

## Part 2: Proposal and Intervention

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

**Suggested intervention title:** (between 10-15 words and must reflect the essence of your proposed intervention, study design and study population and should be more specific than a broad topic area).

Structured Academic Support and Self-Regulation Coaching to Enhance Work Completion in Adolescents with ADHD

**Please state the aim and rationale of your intervention:** (why is your intervention important, and how will it improve the lives of those who take part in the intervention?) (Approx. 300 words)

The primary aim of this intervention is to improve homework and classwork completion rates among adolescents diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Specifically, the intervention addresses a persistent academic difficulty defined as “lack of work completion,” which manifests as incomplete or missing homework and class assignments.

Adolescents with ADHD often experience significant academic underachievement despite average or above-average intellectual abilities (Langberg et al., 2013). Core symptoms of ADHD, including inattention, impulsivity, and difficulties with executive functioning, make it challenging for adolescents to initiate, sustain, and complete tasks, particularly academic work (Barkley, 2015). Non-completion of assignments is associated with a cascade of negative outcomes, including poor grades, increased family conflict, disengagement from school, reduced self-esteem, and elevated risk of early school leaving (DuPaul et al., 2012).

The rationale for this intervention lies in addressing the psychosocial mechanisms underlying non-completion. By combining structured academic support (external scaffolding and environmental structuring) with self-regulation coaching (teaching strategies for time management, organisation, and emotional regulation), the programme aims to reduce barriers to task completion. The intervention is designed for adolescents aged 12–16, a critical developmental window when academic demands increase, but when executive functioning skills are still maturing.

Improving work completion has the potential to enhance not only academic performance but also broader psychosocial outcomes, including self-efficacy, family relationships, and school engagement. By adopting a psychosocial approach, the intervention moves beyond pharmacological treatments, offering practical, skill-based strategies that adolescents can generalise to multiple settings, including home, school, and community.

**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)

This intervention is grounded in a synthesis of psychological theory and empirical research addressing ADHD, executive functioning, behavioural interventions, and academic support.

#### 1. Executive Functioning Theory

Executive functions—working memory, inhibitory control, and cognitive flexibility—are core areas of impairment in ADHD (Willcutt et al., 2005). These deficits translate into difficulties with planning, organising, and sustaining attention during academic tasks. Barkley's (1997, 2015) model emphasises impaired behavioural inhibition as central to ADHD, undermining the capacity for goal-directed persistence. Supporting adolescents with structured routines, external prompts, and explicit self-regulation strategies aligns directly with addressing executive function challenges.

#### 2. Self-Regulation and Social Cognitive Theory

Bandura's (1991) social cognitive theory highlights self-regulation as a key determinant of academic behaviours. Self-regulation involves forethought (goal setting, planning), performance control (self-monitoring, attention management), and self-reflection (evaluating outcomes). Adolescents with ADHD struggle with these cycles, particularly forethought and sustained monitoring. Interventions that explicitly teach self-regulation strategies have been shown to improve homework completion and academic achievement (Zimmerman, 2002).

#### 3. Behavioural Parent and Teacher Training Models

Behavioural interventions for ADHD, including contingency management and skills training, have robust empirical support (Fabiano et al., 2009). Parent training and classroom-based strategies (e.g., token economies, structured feedback) improve academic and behavioural outcomes. While traditional models rely on external reinforcement, combining them with adolescent-led self-regulation coaching may enhance internalisation of skills, increasing the sustainability of gains as adolescents transition toward independence.

#### 4. Cognitive-Behavioural Approaches

Cognitive-behavioural interventions tailored for adolescents with ADHD (Antshel & Barkley, 2008) emphasise skill building in organisation, problem-solving, and emotion regulation. Studies show that CBT-based academic interventions can reduce homework problems and improve school performance (Langberg et al., 2012). This intervention incorporates CBT-informed strategies, such as goal setting, self-monitoring, and cognitive reframing, to address procrastination and negative academic self-talk.

#### 5. School–Home Collaboration Models

Empirical research highlights that interventions with cross-context support (home and school) are more effective than those delivered in isolation (DuPaul & Stoner, 2014). Homework problems are particularly sensitive to the consistency of routines across

environments. The proposed intervention therefore engages both teachers and caregivers, ensuring alignment of expectations and reinforcement systems.

#### Summary of Evidence Base

The proposed intervention integrates:

- Executive function theory (structuring environments to support deficits),
- Self-regulation and social cognitive theory (teaching adolescents strategies to monitor and direct their own behaviour),
- Behavioural models (using reinforcement and environmental scaffolding), and
- CBT-informed approaches (building problem-solving and emotional regulation skills).

Collectively, the literature supports the efficacy of structured, skill-based, psychosocial interventions for improving academic functioning in adolescents with ADHD, particularly when they target organisation, planning, and regulation across contexts.

#### References (for evidence section):

- Antshel, K. M., & Barkley, R. A. (2008). Psychosocial interventions in attention deficit hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America*, 17(2), 421–437.
- Barkley, R. A. (1997). *ADHD and the nature of self-control*. New York: Guilford Press.
- Barkley, R. A. (2015). *Attention-Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment* (4th ed.). Guilford Press.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50(2), 248–287.
- DuPaul, G. J., & Stoner, G. (2014). *ADHD in the schools: Assessment and intervention strategies* (3rd ed.). Guilford Press.
- Fabiano, G. A., et al. (2009). Evidence-based psychosocial treatments for children and adolescents with ADHD. *Journal of Clinical Child & Adolescent Psychology*, 38(3), 447–490.
- Langberg, J. M., Epstein, J. N., Urbanowicz, C. M., Simon, J. O., & Graham, A. J. (2008). Efficacy of an organization skills intervention to improve the academic functioning of students with ADHD. *School Psychology Quarterly*, 23(3), 407–417.
- Langberg, J. M., Epstein, J. N., Becker, S. P., Girio-Herrera, E., & Vaughn, A. J. (2012). Evaluation of the Homework, Organization, and Planning Skills (HOPS) intervention for middle school students with ADHD. *School Psychology Review*, 41(3), 342–364.
- Willcutt, E. G., Doyle, A. E., Nigg, J. T., Faraone, S. V., & Pennington, B. F. (2005). Validity of the executive function theory of ADHD: A meta-analytic review. *Biological Psychiatry*, 57(11), 1336–1346.
- Zimmerman, B. J. (2002). Becoming a self-regulated learner: An overview. *Theory into Practice*, 41(2), 64–70.

## **Methodological Details** (Approx. 1000 words)

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

The intervention is a 10-week structured psychosocial programme combining:

1. Weekly group coaching sessions (skills-based workshops on self-regulation, organisation, emotional regulation, and problem-solving),
2. Individual coaching sessions (tailored goal setting and monitoring of homework/classwork completion), and
3. School-home collaboration (weekly feedback loop between teachers, adolescents, and caregivers).

It integrates behavioural reinforcement, CBT-informed strategies, and structured routines to address barriers to task completion.

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

### **Participants**

Target population: Adolescents aged 12–16 years with a formal ADHD diagnosis (any presentation).

Anticipated numbers: 60 participants, randomly allocated into intervention ( $n = 30$ ) and control ( $n = 30$ ) groups.

Inclusion criteria:

ADHD diagnosis (confirmed by clinical/educational psychologist or CAMHS documentation),

Enrolled in secondary school,

Reported difficulties with homework/classwork completion (confirmed by teachers/parents).

Exclusion criteria:

Intellectual disability ( $IQ < 70$ ),

Severe comorbid psychiatric conditions (e.g., psychosis),

Current participation in another structured academic intervention.

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

Homework Problems Checklist (HPC; Power et al., 1998) – parent and teacher report of homework difficulties.

Academic Performance Rating Scale (APRS; DuPaul et al., 1991) – teacher report of academic functioning.

Self-Regulation Questionnaire (SRQ; Brown et al., 1999) – adolescent self-report of self-regulation strategies.

Daily homework logs – adolescents track assignments completed and submitted.

Behaviour rating scales – to capture ADHD symptom changes (e.g., Conners-3). Materials will also include structured work planners, visual schedules, and reinforcement charts.

**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)

**Intervention Procedure (Approx. 300 words)**

The intervention spans 10 weeks, combining weekly 90-minute group sessions and 20-minute individual coaching sessions.

- Week 1: Orientation. Adolescents are introduced to the goals of the programme, complete baseline measures, and receive structured planners. Parents and teachers attend a short briefing session on their supportive role.
- Weeks 2–4: Focus on organisation and planning skills. Adolescents learn to use planners, break down assignments into smaller tasks, and set realistic deadlines. Coaches provide reinforcement for completed logs.
- Weeks 5–7: Focus on self-regulation and emotional coping. Adolescents learn techniques such as “stop-think-do” problem-solving, relaxation strategies for frustration, and cognitive reframing of negative self-talk around homework.
- Weeks 8–9: Focus on sustaining motivation and peer collaboration. Adolescents engage in group problem-solving tasks and peer accountability activities, such as “study buddy” contracts.
- Week 10: Consolidation. Adolescents develop a personal “Homework Success Plan” integrating strategies learnt. Final assessments are administered.

School–home collaboration: Teachers complete weekly brief rating forms on assignment completion, which are shared with parents. Parents provide reinforcement at home (e.g., praise, privileges) aligned with adolescents’ goals.

Control group: Receives standard school support only. After study completion, they are offered a brief workshop summarising intervention strategies.

This design ensures that participants gain structured practice, reinforcement, and skill-building opportunities across settings.