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Thematic Analysis Task

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	Lack of focus; staff lack knowledge and understanding; unfinished work
P2	Consistently frustrated; difficulty concentrating; lacking awareness of ADHD symptoms
P3	Risk taking behaviours; disruptive behaviours; misunderstood by others; hyperfocus
P4	Social isolation; hyperactivity; academic struggles
P5	Comparisons between peers; poor academic performance; inattentive behaviours

Generating themes

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

Themes	Sub-themes	Example Codes Feeding In
Feeling Misunderstood	- Being acknowledged as disruptive by everyone - Emotionally frustrated	Staff lack knowledge and understanding, lack of awareness, misunderstood by others, consistently frustrated, social isolation, comparison between peers

Struggling to Stay on Task	- Hyperfocus on things of interest - Struggles missed by teachers	Lack of focus, unfinished work, difficulty concentrating, poor academic performance, academic struggles, hyperactivity/hyperfocus, inattentive behaviours, consistent frustration, poor self-esteem
Adventurous and Energetic	- Classroom Triggers	Risk taking behaviours, hyperactivity, hyperfocus, self-aware

Results

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

Analysis of the interviews identified three overarching themes that capture how children experience the impact of ADHD in their daily lives:

1. *Feeling Misunderstood*
2. *Struggling to Stay on Task*
3. *Adventurous and Energetic*

Together, these themes and sub-themes reveal how children with ADHD are often misunderstood due to a lack of knowledge and awareness of the ADHD diagnosis among those around them, including teachers, peers and parents. Furthermore, this misunderstanding can mean children are punished for disruptive behaviours out of their control. Moreover, it causes frustration for everyone involved.

These themes also highlight the difficulties these children face with executive functioning skills, particularly in staying focused and completing tasks, which often leads to unfinished work. On the other hand, it suggests teachers do not acknowledge the struggles faced by children with ADHD, and if they were appreciated for their interests then they would have a better quality of life, including their ability to focus, concentrate and complete tasks.

However, children with ADHD generally experience poor outcomes, but the themes also highlight the positive traits ADHD can bring, such as courage, boundless energy, and a strong sense of self-awareness, especially when it comes to pursuing their personal interests and remaining focused on tasks that captivate them.

Theme 1: Feeling Misunderstood

Across all five participant accounts, it was clear that there was a significant lack of knowledge and understanding about ADHD; its symptoms, impact, and the types of support needed to help diagnosed children achieve the best possible quality of life.

Being acknowledged as disruptive by everyone:

Many children felt misunderstood by teachers, friends, and even parents, who often viewed them as disruptive, troublesome, or naughty. The children felt their behaviours stemmed from challenges beyond their control, such as

hyperactivity, impulsivity, and inattention. As a result, they struggled to maintain focus and concentration for extended periods but were still expected to do so—and then punished when they could not complete tasks.

“Most of the teachers just tell me off, because honestly I don’t think they have a clue what to do with me,” (P3, line 28-29).

Children were unable to keep focus long enough to follow instructions through to the end. The distractions prevented them from remembering the steps, and it resulted in them getting into trouble consistently. Children acknowledge that this annoys people, making them angry and sad but they don’t understand that this behaviour is out of their control.

“When I am at home, Mum might give me instruction, and I’ll get distracted and forget what I am supposed to be doing,” (P1, line 3-4).

Emotionally frustrated:

The lack of understanding impacted on some of the children’s self-esteem; they would become frustrated with themselves constantly, because they couldn’t focus long enough to complete tasks which resulted in being isolated from activities and friendships, consequently for bad behaviour. Some felt low because they were misunderstood; they wanted to cooperate and do well like the others, but it was simply out of their control. The classroom environment didn’t help with hyperactivity, instead it was a trigger.

One participant was asked about the outcome of disruptive behaviour which resulted in poor academic performance and social isolation. He said that his disruption meant:

“Getting chucked out the class, teachers shouting at me, parents giving up on me and I guess friends walking away, if I have any. I spend most of my time outside of the classroom,” (P4, line 24-25).

Furthermore, in frustration he pleads for people to understand his diagnosis better, comparing himself to those that can.

“It’s not my fault I can’t do it, you know, sit down, concentrate, not freak out. I wish I could. I might be able to stay in class more and have friends,” (P4, line 31-32).

This theme highlights a widespread lack of understanding about ADHD, including its symptoms, effects, and the support children need to thrive.

Theme 2: Struggling to Stay on Task

Many of the young people described how their ADHD impacted their executive functioning skills; particularly they struggled with focus and concentration resulting in incomplete tasks due to constantly feeling distracted, and unable to focus long enough to follow instructions.

“I just can’t focus long enough to finish anything or pay attention long enough to know what’s going on,” (P1, line 7-8).

Struggles missed by teachers:

For others, their hyperactivity tendencies disrupted their ability to complete tasks; they would be thrown out of class for “being naughty, disrespectful,” (P4, line 21), but these children explain that it is out of their control and the underlying issue is missed by teachers.

This leads children with ADHD into struggles with emotional regulation; they get frustrated because their struggles are missed by teachers. Instead, they are singled out, punished and isolated from activities that are out of their control. Furthermore, missing out on opportunities to complete tasks, which leads to poor academic performance.

“I spend most of my time outside of the classroom, so I’m never gonna do well in school because I can never finish anything,” (P4, line 25-26).

Moreover, the inattentive ADHD children also feel their struggles are missed; concentration is difficult for them resulting in incomplete tasks. Though they are not disruptive, they struggle to remember instructions, focus and pay attention to detail. Often teachers observe a calm, quiet and well-behaved child, but underneath is a child who has missed important information, is confused and experiencing forgetfulness.

“I miss important details and can’t finish what I’m, doing. Other times, I can’t quite remember things, and I get all muddled up,” (P5, line 4-5).

Hyperfocus on things of interest:

However, other children suggest that if they were in the correct environment for their diagnosis, there could also be positive outcomes to their ADHD. Children imply that if they are interested in a particular subject, they become hyper focussed and can fully engage and complete the task that is set before them.

“...my ADHD allows me to focus on something that I really enjoy and that I am good at... I can do it, and I can do it all day,” (P5, line 39-42).

This theme considers how ADHD disrupts children’s ability to stay on task and complete work due to impaired executive functioning, how these struggles are often misunderstood by others including parents, teachers and peers, and how this misunderstanding contributes to exclusion and poor self-esteem. However, it also reveals the potential for positive engagement and achievement when children with ADHD are supported and allowed to work within environments that encourages and supports their interests and strengths.

Theme 3: Adventurous and Energetic

Although some of the children experienced a very low self-esteem and negative self-perception including their inability to hold relationships; it was evident that their hyperactivity tendencies could be of benefit to them if supported with the right kind of environment and acknowledged for their interests.

Those with high levels of energy, excitement, courage and a need for adventure led to the success in achieving activities that other children and even adults may be afraid of doing, for example bungee jumping. Furthermore, activities outside of the normal school classroom setting allowed them to focus and concentrate better for longer periods of time

on things they knew they were good at. Some of the children compared themselves to children without ADHD in a very brief positive light.

“...none of the other boys can keep up with me running or skateboarding,” (P3, line 38-39).

“So I was much braver and more willing to jump than adults like, I wasn’t scared. At all,” (P3, line 56-57).

They thrived on high-energy activities and outdoor risk-taking, which boosted their confidence through genuine achievement. As one child explained, “I forget I have ADHD when I’m playing football” (P1, line 33). This contrasted with the negative self-esteem they developed in the classroom, where they were repeatedly expected to complete tasks they could not succeed in, leading to frustration, disruption, and consistent isolation.

Classroom Triggers:

In the classroom there was an expectation to sit down and engage with executive functioning skills such as planning and organising, emotional regulation and working memory. However, these activities took place in a confined adult led space that focusses highly on complying with instructions, concentration and completing tasks – the classroom. This is where the disruptive behaviours took place, leading to everyone feeling frustrated.

“There’s nothing I can do about it; however, many times they tell me to shut up or sit down, I just physically can’t do it,” (P4, line 14-15).

On the other hand, children explained their need for being in the outdoors environment, which is open, less structured or confined, and supported their need for safe risk and freedom of movement. Furthermore, it also allowed them to focus on things that are interesting to them such as running or football, and they were able to focus for longer periods of time because they didn’t need to use their brain. This suggests environments could trigger, heighten or support ADHD behaviours.

“I’m good at running. I guess because I’ve got loads of energy, and have always been able to run fast,” (P4, line 35-36).

“If I’m on my skateboard I can go for longer and stuff... I guess I got lots of energy,” (P3, line 33-34).

This positive theme being adventurous and energetic suggests a child with ADHD can be encouraged for their curiosity, enthusiasm, and a love for movement. For a hyperactive child, this means their energy often overflows — they learn best through active exploration and hands-on experiences. Rather than seeing their restlessness as a problem, it can be viewed as a strength when channelled into creative play, outdoor learning, and activities that let them move, discover, and take positive risks.

Summary

Across all five participant interviews, it was found that ADHD has both positive and negative effects on the lives of diagnosed children, as well as on the significant relationships surrounding them. Participants described ADHD as widely misunderstood—not only by teachers, parents, and peers, but also by the children themselves. It was often portrayed

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

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as disruptive, with diagnosed children displaying behaviours that led to consequences such as classroom isolation or exclusion from friendship groups. Their loudness and restlessness often hindered their ability to engage in the expected way within a classroom setting, which in turn negatively affected their self-esteem and sense of achievement.

Despite these challenges, the interviews also revealed positive aspects. While children with ADHD often struggle with executive functioning and task completion, they demonstrated the potential to thrive when given opportunities to focus on activities that align with their interests. When their natural energy and curiosity were channelled into areas that encourage exploration and adventure, the children showed greater engagement and success.

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:

Enhancing Focus and Minimising Off-Task Behaviour, in Adolescents with ADHD: A CBT and PMT Approach to support home tasks

Please state the aim and rationale of your intervention:

This intervention aims to reduce barriers that hinder the focus and attention of a young person diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD); while equipping parents with strategies to effectively support their child when off-task behaviours take place in the home. By combining Cognitive Behavioural Therapy (CBT) for the child and parent collaboratively, with Parent Management Training (PMT), the intervention promotes better attention and task engagement during daily family routines. Specifically, it addresses common challenges such as homework avoidance, procrastination, and distraction during tasks at home. These behaviours are defined as off-task behaviours.

Current research tends to emphasise off-task behaviours in structured settings such as schools, suggesting a potential gap in research regarding the home environment (Gaastra et al. 2016). Yet, the home context presents unique challenges, as each family's routines, levels of structure, and parental modelling differ significantly from one home to the next (Miller et al. 2013). Therefore, interventions targeting off-task behaviours within the home may be particularly beneficial for young people living in less structured environments, or within families that are lacking consistent routines (Mulligan et al. 2013).

Through CBT-informed and PMT, both children and parents/carers can develop practical tools to work together more effectively in managing off-task behaviours and improving overall family functioning, including conflict reduction (Helander et al. 2022). It is also suggested that CBT for adolescents with ADHD found improvements in inattentive symptoms and functioning when a manualised approach was used bringing consistency (Sprich et al. 2016). On the other hand, one might argue that a standardised plan would not be beneficial to all ADHD patients, because each

diagnosis is different from the next with changes in level of severity between individuals. Therefore, one approach might not fit all ADHD patients and adapting appropriately should be considered (American Psychiatric Association, 2022; Colomer, et al. 2017). Additionally, it is suggested that psychological/behavioural therapies have weaker evidence when used alone; together with parent training makes it stronger and more impactful (Daley et al. 2018).

Young people impacted by ADHD often experience off-task behaviours due to executive functioning skills being impaired; therefore, they engage and respond to life through hyperactivity, impulsivity and or inattentiveness which affects their planning and organising, emotional regulation and working memory (Norman et al. 2016). Consequently, remaining focussed and concentrating is challenging for them especially if the task is not interesting; they will become bored and off task (Hsu et al. 2025). Failure to remain on-task due to consistent distractions then results in a continuous flow of poor outcomes for example struggles with frustration, anger and sadness, consistent punishment due to disruption, and low self-esteem, because they feel misunderstood and are constantly discouraged. However, the ADHD diagnosis is out of their control (American Psychiatric Association, 2022). It affects family life including parent/child relationships, sibling relationships and everybody's overall quality of life within the child's household (Leitch, 2019).

The rationale of the intervention is to tackle the present issues underlying off-task behaviours in adolescents to minimise distraction, enhance focus, and support emotional regulation. By combining Practical scaffolding (CBT for executive functioning skills), parent and child can work together to understand the off- task behavioural challenges, articulate thoughts and feelings associated with those challenges, consider helpful strategies and routines, and learn to cope with obstacles such as what triggers the off-task behaviours and responses (Steeger et al. 2015). Furthermore, the PMT will focus on teaching parents' strategies to reduce problem behaviours, reinforce positive behaviours, and improve family functioning (Dekkers et al. 2023). Additionally, this is designed for adolescent children aged 12-16, which is a crucial age due to hormonal changes and puberty.

Consequently, reducing barriers to off-task behaviours can mean a better quality of life for the child and their family because helpful strategies will be in place; they will understand themselves better. Furthermore, the triggers associated with off-task behaviours will be minimised, knowing what to avoid, which means better attention, lesser frustration, and positive parental reinforcement. Therefore, this will lead to a more positive self-esteem and growing confidence (Rudge, 2021; Gordon & Hinshaw, 2017).

What theory and empirical research evidence supports your intervention?

This intervention is underpinned by the psychological theory and empirical research tackling ADHD. It considers relevant studies to address off-task behaviours which for a young person with ADHD results from impaired executive functioning; therefore, cognitive interventions and parental support is backed by the following theory and evidence.

1. Executive Functioning Theory & Cognitive Behavioural Therapy

Executive functioning that is impaired due to ADHD results in difficulty to maintain attention and focus, meaning it is consistently a challenge for that individual to stay on-task until completion (Norman et al. 2016). CBT gives external

support for skills like focus, planning, and staying on task, for example visual reminders, time management tools and self-monitoring techniques which would support an adolescent with off-task behaviours (Dobson & Dobson, 2018).

Furthermore, clinical psychologist and theorist, Barkley (1997, 2012) proposed that at the core of ADHD lies a deficit in behavioural inhibition, which disrupts executive functions such as working memory and self-regulation. He suggested that this impairment explains why adolescents with ADHD often struggle with planning, organisation, and persistence in goal-directed activities. Moreover, he believes that structured, external supports like those identified in CBT are effective. Additionally, CBT directly targets these difficulties by teaching structured routines, use of external cues, and strategies to support self-regulation — approaches consistent with Barkley's model and effective in reducing off-task behaviour.

Brown (2005, 2013) expanded on Barkley's model of ADHD by proposing that the disorder involves multiple, interrelated clusters of executive functions, including activation, focus, effort, emotion, memory, and action. His research provides the foundation for current CBT approaches that aim to develop practical executive functioning skills such as time management and task initiation.

Overall, CBT for ADHD draws heavily on the theories of both Barkley and Brown, helping individuals use compensatory strategies to strengthen or adapt to executive-functioning weaknesses, such as off-task behaviours. This could result in better sustained attention during routine tasks at home by using strategies to learn persistence. However, studies of CBT for challenges in the home are few, (mostly school or community based) and they do not focus only on off-task behaviours meaning there could be a gap in research and this could be something to explore. On the other hand, several studies do suggest CBT/CBT-informed or behavioural interventions with home components which does include off-task behaviours in the home, for example Supporting Teens Academic Needs Daily (STAND). Furthermore, this CBT informed intervention includes home components that involves parent training, home monitoring, recording of daily homework, parent-teen contracting and home privilege systems which support the change in off-task behaviours at home. Moreover, the study records improvements in off-task behaviours in the home, for example positive outcomes included parents explaining that their teens were able to complete homework, parent-teen contracting and reduced family conflict (Sibley, et al. 2016).

2. Parent Management Training and Emotional Regulation

The impact of ADHD on adolescents and their families is significant, often contributing to a decline in parents' own mental health. Furthermore, frequent off-task behaviors can lead to ongoing conflict, parental frustration, and punishing responses, making it difficult for parents to recognise their child's strengths. For instance, an adolescent may display hyperactivity or inattentiveness while completing chores, and their lack of focus can result in repeated reprimands. This cycle can negatively affect the child's self-esteem and sense of self-worth (Leitch, 2019). Consequently, parental management training is crucial for repairing strained relationships and addressing misunderstandings concerning ADHD. With appropriate support, families can establish positive home routines and reduce off-task behaviors, resulting in more successful and peaceful interactions (Rudge, 2021).

Children and adolescents need clear expectations and consistent boundaries. When discipline is inconsistent or negative reinforcement is applied in response to non-compliance, the undesirable behaviour is likely to continue.

Theorist Patterson (1970's-1990's) developed the Social Learning Model, which aims to break coercive cycles by teaching parents to provide consistent reinforcement, clear instruction, positive attention, and predictable consequences (Patterson, 2002, 2015). Similarly, Skinner (1938), his ideas laid the foundation for PMT demonstrating that behaviour is shaped by the consequences for example reinforcements and punishment. Therefore, PMT is taken into family homes to support the moulding of the adolescents' behaviours (Skinner, 1938).

The skills learned are particularly important for families with adolescents diagnosed with ADHD, as off-task behaviours can trigger multiple negative reinforcements throughout the day. Such coercive parent-child interactions are closely linked to escalating problem behaviours and increased risk of antisocial outcomes. Over time, these behaviours become harder to manage. Therefore, when parents want their teen to focus on a specific task, it is essential to use clear instructions, consistent consequences, positive reinforcement, and planned rewards (Patterson, 2002, 2015; Forgatch & Patterson, 2010). Research suggests a collective use of CBT and PMT interventions for adolescents with ADHD and their mothers, did improve the young person's working memory implying improved focus and less off-task situations. Furthermore, PMT should be used alongside CBT, for the outcomes to be better. PMT alone showed no improvement (Steege, et al. 2015). Additionally, PMT draws primarily from Skinner's Operant Conditioning and Patterson's Social Learning Model and benefits an adolescent and parent in the home to better engage in daily tasks and routines.

The proposed intervention combines Executive Functioning Theory with strategies to strengthen skills such as planning, organising, emotional regulation, and working memory, helping adolescents improve their ability to focus and stay on task. By integrating Cognitive Behavioural Therapy (CBT) and Parent Management Training (PMT), the approach supports behaviour through positive reinforcement, rewards, and consistent consequences. As a result, emotional regulation improves, frustration and conflict decrease, and adolescents gain positive feedback and increased self-esteem. This ultimately promotes a better quality of life for the adolescent and their family.

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Methodological Details (Approx. 1000 words)

Please describe the anticipated design of your intervention

This is a 10-week structured CBT-based skills intervention that directly aligns with PMT. Data will be collected on 3 occasions outside of the intervention itself through family assessments, teacher questionnaires and school records. The stages for the intervention are as follows:

1. **Baseline** – before treatment begins a starting point is established so that comparisons can be made after the intervention. They can also be used to compare with the Treatment As Usual (TAU) group post-treatment (cluster of standardised questionnaires, observations and school records).
2. **10, Supporting Teens' Autonomy Daily (STAND)** 50 minute weekly therapy sessions with adolescents and their primary caregiver (standardised and structured family CBT and PMT, weekly reviews, motivational strategies (MI), skills-based, parent-teen contracts with rewards and consequences, home routines).
3. **Post treatment** – after the 10 sessions the focus is to assess the outcome of the intervention immediately (questionnaires and observation), and primary caregivers will be offered monthly support groups.

4. **6-month follow-up** – this is to see if the effects of the intervention are lasting and impacting positive change over time, using the same tools as baseline (cluster of standardised questionnaires, observations and school records).

This intervention reduces barriers that can impact one's ability to achieve executive functioning skills. By introducing CBT-informed, MI and PMT strategies, the ability to maintain focus can be strengthened, and off-task behaviours lowered for an adolescent with ADHD. Furthermore, reducing family stress and creating a healthier more peaceful quality of life for everyone in the family home.

Participant group

Participants:

Target population:

A mixture of adolescent boys and girls aged 12-16 years and must have a formal diagnosis of ADHD; presenting symptoms of hyperactivity, impulsivity and or inattentiveness at any level of severity. The main challenge for these participants is off-task behaviours.

Teen participants must make up an equal number of girls and boys split into 2 mixed gender groups (STAND treatment which is a CBT-based skills intervention that directly aligns with PMT; Treatments as usual, TAU). Teens will attend the programme with their primary caregivers.

Anticipated numbers:

- The intervention will include 20 adolescent participants and their primary caregivers, randomly allocated a space on the intervention.

Inclusion Criteria:

- Teens must have a formal ADHD diagnosis confirmed by a specialist
- Teens must be between year 8 and 11 (12-16 years) and living in Wales
- Teen participants must make up an equal number of girls and boys split into 2 mixed groups with their primary caregiver (STAND treatment; Treatments as usual)
- Teens with other mental health conditions are allowed (anxiety & depression)
- All teens must have significant problems with focus, staying on-task, during home routines

Exclusion Criteria:

- No autism diagnosis
- Not taking medication for ADHD
- No severe comorbidities that include psychiatric diagnosis such as psychosis

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

1. Baseline (Questionnaires) – intake assessment

- Parental consent and youth assent given in line with GDPR (Information Commissioner's Office. (2023)

- Parent and Teacher Rating Scales (Pelham et al. 2005; Center for Children and Families, 2025)
- Parent and Adolescent Rating Scales (Sibley, et al. 2016; Shaffler et al. 2000)

Observational measures:

- Homework recording (planner use, electronic or paper) - This encourages active engagement in tasks and provides routine and structure. It is also a good visual cue for parents.

2. STAND Sessions:

- STAND Manual (Guide for the sessions)
- Adolescent Academic Problems Checklist (AAPC)
- Parent-Teen Contracts (rewards and consequence plans for off-task behaviours)
- Motivational Interviewing Scripts and Techniques
- Skill Worksheets (planners, checklists, time management, note-taking)
- Weekly Review Logs – for tracking progress and implementation

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 intervention spans 10 weeks including a 50-minute weekly session with the adolescent, parents and the therapist. However, there is a Baseline first, and then a check-in immediately post session, and a follow up session 6 months after the intervention.

- Week 1: STAND overview is given by therapist; the young person and primary caregiver explore strengths and values; behavioural patterns amongst caregiver and young person is addressed; the differences between what the caregivers' values and their current parenting patterns will be explored.
- Week 2: Therapist helps families to identify areas in need of change, both in adolescent and caregiver; the treatment goal is identified, and they will choose 4/7 modular skills-based components from the STAND treatment menu that will last over 7 sessions. One skill will be introduced each session. Options include:
 - Troubleshooting problems at home
 - Prioritising and managing time out of school
 - Preparing for tests and quizzes
 - Recording homework on a daily basis
 - Forming contracts for homework
 - Organising materials for school
 - Note-taking
- Week 3-6: A skill is introduced along with a plan for application, and a contract is formed between caregiver and adolescent. The contract outlines the rewards and consequences for demonstrating successful use of the skills throughout the week ahead. Motivational Interviews will also be used during these sessions to encourage openness towards the new strategies' being introduced. Consequently, resulting in long term

positive changes in the family home. Adolescents must be held accountable by their caregiver by means of a parental monitoring plan. This ensures skills are consistently being used. Additionally, each week, the session will include a review of the previous weeks contract and use of skill.

- Week 7-10: After the skills sessions are complete, the final 4 include collaborating with the adolescents' school setting, forming and carrying out routines that ensure the use of these new skills, adjusting parental and adolescent contracts, and finally, reviewing the families progress to date including next steps.
- Immediate Post Intervention Assessment: This will be the same assessments that took place prior to the intervention to see comparisons and progressions from start to end. It will also allow for comparisons between those who took part in the intervention and those having treatment as usual
- 6 Months Post Intervention: This will be a follow up assessment, same as Baseline and will confirm whether progress within the family home has maintained through continuity and consistency of the new skills adopted (Sibley, et al. 2016; Sibley, 2016a; Sibley, 2013).

Overall, this structured CBT and PMT-based intervention is designed to enhance focus and minimise off-task behaviour in adolescents with ADHD by directly addressing academic and behavioural skills in the context of the family home. By combining skill-building, parental involvement, and consistent monitoring, the programme supports sustainable behavioural change and improved parent-teen collaboration, directly aligning with the study aim of improving attentional control and on-task behaviour through a family-centred therapeutic approach.

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

1. Reference list

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2. Attach any materials to the end of this proposal as an appendix (questionnaires/interview schedules, etc)
 - Sibley, M. L. (2016) *Parent-Teen Therapy for Executive Function Deficits and ADHD: Building Skills and Motivation: building skills and motivation*. Guilford Press.