.

Although stimulant medication is commonly prescribed to manage ADHD symptoms and can improve attention and academic engagement, pharmacological treatments also present certain limitations. These include potential side effects, difficulties with long-term adherence, and limited evidence regarding long-term outcomes. Additionally, medication alone may not fully address behavioural or cognitive challenges. Consequently, there is growing recognition of the importance of non-pharmacological approaches, particularly school-based interventions, which can provide consistent behavioural and educational support within the classroom setting (DuPaul 2010).

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 programmes are commonly used as an intervention to address non-compliant behaviour and social difficulties associated with Attention Deficit Hyperactivity Disorder (ADHD). Research conducted by Smith and Barrett (2000) demonstrated that a parent training programme resulted in improvements in both compliance and key ADHD symptoms among three school-aged girls. The present study builds upon the findings of Smith and Barrett (2000) by specifically exploring changes in levels of hyperactivity and inattention in the same three participants. Five behaviours related to hyperactivity and inattentiveness were measured through observations of parent-child interactions within the home environment. These observations were carried out before the intervention began, throughout the duration of the parent training programme, and following its completion in order to examine behavioural changes over time.

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)

The proposed intervention will use a school-based behavioural and psychoeducational programme designed to support children with ADHD in developing improved attention, emotional awareness, and self-regulation skills. The intervention will combine behavioural strategies, self-regulation techniques, and interest-based learning activities to support both academic engagement and emotional wellbeing.

The intervention is grounded in behavioural theory and self-regulation approaches, which suggest that children can learn to modify behaviour through reinforcement, structured support, and opportunities to practice new coping strategies. Behavioural strategies such as positive reinforcement, goal setting, and structured routines will be used to encourage task completion and appropriate classroom behaviour. In addition, the programme will include elements of psychoeducation, helping children to understand ADHD as a neurodevelopmental condition and recognise their own strengths and challenges.

Another important component of the intervention is the use of interest-based activities. Findings from the thematic analysis highlighted that children with ADHD are better able to focus when tasks are enjoyable or personally meaningful. Therefore, activities within the programme will be designed to incorporate children's interests where possible, allowing them to engage more effectively with the learning process. By combining behavioural strategies with strength-based approaches, the intervention aims to increase motivation, improve attention, and support positive self-perceptions.

The intervention will run for eight weeks, with one structured session delivered each week. Each session will last approximately 45–60 minutes and will take place in a quiet room within the school setting. Sessions will be delivered by a trained practitioner or teaching assistant with knowledge of ADHD and behavioural support strategies.

The intervention will target children aged between 9 and 13 years who have been formally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Participants will be recruited from local primary or lower secondary schools. Schools will be contacted and invited to identify pupils who meet the eligibility criteria.

It is anticipated that approximately 10–12 children will take part in the intervention programme. This relatively small group size will allow for individual attention while also enabling opportunities for peer interaction and social learning. Children may participate individually or within small groups depending on the number of eligible participants within each school.

To be included in the study, participants must have a formal ADHD diagnosis provided by a qualified professional, such as a paediatrician, psychologist, or psychiatrist. In addition, children must be attending mainstream education and be able to participate in structured group activities.

Certain exclusion criteria will also apply. Children with severe developmental disabilities, intellectual disabilities, or significant mental health conditions that may interfere with participation in the intervention will not be included. This is to ensure that the intervention is appropriate for the developmental needs of the participants and that the activities can be delivered effectively.

Parental consent and child assent will be obtained before participation begins. Parents and teachers may also be asked to provide additional information regarding the child's behaviour and attention levels before and after the intervention.

Several materials and activities will be used throughout the intervention programme to support learning and engagement.

First, psychoeducational materials will be developed to help children understand ADHD. These materials may include visual presentations, worksheets, and simple explanations that describe how ADHD can affect attention, behaviour, and emotions. The aim of these materials is to promote self-understanding and reduce negative self-perceptions.

Second, self-regulation exercises will be included to help children develop strategies for managing attention and impulsivity. These exercises may involve short mindfulness activities, breathing exercises, or structured routines designed to help children refocus when they become distracted. Activities such as goal-setting tasks and reward charts may also be used to encourage task completion and reinforce positive behaviours.

Third, interest-based tasks and activities will be incorporated into the sessions. These may include problem-solving games, creative tasks, or physical activities that allow children to engage with their strengths and maintain attention for longer periods. Allowing children to explore their interests can increase motivation and support sustained concentration.

To evaluate the effectiveness of the intervention, several measures will be used. Teachers and parents may complete behavioural rating scales before and after the programme to assess changes in attention, impulsivity, and behaviour. In addition, children may complete simple self-reflection worksheets to report how they feel about their attention, behaviour, and confidence.

Observational notes taken during sessions may also be used to record children's engagement, participation, and progress throughout the intervention.

The intervention will take place over eight weekly sessions, each lasting approximately 45–60 minutes. Sessions will follow a structured format to provide consistency and routine, which can be beneficial for children with ADHD.

At the beginning of the programme, an introductory session will be conducted to explain the purpose of the intervention and to establish group rules. Children will be introduced to the concept of ADHD and will be encouraged to share their experiences in a supportive environment. This session will aim to create a safe space where participants feel comfortable discussing their challenges and strengths.

Subsequent sessions will focus on developing attention and self-regulation strategies. Children will participate in activities designed to help them recognise when they are becoming distracted and practice techniques for refocusing their attention. These techniques may include breaking tasks into smaller steps, using visual reminders, or practicing short attention exercises.

Another key component of the programme will involve building positive self-esteem and emotional understanding. Children will be encouraged to identify their strengths and reflect on activities they enjoy. Discussions and group exercises will help them recognise that ADHD does not define their abilities and that they possess valuable skills and talents.

Throughout the intervention, interest-based activities will be incorporated to maintain engagement and motivation. For example, sessions may include games, creative challenges, or movement-based activities that encourage participation while reinforcing attention and self-regulation skills. These activities will help demonstrate that children can focus effectively when tasks are meaningful and enjoyable.

During the final session, children will review the strategies they have learned throughout the programme. They will be encouraged to reflect on their progress and identify which strategies they

found most helpful. The session will also provide an opportunity to discuss how these skills can be applied in everyday situations, including schoolwork, friendships, and activities outside of school.

Following the completion of the intervention, feedback may be collected from teachers, parents, and participants to evaluate the overall effectiveness of the programme. This information can help determine whether the intervention improved attention, confidence, and behavioural regulation among the participants.

Overall, the intervention aims to provide children with practical strategies and supportive experiences that help them better manage the challenges associated with ADHD while also recognising and developing their strengths.

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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