



MODULE CODE: ECCY7005

ASSESSMENT COMPONENT:

Create a psychosocial intervention for adolescents with ADHD.

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AI Acknowledgement

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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	Getting in trouble in school, difficulty focusing, easily distracted, not responding to verbal reminders, slow to complete work, feeling not in control, unable to see positives, enjoys sport, able to follow rules in sport, sport improves focus, school feels harder with ADHD
P2	Motivated by reward, needs a clear end goal, loses focus easily, difficulty concentrating, frustration with tasks, need constant reminders, lose track of tasks, struggles with long tasks, prefers shorter tasks, people react negatively, difficulty finishing work, no positive views of ADHD, challenges worse in low-pressure environments.
P3	Difficulty concentrating, hyperactive/overexcited, can't think clearly, annoys others unintentionally, feeling misunderstood, behaviour affects home and school, frequently in trouble in school, "troublemaker" label, loud and hard to calm, irritability, poor rejection, not many friends, teachers repeatedly telling them off, disrupting lessons, better focus during enjoyable activities, hyperfocus at times, bored quickly, high energy is a strength in sport, reduced risk awareness, brave/lack of fear.

Transcript

Initial Codes

P4 Hates having ADHD, no friends, too noisy/loud, hyperactive/can't say still, get on peoples nerves, sibling rejection, aggressive/forceful behaviour, medicated but not having desired effect, sent out of class, impacts more in school, teachers misunderstand, peers laugh at behaviour, parental misunderstandings, feeling like a lost cause, emotional overwhelm, difficulty staying quiet for long periods, wishes they could change, enjoys running, unclear if they would be different without ADHD.

P5 Schoolwork affected most, difficulty concentrating, not finishing tasks, missing or misunderstanding instructions, poor memory for task, struggles only in school, not disruptive at home, has friends, quiet/keeps to themselves, teachers understanding, fears ADHD may limit future goals, negative perceptions of ADHD, hyperfocus on interests, can focus when enjoying a task.

Generating themes

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

Themes	Sub themes	Example Code Feeding In
Difficulties in school.	Problems with attention and task completion.	Difficulty concentrating. Easily distracted. Slow to complete work. Not finishing tasks. Losing track. Struggling with long tasks. Missing instructions.

	Disruptive behaviour and consequences.	Getting into trouble at school. Disrupting lessons. Sent out of class. Impulsive behaviour difficult to control. Teachers repeatedly telling them off.
	Emotional impact of school struggle.	School feels "hard." Fear of falling behind. Frustration. Reduced motivation. School would be "better without ADHD."
Challenges in personal relationships.	Peer misunderstanding.	Peers laugh at behaviour. Few or no friends. Feeling disliked. Being labelled a troublemaker.
	Family relationship difficulties.	Sibling rejection. Parental misunderstanding. Feeling like a "lost cause."
	Feeling misunderstood by others.	Teachers do not understand. Others think behaviour is intentional. Getting on people's nerves unknowingly.
Negative self-perception of ADHD.	Internalised negativity.	ADHD sucks. No positives. Hating having ADHD.
	Desire for change.	Wishing to be different. Wanting ADHD gone.
	Fear for the future.	ADHD may stop them reaching goals. Feeling down about ADHD. Low self-esteem linked to symptoms.
Strengths and focus during preferred activities.	Enhanced focus during enjoyable tasks.	Hyperfocus on interests. Able to focus during sport. Focus improves when activity enjoyable.

	Physical strengths and energy.	High energy as an advantage. Enjoys running/skateboarding. Movement reduces mental load ("don't need to use brain").
	Positive identity.	Able to follow rules in sport. Feeling competent in physical activity. Structured activities bring success.

Results

The data was analysed using Braun and Clarke's (2021) six-phase framework for thematic analysis. This process involved becoming familiar with the interview transcripts, generating initial codes, identifying patterns across the dataset, developing preliminary themes, reviewing, and refining these themes, and producing the final thematic interpretation. Codes were organised according to their conceptual similarities, which facilitated the development of broader themes capturing adolescents' experiences of ADHD across different contexts.

The four themes that were developed are:

1. Difficulties faced in the school environment.
- 2.Challenges with personal relationships.
- 3.Strengths and focus in their choice of activities.
4. Their own negative views of their ADHD.

Collectively, these themes illustrate the pervasive influence of ADHD on the participants' daily lives. They also highlight the emotional burden associated with ADHD and its potential implications for adolescents' mental health and wellbeing. This interpretation aligns with Barkley et al.'s (2011) work, which suggests that

ADHD is associated with delays in executive functioning, including deficits in behavioural inhibition, working memory, emotional self-regulation, and internalised speech. Such difficulties can help explain why students with ADHD often struggle in school settings, particularly with sustaining attention, completing tasks, and regulating their behaviour. These theoretical insights are reflected in the present findings, where participants described challenges related to concentration, task completion, and behaviour management within the school environment.

Theme 1: Difficulties faced in the school environment for students with ADHD.

Across the participants, school was highlighted as the environment where their ADHD symptoms were the most problematic. The participants described persistent struggles with concentration, sustaining attention, completing work, and avoiding distraction. Some of the participants expressed frustrations which led to them falling behind their peers academically which contributed to a cycle of disengagement.

Participants commented that “School would be better without ADHD” and “I can’t finish my work” demonstrate both the cognitive challenges and emotional strain associated with the classroom environment. Several of the participants reported being sent out of class for disruptive behaviour, describing their actions as impulsive or difficult to control, for example “I get sent out of class for being disruptive,” this could suggest a gap between intention and behaviour.

There are clear indications that the school environment requires prolonged attention, quietness and being able to engage for extended periods of time, these are all challenges to students with ADHD which could intensify the symptoms. These experiences appear to impact not only academic progress but also self-confidence and sense of belonging in the classroom.

Theme 2: Challenges with peer and family relationships

The adolescent participants described significant social challenges. Many felt misunderstood by both their peers and adults, with their behaviours often interpreted negatively rather than as symptoms of ADHD. They were reported saying “people don’t understand” and “teachers tell me off,” suggesting a disconnect between the young people and peoples understanding of their challenges.

Peer relationships reported as being challenging for the participants. Several reported having few, or no friends, being laughed at or being labelled as a troublemaker. Feelings of isolation were identified in comments like “I’ve not got many friends” and “Peers laugh and think it’s funny.”

The participants also reported challenging family dynamics. One participant reported that their brother “hates them,” while another described feeling like a “lost cause” at

home. These experiences could indicate that ADHD behaviours may put a strain on the dynamics of the family, which could further contribute to feelings of isolation and low self-esteem.

Overall, this theme highlights the interpersonal challenges are not limited to the school environment, they extend to their home life and peer interactions.

Theme 3: Negative Self Perceptions of ADHD

Across the participants interviews, one theme that was highlighted was the negative way that the participants spoke about their ADHD. Many of the participants viewed their ADHD as a barrier to success, describing it in extremely negative terms such as “ADHD sucks” and “No positives.” Some of the adolescents interviewed expressed a desire to change or remove this part of themselves, with one “wishing” they could change.

These statements demonstrate the internal stigma and sense of frustration with the daily impact that ADHD has on them. Some participants feared that their ADHD would prevent them from achieving long term goals. The emotional tone of this theme reflects how the participants negative experiences, in the school environment, with their peers and at home shape the young people’s self-perception and identity.

This theme indicates that ADHD is not only experienced as behavioural or cognitive challenges but also as an emotional challenge.

Theme 4: Strengths and Focus in Preferred Activities

Despite the challenges described, the adolescent participants also identified examples where their ADHD felt manageable, and some described it as a benefit. Many identifies that physical activity or engaging tasks where they can concentrate successfully.

Statements such as “I can focus when I’m doing sport” or “lot of energy when I’m on my skateboard” suggest that ADHD related traits, such as high energy or hyperfocus can be an advantage in these situations. Participants also described being able to follow rules, stay engaged and the ability to be able to regulate themselves better

when they were participating in activities that they enjoyed. This stands in contrast to the difficulties experienced in academic settings.

These accounts suggest that for the participants structured, enjoyable, or movement-based activities offer opportunities for success, positivity, and improved self-esteem.

Summary

This thematic analysis explored how adolescents with ADHD describe the impact of their symptoms on daily life across school, home, and social environments. Four themes were identified: significant difficulties in school, challenges in peer and family relationships, the ability to focus during enjoyable activities, and negative self-perceptions of ADHD.

Together, these findings illustrate that while ADHD creates substantial challenges particularly in academic settings and social relationships participants also experience strengths in certain contexts. The themes highlight the importance of understanding ADHD as a complex, relational experience shaped by environment, support, and self-perception.

These provide a foundation for developing a psychosocial intervention focussing on the strengths of the adolescent with ADHD.

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).

Suggested intervention title: An intervention to support adolescents with ADHD in a school setting using physical activity intervention to support engagement and impulsivity in the classroom environment.

Please state the aim and rationale of your intervention:

Aim

The aim of this psychosocial intervention is to enhance students' wellbeing, self-regulation, and engagement in classroom learning through structured, regular physical activity. The intervention seeks to promote self-esteem, reduce impulsivity, and support engagement, which was reported by Matt's class teacher to be one of Matt's biggest challenges, by offering movement-based activities that are enjoyable, predictable, and strengths-focused. Through providing a positive and non-academic outlet,

the intervention aims to help students manage ADHD-related symptoms more effectively and improve their experiences across school and social environments.

Rationale

The development of a physical-activity-based psychosocial intervention is directly informed by the Functional Behavioural Assessment (FBA) for Matt Smith. A prominent theme highlighted the significant difficulties the student experienced within the school environment, particularly in relation to concentration, sustaining attention, and managing classroom demands. Matt's mother described the most challenging behaviour is his "lack of work completion" that appeared linked to these attention-related difficulties, often resulting in negative adult attention for Matt in the classroom. These experiences not only reduced learning time but also contributed to low self-esteem and frustration.

From the results of the FBS, it has been identified that Matt is seeking the attention from the class teacher, regardless of if the attention was of a positive or negative nature. It was identified that Matt often displayed 'out of seat behaviour' when the class was engaging in large group instruction, however Matt would stop this behaviour when the teacher provided some form of redirection for Matt. It could be implied here that Matt was engaging in these behaviours in order to gain the attention from the class teacher during these sessions of larger group tuition. This is supported by the findings that Matt engages in these behaviours less when there were support aids in class who were able to give Matt the attention that it appears that he is wanting, leading to Matt being less disruptive as his needs are being met.

Together, these findings indicate that physical activity offers regulatory and motivational benefits for students with ADHD by supporting attentional control, emotional regulation, and self-confidence. Building on these strengths, the proposed intervention aims to:

- improve concentration and reduce restlessness throughout the school day.
- provide a positive and non-academic context in which students can experience success.
- encourage positive relationships between Matt and the intervention staff, supporting Matt's desire for attention in the school environment.
- reduce behaviour-related conflict with teachers and encourage positive attention between Matt and the teaching staff.
- counteract negative self-perceptions by highlighting students' abilities and strengths.
- improve overall wellbeing and reduce feelings of frustration.

The intervention draws on one of the students' most effective and enjoyable strategies, regular movement, to create meaningful improvements in their school, social, and emotional outcomes.

What theory and empirical research evidence supports your intervention?

Barkley et al (2011) highlight how the delay in executive function can affect students with ADHD as it inhibits their self-regulation, emotional control and working memory. All of these challenges can be positively impacted by physical activity intervention (Zhao et al, 2024) who found the executive function is also affected by negative emotions, therefore regular exercise has the potential to reduce negative emotions and support the development of executive functioning skills.

Dahlberg et al (2025) state that physical interventions have been shown to support children and adolescents in managing their ADHD symptoms. The study states that ADHD symptoms can impact the lives of the person with ADHD in all areas of their life, including social, academic, and occupational which can reduce the person with ADHD's quality of life. The study goes on to explain that physical activity intervention can be defined in two ways, acute which is a single session intervention that has been shown to be associated with immediate short term reductions in the ADHD behaviours, and chronic which is a multiple session intervention which they believe is more likely to produce sustained improvements, especially in attentional functioning.

These findings are also supported by Xie et al (2021), who conducted a study which showed that physical activity intervention could improve ADHD symptoms, especially inattention in students. The study went on to show that skilled activities could also be beneficial for hyperactive presentation and impulsivity as well as inattention. Xie et al (2021) however go on to say that further clinical trials with a larger sample would be needed to confirm their findings.

A study by Benzing (2020) looked at the effects of exergaming (video games that require physical activity to play, combining physical activity and gaming experience) on students with ADHD to see if it would be a suitable intervention within a school setting to support adolescents with ADHD in the classroom. The findings showed that post exergaming the students showed more attentiveness in the classroom, parents also reported reduced ADHD symptoms in their child after exergaming. These findings show that exergaming has the potential to work well as an intervention for students with ADHD as it includes both physical and mental stimulation, however more studies would need to be done in this field.

A meta-analysis of eighteen studies in 2025 by Li et al (2025) showed that physical activity interventions are effective in supporting school ages children with ADHD with their executive functioning skills. This supports my intervention by demonstrating the effectiveness of physical interventions across a wide range of studies. This is supported by a study by Li et al (2023) that found that physical activity intervention that took place three times per week for students with ADHD was beneficial in supporting

the student's difficulties with being inattentive in the classroom. These studies however contained limited participants and did not include a control group, so further study would be needed to support these findings.

A study by Broad et al (2023) looked at the effects of regular physical activity breaks for students in a classroom environment and how it would impact on their on-task behaviour. The study showed that the students benefited from having movement breaks throughout the day and it had a positive impact on the classroom environment. This study was not however focused on students with ADHD.

Methodological Details

Please describe the anticipated design of your intervention

The proposed intervention will be implemented within the school setting and delivered daily to students presenting with ADHD or ADHD-related symptoms. The design centres on a structured programme of physical activity integrated into the school timetable to minimise disruption to academic learning. Sessions will be facilitated by specialist staff and scheduled both during morning registration and immediately after lunch, reflecting key transition periods where students often experience heightened dysregulation, this is supported by the study by Broad et al (2023) who found that two classroom activity breaks were recommended to have the biggest impact on behaviour in the classroom across the school day.

Each morning session begins with a brief emotional check-in, providing students with an opportunity to acknowledge and communicate their feelings at the start of the school day. This process aims to support emotional awareness and enable staff to identify students who may require additional support. Following the check-in, students engage in a planned 30-minute physical activity session. Activities operate on a rotating schedule to ensure predictability, familiarity, and variety. These sessions take place in appropriate school spaces and can be adapted to the preferences, sensory needs, and abilities of the students taking part.

A second session is delivered after lunch to support students' regulation as they transition back into classroom learning. This session is available to the same pupils but focuses on a different activity from the morning session to maintain engagement. Afternoon sessions involve lower-intensity physical activities embedded within skill-building tasks for example, activities designed to promote turn-taking, cooperation, or sustained attention. Again, the students will be required to check in at the start and the end of this session to support the student in recognising their feelings and emotions. Together, the two daily sessions aim to improve emotional regulation, reduce restlessness, and increase pupils' readiness to learn.

Participant group

The intervention is designed for students who have a formal diagnosis of ADHD or who are undergoing assessment for ADHD. Group size will be capped at a maximum of five students per trained staff member to ensure safety, allow for meaningful supervision, and enable individualised support. This staff-to-student ratio also aims to promote consistency and establish trusting relationships, which are important for engagement.

Each student will participate in the intervention for a maximum period of eight weeks. Throughout this period, progress will be monitored collaboratively by intervention staff, students, and class teachers. Monitoring will include observations of engagement, behaviour, emotional regulation, and readiness to learn. At the end of the eight-week cycle, students' progress will be reviewed.

Where appropriate, pupils may be re-referred for a further intervention period if their needs indicate that continued support would be beneficial.

Materials/measures

The following materials will support the delivery of the intervention:

- Open or flexible use spaces (e.g., hall, playground, field, or intervention room)
- Emotional check-in system, co-constructed with students to ensure accessibility and relevance.
- Visual schedule and routine cues to support predictability and structure.
- Music system for warm-ups, motivation, or sensory regulation
- Water bottles and hydration station
- First aid kit
- Sporting equipment, such as balls, beanbags, rebounder, and cones.
- Visual timer to provide a clear and predictable representation of session length.
- Small-scale physical equipment, such as blocks or movement-based cognitive resources, for targeted skill-building activities.

These materials are selected to ensure sessions are safe, varied, and adaptable to individual differences in sensory needs, physical ability, and motivation.

Please describe the intervention procedure

Students initially attend their mainstream class for morning registration. Once registered, they proceed to the intervention base where they are welcomed by staff and complete a brief check-in. This process involves students indicating how they are feeling and acts as an important regulatory tool, as well as enabling staff to identify emotional or behavioural dysregulation early in the day.

Students then participate in a 30-minute physical activity session aligned with the scheduled rota. Activities may take place in different areas depending on suitability, allowing for flexibility and novelty while maintaining clear structure. A visual timer will be used throughout to support time awareness and reduce uncertainty. Staff will provide ongoing verbal encouragement and positive reinforcement to promote engagement and self-esteem.

At the end of the session, students briefly check out before returning to class. This check-out allows both the student and staff to acknowledge changes in emotional state, reflect on participation, and record key information for monitoring and evaluation (Hawkin et al, 2014).

After lunch, students return to the intervention space for a second session. This session follows the same check-in and check-out structure but focuses on lower-intensity, skills-based physical activity tailored to the needs of the group. These activities may include turn-taking games, cooperative challenges, or movement tasks linked to emotional regulation strategies. Staff will closely monitor behaviour, engagement, and emotional responses to ensure that activities remain supportive and appropriately challenging.

As part of the programme, each student will also participate in a brief one-to-one discussion with a member of the intervention team on a weekly basis. These conversations aim to explore how students feel about the intervention, identify perceived benefits,

and address any difficulties. This qualitative feedback will contribute to ongoing evaluation and ensure the intervention remains responsive to students' needs.

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