Adolescent Females With ADHD: An Interpretive Phenomenological Analysis of School Experience

By

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Let’s slow down, we can afford to lose a day or two.

Dedication

For Izuku, Ariya, Hallie, Scooby and Sky.

Thank you for sharing your experiences with me.

Abstract

This research aimed to explore how adolescent females (aged 11-25) perceive their lived school experiences and how these experiences and their diagnosis shapes their identity. The topic of female attention deficit hyperactivity disorder (ADHD) is a rapidly growing area of study. Past research suggests that the under-representation of females in ADHD research leads to barriers in individuals accessing appropriate support and that teachers who support pupils who have ADHD feel under-confident. This research is therefore informed by an idea from the disability rights movement: "nothing about us, without us" (Charlton, 2000) which proposes that the voice of people with disabilities should be at the forefront of research. Using an interpretivist approach, qualitative data was gathered through individual, face-to-face, unstructured interviews with each participant. This data was then analysed for each participant by applying the procedure set out within an interpretative phenomenological analysis (IPA) framework. Findings suggested that there were several common themes across individual experiences. Participants' school experiences were shaped by implications of social construction of the ADHD label and internal cognitive impairment of skills relating to executive functioning (EF). It was found that participants' experiences had implications for participants' self-esteem and identity formation. To attempt to implement suggested changes from this research into school and local authority practice, implications for provision for adolescent females who have ADHD have been recommended.

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Chapter 1 – Introduction

This research is the first of two volumes of literature completed as part of the three-year Applied Educational and Child Psychology Doctorate at the University of Birmingham. This small-scale qualitative research study explores the school experiences of five adolescent females in the West Midlands who have been formally diagnosed with attention deficit hyperactivity disorder (ADHD). This research was conducted whilst completing my placement in my role as a Trainee Educational Psychologist (EP) during the second and third years of the Doctorate course.

1.1 – Research Context

As ADHD lies on the border between health and education, legislation from both sectors is relevant for supporting children and young people (CYP) with the condition. ADHD is classified as a disability under the United Kingdom's (UK) Equality Act (2010), which means that schools have a mandated responsibility to provide reasonable adjustments to pupils' educational provision (e.g., examination adjustments). Therefore, ADHD is considered to be within the category of special educational needs and disability (SEND); CYP who have ADHD should be supported in line with wider legislation to ensure their needs are met.

The Children and Families Act (2014) promotes a multi-agency response to supporting CYP with SEND, suggesting that specialist services, including educational psychology, have a role in identifying and communicating CYP's needs. The SEND code of practice (2015) mentions ADHD, suggesting that schools should have "clear processes" (p.98) of support in place for CYP with the condition. This legislation suggests Local Authority (LA) support should be tailored to the CYPs' individual needs, placing emphasis

on the importance of self-advocacy and the need for services and schools to be informed by specialist knowledge.

Within healthcare, the NICE guidelines (2018) aim to improve identification and diagnostic practices in addition to improving support for people who are diagnosed with ADHD. It should be noted that these guidelines mostly focus on the use and management of stimulant medication as a treatment for ADHD, rather than exploring non-pharmacological methods. These guidelines briefly outline the role of schools and educational professionals in identification of ADHD-type behaviours, suggesting that it is the Special Educational Needs Co-Ordinator's (SENDCo) role to refer the pupil to secondary care if needed. Where this is the case, it is suggested that involvement may be needed from EPs and other specialist services, though this is thought to vary locally. They recommend that healthcare professionals should contact the schools of CYP who have been diagnosed with ADHD to explain how the diagnosis might impact their learning and to suggest reasonable adjustments. SENDCos are described as being responsible for "helping the child with their behaviour" (p.9) and supporting parents. These guidelines specifically highlight the under-recognition of ADHD in females as an area of concern for healthcare professionals.

International research into teachers' perspectives of pupils with an ADHD diagnosis suggests that teachers' knowledge of ADHD is lacking and there are wide-spread misconceptions about the condition (Moldavsky & Sayal, 2013). Whilst some research suggests that the label has the potential to bring additional support, it also increased teachers' negative expectations of the pupil and decreased teachers' confidence in their own ability to support the child (Batzle et al., 2009; Ohan et al., 2011). A Dutch study found that some teachers felt ambivalent towards ADHD diagnoses, suggesting that the classification had no meaning for teaching (Wienen et al., 2019).

Similarly, a recent small-scale study of UK primary teachers' views about working with pupils who have ADHD suggested that teachers did not feel they had appropriate training in this area and so lacked confidence when working with pupils who had ADHD. Teachers suggested that they wanted practical strategies for how to support these children (Ward et al., 2021). This reported lack of knowledge of the diagosis is particularly concerning as teachers are often asked for their view of children's ADHD traits during the diagnostic process (NICE, 2018; Moldavsky et al., 2013) and are expected to implement appropriate adjustments for pupils in school in line with legislation (e.g., The Equality Act, 2010; SEND code of practice: 0 to 25 years, 2015) and guidelines (NICE, 2018).

It should be noted that the interviews for this research took place in the Autumn of 2021. Therefore, participants' experiences of school will have been impacted by the Covid-19 pandemic in some capacity. Research explores the impact of Covid-19 lockdowns on young people (YP) who have ADHD. Cross-culturally, it was found that the pandemic resulted in greater instance of emotional symptoms, school disengagement and conduct problems (Hollingdale et al., 2021; Nonweiler et al., 2020; Sibley et al., 2021). Whilst the pandemic was not spoken about in great detail during the interviews, readers should be aware that the experiences described in this research should be considered in this context.

1.2 – Methodological Orientation

The methodological approach for this study is interpretivist phenomenological analysis (IPA), which was adopted in order to investigate how participants make sense of their life experiences. Each participant's experiences were analysed individually before any shared themes were explored. The significance of my own experiences as a woman with ADHD is acknowledged as part of the interpretivist process, and is explored in greater depth in Chapter 2. Through a greater understanding of how ADHD impacts adolescent females'

experiences of school, I hope that school staff and EPs will be better prepared to meet their needs.

Chapter 2 – Literature Review

2.1 – Chapter Overview

This chapter seeks to define key terms before exploring the prevalence and possible aetiologies of ADHD. Literature regarding gender differences is outlined as well as research exploring possible approaches to interventions. Six key papers which explore various connections between the topics of ADHD, gender, adolescents, school experience and identity are introduced, compared and critiqued. These key papers are used as a basis to discuss wider issues and debates within the field of ADHD research, particularly in regard to approaches to hermeneutics, generalisation, bias and gender. Finally, my personal story of ADHD is described and its implications on the present study are discussed.

2.2 – Definitions

ADHD is a neurodevelopmental condition characterised by "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (American Psychiatric Association [APA], 2022a, p. 59). The DSM-5 (APA, 2022a) identifies three subtypes of the condition: predominantly inattentive (ADHD-I), predominantly hyperactive-impulsive (ADHD-H), and combined (ADHD-C). These subtypes are identified based on individual differences in the presence of inattention and/or hyperactivity-impulsivity (APA, 2022b; Epstein & Loren, 2013).

Inattention is characterised by difficulties relating to: remaining focused on tasks (e.g., chores, schoolwork), forgetfulness, being easily distracted, listening to others, and remaining organised (APA, 2022a). Hyperactivity is characterised as: fidgeting or tapping, being unable to remain (or being uncomfortable when remaining) seated or still when it is socially expected to be so (e.g., in a classroom), excessive talking and difficulties being quiet when it is socially expected to be so (e.g., interrupting others), and difficulties awaiting their

turn (APA, 2022a). The DSM-5 stipulates that for diagnosis individuals must exhibit 'symptoms' in more than one environment and the 'symptoms' must reduce the quality of "social, academic or occupational functioning" (APA, 2022a, p. 60).

The positivist ontology of the APA definition of ADHD categorises the condition as a set of *symptoms* which are non-typical and discrete. This thesis recognises that the way language is used to present research has an impact on the way it is understood in wider discourse. In order to reduce stigma I suggest that, like Autism, ADHD can be defined as the extreme end of a spectrum of attentive and active *traits* which every person possesses in some quantity (Thapar, 2018; Thapar & Rutter, 2015). The APA definition provides a useful benchmark for describing when these traits have significant negative impact on a person's life (Thapar & Rutter, 2015). It is for this reason that where appropriate the word 'traits' will be used rather than 'symptoms'.

Additionally, whilst ADHD has the word 'disorder' in its title, I acknowledge that this word is defined as "a disturbance of the bodily (or mental) functions; an ailment, disease" (Oxford English Dictionary, 2021). This implies that ADHD is a disfunction of normality and something which is undesirable and should be fixed. Instead, the word 'condition' is used as this is defined as a "state of being" (Oxford English Dictionary, 2021), which implies that having ADHD is not inherently maladaptive.

In line with other recent research in this field (e.g., Hinshaw et al., 2021), I will use the word 'sex' to refer to biological male or female status (whilst recognising that biological status is not binary). The word 'gender' is used to refer to cultural and societal roles and expectations which are applied based on biological or personal identification of male or female status (whilst recognising that gender is not binary).

2.3 – Prevalence

Investigating the prevalence of ADHD is complex as the methodological criterion for diagnosing the condition varies between geographical locations (Farone et al. 2003). In addition to this, cultural expectations of CYP and cultural attitudes towards disability influence whether individuals receive diagnoses (Livingstone, 1999). Worldwide, ADHD is common and it is thought to have a relatively consistent prevalence rate of approximately 5-7% in children and 2-4% in adults (Fayyad et al., 2017; Polanczyk et al., 2007; Polanczyk et al., 2014; Thomas et al., 2015). It should be noted, however, that worldwide estimates of prevalence are based on research which predominantly originates from North America and Europe (Polanczyk et al., 2007).

It is thought that in high and high-middle income countries rates of diagnosis for ADHD are higher (Fayyad et al., 2017; Polanczyk et al., 2007; Polanczyk et al., 2014; Thomas et al., 2015). The condition is less-frequently diagnosed in Africa and the Middle East and there is extremely sparse research on the condition from these areas of the world. However no significant difference in prevalence rates have been found in these areas when compared with worldwide estimates, when methodological criterion (including diagnostic criteria) is controlled (Polanczyk et al., 2007).

In the UK, despite increased recognition of the condition in the past three decades, and subsequent increase in rates of diagnosis, ADHD is under-identified (Sayal et al., 2018; Young et al., 2021). At the time of writing, public health data suggests 1.5% of the UK population aged 5-16 have a diagnosis of ADHD[1] (CAMHS Advisory Group, 2018; Office

[1] Whilst the DSM-5 solely uses the term ADHD, the ICD-10 referred to ADHD under an umbrella term of ‘hyperkinetic disorders’ (HKD). The updated ICD-11 (published in 2018) has removed HKD in line with the DSM-5. The ICD-11 came into effect in January 2022. Because of this, the statistics presented here regarding the UK population refers to the “estimated prevalence of HKD: % population aged 5-16”. See Office for Health

for Health Improvement & Disparities, 2015). Comparing this figure to world prevalence rates, it is clear that there are likely to be many CYP living in the UK who are not identified as having ADHD, which is considered by some to be a barrier to accessing support (Young et al., 2021).

2.4 – Aetiology

The aetiology of ADHD is not unified. Whilst some research has found that environmental risk factors (e.g., alcohol or nicotine exposure in utero, low birthweight, diet) have been associated with subsequent diagnoses of ADHD, it is not accepted that these associations are causal (APA, 2022a; Hinshaw et al., 2021). It is, however, widely accepted that there is a strong genetic component to the condition with Faraone and Larsson's (2019) meta-analysis of twin studies suggesting a heritability estimate of 74%. Regardless of whether ADHD is considered a discrete category or a spectrum of traits, research suggests that the condition is strongly heritable within families (Banerjee et al., 2007; Thapar, 2018; Thapar & Rutter, 2015).

There is significant evidence that the condition’s course changes through the lifespan in response to numerous environmental factors. It is suggested that classroom requirements emphasise difficulties for some children with ADHD (APA, 2022a). Indeed, Turgay et al. (2012) proposes that The ADHD Life Transition Model can be used to explain why ADHD traits wax and wane over the lifespan relative to environmental factors. The model suggests that demands on executive function (EF) are increased as children age, whilst at the same time support for managing ADHD is reduced. For example, a child transitioning from primary to secondary school will experience an increase of academic and social demands

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Improvement & Disparities. (2015). *Children and Young People's Mental Health and Wellbeing*. Fingertips API. Retrieved 20/01/22 from https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data.

whilst experiencing a reduction in adult support and structure; without these supports their ADHD traits may be more pronounced. In addition to this, as individuals get older consequences for behaviour become exponentially costly (Turgay et al., 2012). Whether an individual is able to overtly cope with these demands determines whether, and when, they are identified as having ADHD.

Moreover, it could be argued that it is this overt coping that determines whether an individual's ADHD can be considered to be 'in remission'. Shaw and Sudre (2021) explored the variable course of ADHD through adolescence, they found that for some, traits become more manageable, whilst others become more impaired. The historical belief that ADHD is "childhood-limited" (Hinshaw et al., 2021, p. 4) has been widely discredited, though it still presents a barrier to adolescents and adults who seek support. It is thought that for the majority of individuals who have ADHD, traits do not 'disappear' during puberty; however, it is commonly reported that ADHD traits do not always persist into adulthood in a way that 'interferes with functioning' (Biederman et al., 2000; Faraone et al., 2006; Sibley et al., 2016).

2.5 – Gender Differences

There is well-documented evidence that in child populations, there is a higher prevalence of males diagnosed with ADHD than females (APA, 2022b; Hinshaw et al., 2021; Nøvik et al., 2006; Nussbaum, 2012; Rucklidge, 2010). Clinical referrals for boys exceed those of girls (Nøvik et al., 2006), and boys are 2-2.5 times more likely than girls to be diagnosed (Hinshaw et al., 2021). It could be argued that these prevalence rates are biased as diagnostic criteria is based on the male presentation of ADHD. The DSM has historically been developed and validated using samples of primarily male participants (McBurnett et al., 1999). There is a growing body of research which suggests that females show modified

behaviours to males with the same condition, and research underpinning the diagnostic criteria fails to represent this proportion of the population, meaning that females are less likely to be identified and diagnosed, and are under-represented in prevalence rates (Young et al., 2020).

There is some evidence to suggest that in adult samples gender is more balanced (e.g., Biederman et al., 1994; Nussbaum, 2012). It is suggested that this may be because females are more likely to experience inattentive traits, which are less likely to be externally expressed than the hyperactive traits thought to be more common for males (APA, 2022b; Biederman & Faraone, 2004; Nussbaum, 2012; Rucklidge, 2010). The 'Female Protective Effect' theory suggests that with fewer external traits, females are less likely to be identified as experiencing difficulties due to less incidence of disruptive behaviour, they are therefore less likely to be referred for assessment, more likely to have undiagnosed ADHD, and they are more likely to incorrectly receive a diagnosis of another mental health or neurodevelopmental condition (Mowlem et al., 2019; NICE, 2018; Taylor et al., 2016). However, research suggests that even when girls experience the same level of external ADHD traits, they are less likely to be referred for treatment than boys (Coles et al., 2012).

Quinn and Madhoo (2014) reviewed 41 articles relating to females who have ADHD in order to describe and identify the unique presentation of ADHD in females, including the short and long-term consequences of untreated ADHD, and to provide strategies for accurate diagnosis. Similarly, Nussbaum (2012) explored how the symptom profile of ADHD differed for females in her review, emphasising the neuropathology of the condition. Studies included a wide age range of participant groups from children to adults (e.g., Achenbach et al., 1991; Hervey et al., 2004), and some longitudinal studies (e.g., Biederman et al., 2010). Both reviews conclude that there are discrete categories of symptoms that females with ADHD experience, which are significantly different to the male presentation of the condition, and

that these categories can be identified through positivist means and used to inform diagnosis. Through this line of reasoning, researchers assert that ADHD is an objectivist, 'true' and discrete category of diagnosis. However, they also contradictorily suggest that the traits identified are socially constructed based on research involving predominantly male participants. This is therefore problematic in research terms as they posit that ADHD is a discrete, naturalistic state whilst simultaneously arguing that it is socially constructed.

This contradiction has led some researchers to argue that a female-specific ADHD diagnostic criteria should be developed. For example, Quinn and Madhoo (2014) argued that to accurately diagnose ADHD in women and girls, practitioners should have an understanding of the condition's gender-specific presentation and should establish a symptom history for the individual. Ohan and Johnston (2005) explored how parents perceived the language used in the DSM-IV criteria for ADHD, and to what extent they felt that it represented female-sensitive language. They found that their proffered alternatives (e.g., "Giggles and/or talks excessively", p.367) were seen as being more descriptive of girls than the original language used in the criteria (e.g., "Runs about or climbs excessively in situations in which it is inappropriate", p.367).

There are other researchers who argue that the onus is on adults who identify or diagnose ADHD to set aside their unconscious bias. Research has found that this bias exists for parents (Meyer et al., 2020), teachers (Meyer et al., 2020; Moldavsky et al., 2013; Sciutto et al., 2004), and medical practitioners (Mowlem et al., 2019; Young et al., 2020). Therefore, at every stage of the identification and diagnostic process, females are less likely than males to have their ADHD traits recognised. In a clinical setting, the Massachusetts General Hospital Studies have found that when YP are carefully assessed in line with pre-existing guidelines, sex differences were not found in the symptomology of the condition (Uchida et al., 2018).

2.6 – Intervention Approaches for ADHD

Approaches to interventions for ADHD varies substantially around the world (Hinshaw et al., 2021). A recent consensus statement from Young et al. (2021) sets out clear problems regarding current ADHD healthcare provision in the UK, suggesting that the clinical guidelines are not being met. They state that whilst national guidelines are constructed from the evidence-base, the condition is still under-identified, diagnosed and treated, with patients experiencing "prejudice, long waiting lists, and patchy or unavailable services" (Young et al., 2021, p. 1).

Non-pharmacological interventions are thought to help in reducing ADHD traits which have a negative impact on individuals' lives across age groups (see Young & Myanthi Amarasinghe (2010) for a review of non-pharmacological interventions). These interventions are drawn from a range of different fields of study. The clinical guidelines emphasise the importance of patients receiving a "comprehensive, holistic shared treatment plan" (NICE, 2018, p. 16), which addresses needs across "psychological, behavioural and occupational or educational needs" (p.16). The guidelines outline person-centred changes to CYP's physical environment, examples of these changes include modifying seating plans, allowing for movement breaks, and providing CYP with a calm and quiet place to work so as to limit distractions.

Significant evidence suggests that pharmacological interventions for ADHD are useful in reducing unwanted ADHD traits across age groups (see Faraone et al., 2021). However, there is also substantial evidence that the benefit of taking stimulant medications is limited (see Storebø et al. [2015] for a systematic review); it does not increase academic performance in the long term (Kortekaas-Rijlaarsdam et al., 2019) and side effects can be common and serious (see Storebø et al. [2018] for a systematic review). The NICE guidelines

(2018) recommend that medication should only be offered to CYP if their ADHD traits continue to cause significant impairment to everyday functioning after environmental modifications have been put in place (p.19).

The continued use of medication from childhood to adulthood is low, with 95% of young adults having ceased taking their medication by age 21 (McCarthy et al., 2009). The clinical guidelines suggest that there are significant barriers for people who have ADHD which makes taking medication long-term particularly challenging, such as difficulties remembering to order and collect medication (NICE, 2018). In addition to this, ADHD medication is an area of significant controversy in popular media. For example, Gini et al. (2021) discuss the myth that the use of stimulant medications in childhood results in an increased risk of addictive behaviours in adulthood. Research suggests that where individuals had less awareness of the myths relating to stimulants, they had more positive attitudes towards the use of medication as a treatment for ADHD (Sciutto, 2013).

2.7 – Key Research

To identify key research, journals of interest and the bibliographies of relevant published and unpublished papers were hand searched. In addition, a Web of Science search was conducted using terms including *ADHD, attention deficit hyperactivity disorder, female, school* and *experience*; this search resulted in papers predominantly from clinical settings, such as Psychiatry, Paediatrics and Clinical Neurology. Much of the research follows the medical model. There appears to be a lack of research grounded in social models that allow participants to share their experiences. Of the research which does explore participant voice, it is commonplace for samples to be less than 50% female (e.g., Morsink et al. [2017] where females made up 25% of the sample).

Recently, there has been a growing number of studies that seek to explore the voice of those with ADHD to create a more positive discourse grounded in difference and equality (e.g., Frondelius et al., 2019; Jones & Hesse, 2018; Stenner et al., 2019). This work suggests that the conceptualisation of ADHD is important for YP when trying to understand the meaning of their diagnosis. A negative conceptualisation of the diagnosis based in stereotypes is suggested to have profound negative implications for self-esteem and identity (Frondelius et al., 2019; Jones & Hesse, 2018; Stenner et al., 2019).

Table 1 provides epistemological and methodological information about the context of seven key papers. Sections 2.7.1 and 2.7.2 explore how this research has contributed to the current area of study, and section 2.8 explores the key issues and debates that arise from this research.

Three reviews (Hinshaw et al., 2021; Nussbaum, 2012; Quinn & Madhoo, 2014) were selected as they focus on female-inclusive samples and provide examples of positivist research which is critiqued in the following sections. The research review from Hinshaw et al. (2021) is the most current review regarding female ADHD at the time of writing. Stephen Hinshaw, the lead researcher and prominent academic in the field of ADHD, has also written about stigma and societal pressure on adolescent girls (Hinshaw & Kranz, 2009), as well as the myths and biases that exist within ADHD research and diagnosis (Hinshaw and Scheffler, 2014a, 2014b); such themes are present within his 2021 review.

Four qualitative studies (Frondelius et al., 2019; Hemming, 2017; Stenner et al., 2019; Wiener & Daniels, 2016) have been selected. Stenner et al. (2019) and Frondelius et al. (2019) explore how the ADHD diagnosis provides a way for adult women (the former) and adolescents (the latter) to make sense of the complexity of their lives and identity. Finally,

Wiener and Daniels (2016) and Hemming (2017) explore how CYP with ADHD experience school.

Table 1: *Key papers identified and the epistemological and methodological paradigms used.*

Author	Title	Epistemology	Methodology	Sample	Critique
Quinn and Madhoo (2014) *United States*	A review of attention-deficit/hyperactivity disorder in women and girls: uncovering this hidden diagnosis	• Explores primarily positivist research • Interested in explaining human behaviour	• Review	Explored studies with varied samples including mixed-gender and adult-only samples	• Potential bias as research funded by pharmaceutical company • Lacks exploration of qualitative research
Nussbaum (2012) *United States*	ADHD and female specific concerns: a review of the literature and clinical implications	• Explores primarily positivist research • Interested in explaining human behaviour	• Review	Explored studies with varied samples including mixed-gender and adult-only samples	• Explores determinist research • Lacks exploration of qualitative research
Hinshaw et al. (2021) *United States*	Annual Research Review: Attention-deficit/ hyperactivity disorder in girls and women: underrepresentation, longitudinal processes, and key directions	• Explores both positivist and interpretivist research • Interested in explaining human behaviour	• Review	Explored studies with varied samples including mixed-gender and adult-only samples	• Lacks exploration of qualitative research
Stenner et al. (2019)	Narratives of ADHD: A qualitative study of women's narrative	• Interested in hermeneutics, attempts to	• Use of psychosocial process thinking to	16 adult participants with formally- and self-diagnosed ADHD	• Self-diagnosed sample is questionable

United Kingdom	accounts of living with ADHD	understand human behaviour • Interested in how participants make sense of their world	frame interviews and analysis • Qualitative • Inductive approach • In depth investigations (semi-structured interviews)	• Female: 16 • Male: 0 • Formally diagnosed as children: 2 • Formally diagnosed as adults: 7 • Self-diagnosed with ADHD: 9	• Small sample size
Frondelius et al. (2019) *Sweden*	Adolescents' experiences of being diagnosed with attention deficit hyperactivity disorder: a phenomenological study conducted in Sweden	• Interested in hermeneutics, attempts to understand human behaviour • Interested in how participants make sense of their world	• Inductive approach • In depth investigations (semi-structured interviews) • Qualitative method • Use of a phenomenological framework during interviews and analysis	13 adolescent participants aged 14-19 who have been formally diagnosed with ADHD • Female: 6 • Male: 7	• Small sample size • Lacks variation in cultural diversity of sample • Retrospective – may be impacted by recall bias
Wiener and Daniels (2016) *Canada*	School experiences of adolescents with attention-deficit/hyperactivity disorder	• Interested in hermeneutics, attempts to understand human behaviour • Interested in how participants make sense of their world	• Use of a modified grounded theory framework for analysis • Inductive approach • In depth investigations (semi-structured interviews) • Qualitative method	12 adolescent participants aged 14-16 who have been formally diagnosed with ADHD • Female: 3 • Male: 9	• Small sample size • Lacks variation in cultural diversity of sample

Hemming (2017) *United Kingdom*	Understanding the experiences of students and teachers of students diagnosed with ADHD: an interpretative phenomenological analysis of the ADHD label in schools	• Interested in hermeneutics, attempts to understand human behaviour • Interested in how participants make sense of their world	• Qualitative method • Use of IPA. • Inductive approach. • In-depth semi-structured interviews.	6 pupil and teacher participants. Adolescent pupils (n = 3) aged 12-14 who have been formally diagnosed with ADHD. • Male: 3 • Female: 0 Teachers (n = 3) of adolescent pupils aged 12-14 who have formally diagnosed ADHD. • Male: 1 • Female: 2	• Small sample size • Methodological limitations due to use of semi-structured interviews

2.7.1 – Key Research: Identity and ADHD

Stenner, O'Dell, and Davies' (2019) research aimed to examine how women's experiences inform how they perceive ADHD to have impacted on their childhood, their transition to adulthood, and their sense of self. The participants suggested that the 'moment of realisation' that ADHD impacted them was, for some, a life-changing event, leading to a reconceptualisation of the term ADHD from how it is understood in public discourse (negatively) to a label with positive connotations. Over time, participants were able to reflect on the difficulties they faced before their diagnosis and re-frame them in the context of ADHD, thus reconstructing their identity through the lens of the condition. Stenner suggests that this leads to 'reconciliation' of past difficulties, suggesting that ADHD is a means for individuals to make sense of prior complex events.

Frondelius, Ranjbar, and Danielsson (2019) explored Swedish adolescents' experiences of being diagnosed with ADHD. They used a qualitative approach, interviewing participants before exploring their data using phenomenological analysis. The researchers found that participants had a complex relationship with their diagnosis as traits were multi-faceted and often both positive and negative (e.g., restlessness caused problems when sitting in the classroom but was beneficial when playing sports). Coming to terms with their diagnosis was thought to help participants to gain confidence and a sense of self-efficacy. Participants recounted difficult memories of a time before they were diagnosed which were often related to feeling misunderstood and frustrated. They were aware of others making assumptions about them based on their behaviour and reflected on their differences from neurotypical people.

Research suggests that the diagnosis of ADHD is a complex balance between positive and negative feelings; its perception differs with individual perspectives. Stenner et al. (2019)

suggest that recognition of ADHD was often followed by a period of time during which participants pursued a formal diagnosis, which was described using confrontational discourse (e.g. “fight”, “obstacles” p.187). In comparison, Frondelius et al. (2019) suggested that on being diagnosed, adolescent participants talked about a range of different emotions: anger, fear, worry, surprise, a sense of handicap and of relief. This suggests that there are positive feelings that come with being diagnosed, but there are also feelings of concern.

After diagnosis, participants from Stenner et al. (2019) suggested that they were able to be more forgiving of their ADHD characteristics, which previous to diagnosis they had perceived as negative traits. This suggests that the diagnosis had been useful in improving self-esteem. Similarly, Frondelius et al. (2019) found that after diagnosis participants looked up to older people or celebrities with ADHD. In this way, the diagnosis became a social attribute and increased their sense of belonging.

The qualitative research of Stenner et al. (2019) and Frondelius et al. (2019) have similar conclusions. Both papers suggest that the ADHD diagnosis provides a way for individuals to understand their identity. Whilst Stenner et al. (2019) consider this to offer adult participants a more enabling and positive future, Frondelius et al. (2019) reflect on how ADHD is a complex diagnosis, whereby adolescent participants must reconcile with the idea that it brings both uniqueness and vulnerability. Therefore, whilst Stenner et al. (2019) consider the diagnosis to be broadly positive for their participants, Frondelius et al. (2019) acknowledges the difficulties adolescents may face accepting their difference.

Research suggests that the negative feelings associated with having ADHD is caused by pathologizing stereotypes. For example, Stenner et al. (2019) suggested that some participants viewed their diagnosis as negative before developing a sensitivity to the complexity of ADHD. Frondelius et al. (2019) suggested that whilst some adolescent

participants found that explaining their difficulties was easier once they had a diagnostic label, some were guarded in who they disclosed their diagnosis to, due to concerns of being discriminated against for being ‘different’.

Wider disability research presents significant debate relating to identity politics. The British social model of disability assumes that to remove societal obstacles, people should wear their disability like a badge, being open with and proud of their differences. However, as Shakespeare and Watson (2001) point out, people have a choice to present themselves how they wish, whether that be through activism or through seeking a mainstream identity.

However, it should be noted that the social landscape has significantly changed over the last two decades, which may have had implications on what is considered ‘normal’ and ‘abnormal’ in popular culture. The rise of social media over the last two decades has provided individuals with unprecedented access to a huge quantity of content which both creates and dispels myths about ADHD (Yeung et al., 2022). This is a potentially conflicting backdrop for adolescent females with ADHD to be developing their understanding of identity and self in light of their diagnosis.

2.7.2 – Key Research: School Experience and ADHD

Wiener and Daniels (2016) used a mixed gender sample to explore the subjective educational experiences of adolescent participants (14-16 year olds) with ADHD through semi-structured interviews. The researchers wanted to develop a theory which could link participants’ experiences and beliefs to their academic performance and social engagement. The study concluded that there was support for a ‘performance deficit’, whereby participants reported being disorganised, struggling with procrastination and having an absence of goals or plans. Participants suggested that they were not yet ready for the increase in autonomy that school demanded, in line with previously explored ideas relating to The ADHD Life

Transition Model (Turgay et al., 2012). Many participants reported that they did not disclose their ADHD to their teachers or peers. Indeed, social engagement was also identified as an area of difficulty in school; participants described being bullied, excluded by their peers and having unstable friendships. However, researchers found that participants with goals for the future were very focused on their aim, with their social time, school time and hobbies dedicated to their plans.

Wiener and Daniels (2016) proffer that ADHD has a 'ripple effect', impacting the self-concept, relationships and mental well-being of adolescent participants. The 'ripple' does not just project out from the individual, but projects inwards, whereby parents, peers and teachers play a role in how adolescents with ADHD cope. The researchers' conclusions are focused on external, rather than internal, processes impacting individuals with ADHD. They conclude that adolescents with the condition experience low levels of agency. Instead of suggesting that these individuals should seek to develop their sense of identity (as in Frondelius et al. [2019]; and Stenner et al. [2019]), they suggest that parents, peers and teachers have a role to play in supporting these YP in the school environment. This takes the form of adults accepting the YP's differences, engaging them in motivating activities, and placing an emphasis on accountability and responsibility for their own learning.

2.8 – Issues and Debates in Key Research

2.8.1 – Alternative Approaches to Hermeneutics

Research in the field of ADHD can be considered divergent in reference to hermeneutics. Positivist, medicalised research (such as that explored in the reviews by Nussbaum, 2012; Quinn & Madhoo, 2014) is interested in *explaining* what ADHD traits are typical of females, *explaining* why females are diagnosed later than males and *explaining* how diagnostic criteria could be changed to allow for more females to be diagnosed and

supported. This approach to hermeneutics assumes there are a finite set of causes and symptoms of ADHD which form a foundation of prior knowledge, with the aim being to build on this foundation and hold this knowledge in mind, allowing it to inform new discoveries. This approach may lead to the promotion of reductionist theories which reinforce established stereotypes.

In comparison to this, the qualitative papers spotlighted in section 2.7 (Frondelius et al., 2019; Hemming, 2017; Stenner et al., 2019; Wiener & Daniels, 2016) are interested in *understanding* how individuals with ADHD feel about their diagnosis and experiences; the researchers are more interested in *understanding* individual lived experiences than *explaining* how the diagnostic system could be changed. This approach to ADHD research has no firm foundation to build upon; instead, understanding unfolds through a hermeneutic circle (Heidegger, 1962), whereby there is a dynamic relationship between the part and the whole, allowing for rich in-depth data whilst attempting to reduce the impact of researcher expectations.

2.8.2 –The Issues of Generalisation and Pathologizing

The verb ‘pathologize’ is defined by the Oxford English Dictionary (2021) as “to regard or treat as psychologically abnormal”. While assigning a set of traits to a vulnerable group through a clinical diagnosis may be helpful in identifying and offering support to individuals, when exploring this idea through a lens of inclusive practice, it seems that many of the generalised difficulties identified for females with ADHD from positivist research is focused on identifying a dividing line between ‘normality’ and ‘impairment’, thereby pathologizing the population. For example, Quinn and Madhoo (2014) suggest that if a girl is showing aggressive behaviour in the classroom, she should be referred to be evaluated for

ADHD; psychological, environmental and systemic change are seen as secondary to medical intervention.

Research from Stenner et al. (2019) and Frondelius et al. (2019) provide examples of alternative approaches to pathologizing. Stenner et al. (2019) emphasise individual differences, rejecting pathologizing aspects of diagnosis (where difference is equated with diminished social value), and stressing a discourse of difference grounded in social equality. This approach is related to the British social model of disability, which posits that society's view of physical and mental differences being 'abnormal' is what makes people 'disabled'. They are therefore disabled by society, not by their bodies (Shakespeare & Watson, 2001); society should therefore be modified to remove barriers for people - making the abnormal, normal.

The self-advocacy movement within disability rights provides a strong voice for anti-pathologizing messages through challenging negative societal perceptions of disabled people. Research suggests that skills in self-advocacy support young people with disabilities to have a successful transition through school and into adult life (Hadley, 2006; Cobb et al. 2009; Roberts et al. 2016). Test et al. (2015) developed a framework for self-advocacy, concluding that self-advocacy involved disabled individuals possessing a knowledge of themselves, their rights, and communication and leadership skills (Test et al. 2015).

Frondelius et al. (2019) assume ADHD is a medical reality whilst rejecting the conceptualisation of ADHD as a problem that needs to be fixed. They highlight the participants' individual conceptualisation of the diagnosis as a core aspect of personal identity. Therefore, researchers reject universalism, embracing a more nuanced ontological position of ADHD as having multiple realities. Ideas about ADHD are grounded in a pragmatic viewpoint of individual and social functioning, allowing for a partial anti-

pathologizing approach whilst taking a pragmatic acknowledgement of the support required for those with an ADHD diagnosis. This is related to ideas from Shakespeare and Watson (2001), who argue that the British social model of disability is reductionist; whilst they argue that the social 'abnormality' of disability should be dispelled, they recognise that this does not reduce individual's underlying physical or mental impairment.

Issues of pathologizing overlap with issues of generalisation in the field of ADHD. The importance of viewing psychological processes in historical and cultural contexts was a belief championed by Stenner et al. (2019), and which informed their use of the ontological position of Mead and Murphy's *The Philosophy of the Present* (1932). This approach assumes that our reality is only understood in the present, with the continuous reconstruction of our pasts informed by the nature of the present and our fleeting assumptions about the future. The researchers suggest that the reality expressed by their participants is not the only reality that exists among the wider population of females with ADHD. As such, the researchers reject the idea of generalisation from their research.

ADHD research that seeks to generalise findings could be argued to predispose and preserve pathologizing factors, defining those with the diagnosis as a set of abnormal traits and disregarding the complex system of psychological, cultural, social, environmental and political factors which impact people's lives (Bryman, 2016; Shakespeare & Watson, 2001). By seeking to provide clear-cut gender differences between males and females with ADHD, both Quinn and Madhoo (2014) and Nussbaum (2012) implicitly suggest that generalising research findings to the wider population will enable theories to be developed concerning gender differences in the ADHD diagnosis. They thereby aimed to increase understanding of this population whilst generalising context-dependant factors.

2.8.3 – The Issue of Bias

Across the seven major markets (US, France, Germany, Italy, Spain, UK, and Japan) the ADHD medication manufacturing industry is expected to be worth approximately $13.9 billion by 2024, with an annual growth rate of 8.5% (European Pharmaceutical Review, 2016). The polarised debate of medication effectiveness is reflective of the controversy which surrounds a great deal of research funded by pharmaceutical companies and could therefore be considered biased; positive results lead to greater public trust in medication, increased use and greater monetary gain. None demonstrates this point better than a Cochrane review by Epstein et al. (2014), which looked at the suitability of methylphenidate to treat adults with ADHD, concluding that research supports its use. Following publication, the review was later withdrawn after it was revealed that two of the three researchers had worked with the manufacturers of stimulant medications (The Editors of The Cochrane Library, 2016). Cosgrove et al. (2006) found that 61.9% of panel members who contributed to the DSM-IV diagnostic criteria for ADHD had financial ties to the pharmaceutical industry; unfortunately it is not possible to obtain updated figures for the DSM-5 as contributors signed non-disclosure agreements (Collier, 2010).

The World Federation of ADHD International Consensus Statement (Faraone et al., 2021) attempted to reduce this systematic bias within the field of ADHD research. The statement aimed to “challenge misconceptions” (p.791) through curating findings of meta-analysis using large sample sizes and is co-authored by 81 internationally eminent academics in the field of ADHD research. The authors assessed publication bias in the research they presented (Faraone et al., 2021) and took a transparent approach to detail the financial incentives each co-author had received from potentially biasing sources. These financial disclosures are extensively related to ADHD medication producing pharmaceutical companies such as Shire and Janssen, revealing the potentially huge influence that

pharmaceutical companies have over research. It is clear, given these examples, that finding valid, bias-free research regarding ADHD is challenging due to systemic bias towards promoting the work of pharmacological companies. Due to this bias, I have provided in Appendix A a table showing the background and motives of five frequently used references in this literature review.

2.8.4 – Alternative Approaches to Gender

The biological and neurological paradigms presented in much of the research concerning ADHD (see reviews by Hinshaw et al., 2021; Nussbaum, 2012; Quinn & Madhoo, 2014) reach objectivist conclusions which provide clear-cut sex differences between males and females with ADHD. Some feminist researchers may argue that quantitative evidence reduces the female voice to numbers and statistics, seeking to explore differences but not questioning to what extent results are truly connected with biological sex rather than societal expectations of gender (Bryman, 2016).

Moreover, in defining how the symptom profile of ADHD differs for females compared to males, many papers focus on gender comparison studies (e.g., Elkins et al., 2011; Skogli et al., 2013). Some feminist researchers argue that in comparing female experiences to those of males, it is suggested that male experiences are the norm, and that female experiences are marginal and subsidiary (Reinharz & Davidman, 1992). In addition, some argue that researching differences between genders offers limited understanding as to why those differences exist or how differences could be attenuated and therefore may reinforce preconceived or sexist attitudes (Jaggar, 2013). Subsequently, I feel that implementing principles of feminist research is vital in representing and advocating for my participants.

2.9 – My Position

My conceptualisation of ADHD has been shaped by both personal and professional experiences. I was formally diagnosed with ADHD-I when I was 21. I have always been very academically able, reading at a high level from an early age and achieving high grades in my SATs and GCSEs. However, hidden by these external signs of coping were significant difficulties which I now recognise broadly relate to EF. My own experience of secondary school was feeling insufferably trapped in the classroom and being largely unaware of what was expected of me. I leant heavily on 'general knowledge' and my peers. This was externally expressed through withdrawal, disengagement and organisational difficulties. I had detentions most days for forgetting homework, which inevitably, I would forget to attend. Despite this, I appeared to be under the radar of my teachers' concerns. I remember successive parents evenings where teachers loosely suggested that I was affable and keeping up with the class, their only criticism being that I never volunteered my answers.

In comparison, my younger brother, who showed more external traits than I did, was diagnosed with ADHD-I when he was 12, received support through his school years, had extenuating circumstances in his exams and flourished academically. Watching him grow into a confident young man who understands his strengths and can employ coping strategies to remediate his difficulties has provided an example of how support can mitigate some of the challenges (particularly around identity) which I have had personal experience of.

Indeed, immediately after my ADHD diagnosis I remember feeling elated and as if things made sense, finally having the 'fog clear' through pharmacological treatment. I started to understand my past difficulties through the lens of my diagnosis, reigniting my love of education. However, it quickly became clear that other people struggled to understand what ADHD meant and underestimated my abilities. I stopped talking to people about my

diagnosis, particularly in professional contexts, and began relying on my previous coping strategies, becoming withdrawn again.

However, when I started applying for the Educational Psychology Doctorate, the positives of my ADHD traits were elucidated; I was single-minded and passionate in pursuing a place on the course. This focus has continued through the last three years. The self-led psychoeducation which naturally arose through learning about Educational Psychology enabled me to reconsider how I think about ADHD and how I would like others to conceptualise it. An idea grounded in the social model of disability, "nothing about us, without us" (Charlton, 2000), proposes that the voice of people with disabilities should be at the forefront of research and policy making. I hoped to implement Charlton's concept in my research, seeking representation from my participants through use of unstructured interviews with the aim of presenting a person-led view of ADHD from the participants' experiences.

This has also had a wide-ranging impact on my professional experience. I have been attempting to advocate for greater openness and understanding of neurodiversity within the professional TEP/EP world through sharing my own experiences and providing a platform for others through a mini-series of the *Agents of Hope* podcast (Mansfield & Cox, 2021). I have since had a number of people reach out to me with stories of their own neurodiversity within the profession, providing opportunities to connect and share experiences.

Prior to the TEP course, through my experience as a mentor at a sixth form college, I worked with a number of YP (both male and female) who were formally diagnosed with ADHD. I would meet with them each week to help them organise, learn how to revise, talk to teachers, de-escalate friendship issues, plan their futures and many other things. I learnt about the differences between people with the same diagnosis and how important it was for these YP to have an available adult who would listen and advocate for them. My experience of

being a psychology teacher at the same college gave me an insight into the differences between these students' intentions and their lived experiences in class, where their intentions were often not realised due to the demands of the classroom environment.

I feel that the discourse created by positivist research in ADHD is stigmatising and does not reflect my personal experience of the diagnosis as it does not account for the positives that come with having ADHD traits or the impact of environmental factors (Young et al., 2019). I am therefore informed by an abductive approach in pursuing this topic.

My personal reasons for interest in ADHD will undeniably influence my interpretations, but they also drive my scientific curiosity and ethical commitment to my participants to ensure that these YP have an opportunity to express themselves and be understood.

2.10 – Aims and Research Questions

This research explores how adolescent females perceive their lived school experiences and how they make sense of their personal and social world. In addition, it explores how their identity is shaped by their diagnosis of ADHD. Whilst this research does not attempt to generalise findings, shared meaning between participants is explored. In considering these research aims, I am driven by a desire to frame my aims broadly to ensure a person-led, flexible and detailed approach.

To meet these aims, the following research questions are addressed:

- How do adolescent females who have diagnosed ADHD experience education?
- How do adolescent females who have diagnosed ADHD make sense of their identity?

2.11 – Chapter Summary

This chapter has sought to define key terms by exploring both prevalence rates and possible aetiologies of ADHD. Possible links between gender and ADHD have been explored alongside different approaches to intervention. Through a consideration of seven key research papers, connections between ADHD, gender, adolescents, school experiences and personal identity were introduced, compared, and critiqued. Wider issues and debates within the field of ADHD research were discussed, particularly in regard to approaches to hermeneutics, generalisation, bias, and gender. Finally, my personal story of ADHD, and its implications on the present study, were described and discussed.

Chapter 3 – Methodology and Method

3.1 – Chapter Overview

The four elements that make up the foundations of social research (epistemology, theoretical perspective, methodology and methods) are in flux and inform each other (Crotty, 2014). I will attempt to disentangle these four elements to clarify the philosophical foundations that this research is built upon.

This chapter firstly discusses the underpinning theoretical stance of this research, exploring epistemology, theoretical perspectives and the choice of methodology. I will describe how these choices have been made and how they link to the desired outcomes of this research. Following this, a description of the method will be presented which describes how this research was carried out, including data collection, analysis methods, inclusion criteria, ethical considerations and a description of the sampling method. A description of the participant group is presented in Table 3.

3.2 – Epistemological Perspective: Constructionism

Epistemology is defined by Crotty (2014) as "the theory of knowledge embedded in the theoretical perspective and thereby in the methodology". This research takes an epistemological perspective of constructionism.

Constructionism rejects the idea proffered by objectivism: that there is a *reality* which exists independently of consciousness and that research should attempt to uncover this reality (Gray, 2004). Constructionism, conversely, is the belief that truth and meaning are *constructed* through our interactions with our environment (Gray, 2004). It suggests that people can construct the same witnessed phenomenon differently and that there is no single *truth* to reality (Gray, 2004).

3.3 – Theoretical Perspectives

Three theoretical perspectives are of relevance to the philosophical foundations of this research: interpretivism, phenomenology (and hermeneutics), and feminism.

3.3.1 – Interpretivism

Interpretivism is closely aligned with constructionism; it suggests that the world is too complex to be reduced to a set of universal laws (Gray, 2004), and that the way individuals make sense of their world is through classification schemas (Williams & May, 1996). These schemas are grounded in culturo-historic interpretations (Crotty, 2014). In taking an interpretive-constructionist stance in this research, I assume that each participant will understand and make sense of their school experiences in different ways. Despite any surface-level similarities (e.g., demographic, diagnosis, gender) I assume that they have developed individual schemas of the world and that it is through these schemas that they attempt to interpret their experiences. Therefore, I am not seeking to find a 'universal' experience of education for adolescent females who have ADHD so generalising my findings across participants or the wider target population is neither possible nor desired.

3.3.2 – Phenomenology and Hermeneutics

The interpretivist paradigms of phenomenology and hermeneutics inform (and *are* informed) by my stance on interpretivism. Hermeneutics assumes that there is a gap between the way phenomena are experienced and the way individuals communicate their experience of the phenomena, and that this gap is grounded in culturo-historic context (Crotty, 2014). In this research, it is assumed that through exploring contextual and psychological interpretations of participants' presentation of their experiences, deeper levels of knowledge and understanding can be revealed.

Phenomenology assumes that to understand social phenomena research has to construct new understandings of the world through seeking the subjective experience of the participant (Crotty, 2014; Gray, 2004). To create these new constructions, Husserl (2012) suggests researchers should "Set aside all previous habits of thought, see through and break down the mental barriers which these habits have set along the horizons of our thinking to learn to see what stands before our eyes" (p.43). Phenomenology is therefore suspicious of culture and seeks to create culture anew, being informed by a 'pure' understanding of experience (Crotty, 2014).

Of course, when placing phenomenology alongside hermeneutics, there is a clash of intentionality – to overtly explore context whilst also setting it aside. I have therefore chosen to use unstructured interviews as the method of data collection for this research. In so doing, I allow participants to guide the interviews, whilst attempting to 'bracket' (set aside) any pre-conceived ideas of their experiences based on my personal experiences and the experiences of YP I have supported in the past, including the other participants involved in this research. Through the use of Interpretive Phenomenological Analysis (IPA) as the methodology for this research, I allow cultural, psychological and personal reflections to be overtly explored in an attempt to bridge the gap between what the participant says and what they mean.

3.3.3 – Feminism

The theoretical perspective of feminism primarily shapes the vision and values that guide the purpose of my research. Reflexivity has informed my view that the current androcentric nature of ADHD research contributes to a society where females do not have the same advantages as males.

My approach to advocacy in research echoes both the Disability rights movement ("nothing about us, without us"; Charlton, 2000) and the Black civil rights movement, both of

which propose that the voice of people who are part of oppressed groups should be at the forefront of research and policy making. This is rooted in ideas of representative standpoints. Whilst I do not take the stance that females (or people with ADHD) fundamentally think differently to males (or neurotypical people), or that male (or neurotypical) researchers cannot have honourable intentions to make positive change for oppressed communities, I do believe that people who are part of oppressed groups are exposed differently to socio-environmental contexts. In choosing for this research to be informed by hermeneutics, I feel that by being part of these groups I am able to express concerns, raise issues and gain insights which may be different to that of a researcher who is not categorised by society with the same intersectionality which impacts the participants of this study. In taking this stance I am mindful of an assertion from Assister (1996) that there is a multiplicity of female standpoints due to cultural factors; this belief has informed (and has been informed by) the interpretive-constructionist stance of this research.

Paulo Freire (1972) suggests that reflection without action is empty "verbalisation" (p.90). Without *action,* research is meaningless and fails to make positive change, whilst without *reflection* action is an "action for action's sake" (Freire, 1972, p. 88). Freire (1972) suggests that it is through dialogue that people can become liberated, but this dialogue is blocked by power imbalance, low expectations placed on the oppressed and lack of trust. Freire therefore asserts that only those truly representing the oppressed can make change, or as Crotty (2014) succinctly puts it "No-one can do it for them. It can only be their movement" (p.162). This has informed my choice of methodology as IPA is a way to gain an "insider perspective" (Smith, 1996, p. 264) of my participants' school experiences, justifies my interpretive-constructionist stance and enables me to put my participants' views at the centre of this research.

My interest in phenomenology is also driven by feminist values. In exploring female experience rather than seeking to define female traits of ADHD, my stance mirrors Farganis (1996) who acknowledges the "significant contention" (pp.1-2) regarding the exploration of feminine traits and expresses concern for the limiting nature of gendered characteristics for the perception of women. Therefore, I wish to focus on the individual experiences of my participants.

However, it is challenging to fully 'bracket' the impact of feminine traits as, "men and women are under different social pressures, encouraged to do different kinds of work, behave differently and develop different characteristics" (Richards, 2012, p.157). This suggests that the participants' *femaleness* has a profound impact on how they experience their world. Hermeneutics alongside phenomenology therefore allows for a focus on the participants' individual experiences whilst also interpreting these experiences through a cultural lens, thereby acknowledging the impact of gender.

3.4 – Methodology: Interpretivist Phenomenological Analysis

In this research I will employ IPA, a qualitative research approach committed to the examination of how people make sense of their major life experiences; "IPA has the . . . ambition of attempting to capture particular experiences as experienced for particular people" (Smith et al., 2009, p. 16). IPA is phenomenological in that it is concerned with exploring experience in its own terms (Smith et al., 2009). IPA originates in health psychology research but is increasingly used for other areas of health sciences as well as in clinical, counselling, social and educational psychology as a method of qualitative enquiry (Smith et al., 2009).

IPA has been chosen as the research approach because it is consistent with the epistemological position of the research questions. IPA is rigorous and systematic in its approach to qualitative research and corresponds well to the homogenous sample explored in

this study. It will keep the participants' information in context whilst allowing me to draw similarities between participants without generalising. Dual phenomenological and hermeneutic framing is core to IPA; "without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen" (Smith et al., 2009, p.37).

This research aims to explore how adolescent females perceive their lived school experiences, how they make sense of their personal and social world, and how their identity is shaped by their diagnosis of ADHD. The word 'explore' was chosen as it is consistent with the IPA approach and its focus on the interpretation of meaning. It also suggests an open approach, rather than closed, which is exploratory, not explanatory.

The research aims also focus on the process of understanding experience rather than explaining experience and highlights the *meaning* rather than concrete causes or consequences of events. Therefore, the research questions are directed towards 'meaning' rather than difference or causality and no hypothesis is proffered. Because of this emphasis on meaning, participants' experiences will be situated within specific contexts rather than between them. In understanding how the participants experience their world, this study aims to identify, describe and understand both the 'key objects of concern' in the person's world and their 'experiential claims'.

Through focusing only on school experience, this research attempts to reach a detailed examination of lived experience, limiting the reach of this research so that analysis can be rich and detailed.

3.5 – Method

3.5.1 – Procedure

Qualitative data was gathered through individual face-to-face unstructured interviews with each participant. Each interview was audio-recorded and transcribed verbatim. Each interview was conducted over one session, lasting approximately 60 minutes. Participants were offered the option to take a break after half an hour if they wished. This was to limit the impact of fatigue and to ensure that participants felt comfortable in the interview environment.

The interviews were unstructured as they were guided by the participants. Participants were given access to the topic ‘what is school like for you?’ before the interview and were encouraged to make notes beforehand about what they would like to talk about. Appendix B shows a handout which participants were offered in advance of the interview which they were able to use to prepare for the interview if they wished. I chose to encourage the participants to guide the interview themselves as this implements IPA’s inductive epistemology to the fullest extent and prevents researcher bias (Smith et al., 2009).

A pilot study was conducted prior to the research which consisted of one unstructured interview with a participant (Izuku). During the initial unrecorded meeting with Izuku, it became clear that difficulties relating to ADHD traits (e.g., working memory, processing speed) caused her significant difficulty when she was asked to think of relevant school experiences ‘on the spot’ in an unfamiliar, low-stimulus environment. She also expressed concerns about the relevance of her experiences. As I did not want to lead her answers, I felt unable to offer examples or suggestions without prior thought about what the impact of these might be on her account of her experiences.

After a reflection on the data gathering methods, two sets of prompt cards were introduced to omit difficulties in defining the interview question. These were used with Izuku during the recorded pilot interview. The first set of cards were 32 ‘feeling’ words (Appendix C), which participants were offered to help prompt their thoughts regarding the sentence “school is…”, as stipulated on the pre-interview participant handout (Appendix B). Efforts were made to ensure that there was a balance of positive (e.g., “useful”, “friendly”), negative (e.g., “dull”, “frustrating”) and neutral (e.g., “easy”, “busy”) words in the set so as to reduce the impact of leading the participants as an extraneous variable. The second set of cards were 34 neutrally positioned ‘aspects of school’ (Appendix D), for example, “lessons”, “other pupils” and “grades”. The content of the pilot interview was found to meet the research aims, and introduction of the prompt cards was consistent for all participants. Therefore, the pilot interview has been considered to be the first interview, the results of which have been included in this research.

3.5.2 – Inclusion and Exclusion Criteria

Sixty-two schools and colleges were initially contacted via email and phone calls in an attempt to recruit participants for this research. Of these, 33 gave no response and 29 requested more information but then did not commit to research involvement. The original inclusion/exclusion criteria for this project (see Appendix E) were therefore changed on 24.11.21 due to significant difficulties achieving optimum participation levels. The Covid-19 pandemic had put significant pressure on school staff, through whom I had intended to recruit. With such detailed inclusion/exclusion criteria, I found that school staff did not have the capacity (time or resources) to assess the eligibility of each of their pupils, which resulted in a lack of engagement. The amended inclusion and exclusion criteria are shown in Table 2.

Table 2: *Table showing the inclusion and exclusion criteria for this research.*

Inclusion/exclusion criteria	Rationale
	Participants
Participants whose gender identity is female	The philosophical assumptions detailed earlier in this chapter demonstrate my assumption that there are differences in the social experiences of different genders based on cultural roles and expectations which are applied based on biological or personal identification of male or female status. I also recognise that gender is not binary, the *femaleness* or *femininity* that participants feel within themselves (whether this is an overt understanding or not) will differ based on individual differences regardless of their biological sex. Therefore, I chose to recruit participants based on their self-expressed gender identity, rather than their biological sex.
Participants who have a clinical diagnosis of ADHD	In accordance with the Code of Ethics and Conduct (BPS, 2018), I aim to maximise benefit and avoid potential risks to the psychological well-being and mental health of research participants. For this reason, I have chosen to recruit participants who are aware of their needs regarding ADHD and are, therefore, more likely to have developed routines in relation to managing their ADHD traits.
Participants who are aged 10-25	Adolescence is defined by WHO as three stages: early adolescence is between the ages of 10-15 years; middle adolescence is from 14-17 years and late adolescence is from 16-19 years (WHO, 2010). This is to ensure that the experience of recruited participants is congruent with the aim and purposes of this research (to build understanding of the school experiences of adolescent females with ADHD). The upper limit of this definition was extended in line with the age range of post-16 working for EPs. This was chosen in light of the significant difficulties when securing participants and after discussions with my university supervisor. There were no participants in this study who met this upper age limit of 19-25. If I had been unable to find participants currently at secondary school or sixth form, I was mindful that the research aims would have to be modified in order to justify the inclusion of these participants.

Participants may have comorbid neurological disorders (e.g., dyslexia, autism, dyspraxia) but these comorbid disorders must not include significant developmental delay	Comorbid neurological disorders are common for individuals who have ADHD (Faraone et al., 2021), so exploring how participants conceptualise how this impacts them in the school environment was considered to be important. To ensure that the experiences of recruited participants are congruent with the aim and purposes of this research, participants must be able to reflect on their experiences and communicate verbally with the researcher, therefore participants who had comorbidities which caused significant developmental delay were not included in the sample.
Participants may be at risk of exclusion or be known to social services	Behaviours associated with ADHD can be considered to be disruptive and challenging to others; pupils who have a diagnosis of ADHD may be more likely to be at risk of exclusion (Abikoff et al., 2002; Achilles et al., 2007; Tung et al., 2016). Because of the high heritability of ADHD, there is an increased likelihood of family involvement with social services. Research suggests that individuals with ADHD are more likely to be involved in behaviour which may result in social service involvement e.g., crime and delinquency (Mohr-Jensen et al., 2019; Young et al., 2015), substance use disorders (Groenman et al., 2017). People with ADHD are also more likely to have experienced adverse childhood experiences including sexual abuse and maltreatment (Christoffersen, 2022; Ouyang et al., 2008). In light of this information, to omit potential participants who are at risk of exclusion or known to social services would reduce the scope of this research. Exploring how participants conceptualise the impact of these factors in the school environment is intrinsic to meeting the research aims.
Schools (mainstream secondary schools, sixth forms or colleges)	
Participants must be on roll at a mainstream or specialist secondary school, sixth form or college.	Pupils who have a diagnosis of ADHD are more likely to be at risk of exclusion and therefore are more likely to be educated in pupil referral unit settings (Achilles et al., 2007; Goodwin, 2015). In addition to this, mainstream schools may not be able to meet participants' needs. Therefore, specialist settings were included.

3.5.3 – Sampling

A purposive sampling approach, in particular criterion sampling (i.e. individual students and schools that meet the inclusion criteria), was employed within this project. I aimed to find a fairly homogenous sample as this would ensure that participants would have characteristics relevant to the research questions (Bryman, 2016), in this context, adolescent females with ADHD.

Five participants were recruited. This number was chosen as, in using an IPA research approach, a greater emphasis was placed on the quality rather than the quantity of data (Smith et al., 2009). This project used a referral sampling method, through which 'gatekeepers' (SENDCos) identified relevant participants. Participants were recruited via schools and colleges known to the host EP service.

Participants were recruited via three secondary schools within the host LA. SENDCos at secondary schools and colleges were contacted and asked if they could pass on the research details to likely candidates. This information was presented through a leaflet (Appendix K) but was also later presented via email and phone call. Visiting EPs of schools in the LA who met the inclusion criteria (Table 2) were asked to promote the research with their link SENDCo.

3.5.4 – Participants

Five participants were recruited to take part in this study. Table 3 gives a brief introduction to the participants using information sourced through the participant characteristics form (Appendix J). Participants were asked to choose their pseudonyms based on things that they enjoyed, and the rationale behind their choices is included in the table.

Table 3: *An introduction to the participants using information sourced through the participant characteristics form.*

Basic information	ADHD and comorbidity	In-school support	At risk of exclusion/ social work involvement
Izuku Midoriya is 14 years old. She is in Year 10 at a non-selective, comprehensive, all-girls secondary school in the suburbs of a major city. She has named her pseudonym after the main character of the manga series 'My Hero Academia'.	Izuku was diagnosed with ADHD-I when she was in Year 5. She does not take ADHD medication.	Izuku told me that she is not aware of any current formalised additional support at school for her ADHD.	Izuku is not at risk of exclusion. She is not aware of any involvement of social work.
Aria Montgomery is 13 years old. She is in Year 9 at a small non-selective, comprehensive, all-girls secondary school in the suburbs of a major city. She has named her pseudonym after one of the main characters from the 'Pretty Little Liars' television series.	Aria was diagnosed with ADHD-C when she was 10 years old. She takes ADHD medication most of the time when she is at school. Aria had a test for autism spectrum disorder (ASD) a week before her interview. She told me that she has a diagnosed anxiety disorder and depression.	Aria told me that she is not aware of any current formalised additional support at school for her ADHD but remembers having some extra support in Year 7. She suggested that the level of support she receives in class differs depending on the teacher.	Aria is not at risk of exclusion. She had involvement from social work when she was in Years 4 and 5.

Hallie Parker is 13 years old. She is in Year 9 at a small non-selective, comprehensive, all-girls secondary school in the suburbs of a major city. She has named her pseudonym after Lindsay Lohan's character in the film 'The Parent Trap'.	Hallie only recently received her diagnosis of ADHD-C (aged 13) and was a little unsure of what the diagnosis means for her.	Hallie told me that she does not have any formalised in-school support for ADHD.	Hallie is not at risk of exclusion. She is a Child In Care (CIC) so has involvement from social work. She has been in care since the age of six years old.
Scooby Doo is 14 years old. She is in Year 10 at a small non-selective, comprehensive, all-girls secondary school in the suburbs of a major city. She has named her pseudonym after the well-known cartoon dog.	Scooby received a diagnosis of ADHD-C when she was four years old. She sometimes takes ADHD medication (Medikinet) when she is at school. Scooby told me that she also has a diagnosis of ASD, which was more recent than her ADHD diagnosis. She also has a sleep disorder.	Scooby told me that she does not have any formalised in-school support for ADHD.	Scooby is at risk of being excluded from her school. She was suspended during the month prior to her interview. Scooby had been told that she was at risk of a managed move if her behaviour had not improved by the week after her interview. Hallie told me that she does not have any formalised support for ADHD.
Sky Grey is 13 years old. She is in Year 9 at a large all-through, non-selective, comprehensive school in the suburbs of a major city. She has named her pseudonym after her pet, whose first name is 'Sky' and has grey fur.	Sky received a diagnosis of ADHD-C when she was "a toddler". She doesn't take ADHD medication but, under the care of an NHS ADHD practitioner, she takes melatonin as she has difficulties sleeping which are linked to her ADHD.	Sky told me that she has formalised in-school support for ADHD. She has access to fidget toys in the classroom and has designated time with the SENDCo to talk about her feelings.	Sky is not at risk of exclusion from school. She told me that her family have a social worker, though she was not sure why.

3.5.5 – Ethics

Informed consent. A participant information sheet (Appendix F) was provided to participants who showed interest in being part of the research. This included 'a clear statement of all those aspects of the research that are relevant for their decision about whether or not to agree to participation', as stated in The Code of Human Research Ethics (BPS, 2021, p. 13). It was essential that prospective participants were considered to have sufficient mental capacity to understand the participant information sheet, aims of this research and the wording of the interview schedule, and to confirm or withhold consent to participate in the research.

The freely given informed consent of participants was obtained and documented through the 'opt-in' method and confirmed via a written consent form (Appendix G). For those under the age of 16, an additional parent/carer consent form (Appendix H) was required. This was given to parents alongside the parent/carer information sheet (Appendix I)

Before receiving their consent forms, I spoke with participants face-to-face to discuss the aims and purposes of the research (as also detailed within the participant information sheet; Appendix F) and to check the participant understood the documentation sent to them before they submitted their consent form. Discussing this before the interview allowed sufficient time for the participant to reflect on their role in the research, ask questions and withdraw their interest if they wished. During this time, I helped the participant to complete the participant characteristics form (Appendix J); this functioned as a useful activity to build rapport. I briefly informed participants about my own diagnosis and history of ADHD at this point. This information is also included in the participant and parent/carer information sheets (Appendices F and I).

After the research had been written up and reviewed through supervision and the Viva process, participants were provided with a letter (Appendix P) to debrief them, to thank them for their participation and provide them with information about how to ask questions or comment on the study's findings if they wished to do so. A double-sided summary sheet detailing the principal findings from the study was included alongside the letter, as well as a detailed list of recommended provision which participants could share with their parents or school if they wished to do so. These documents can be found in Appendix P.

In line with the feminist values explored previously from Freire's *Pedagogy of the Oppressed* (1972), I felt that it was crucial to use the debrief to promote action from this research, and that this action should be driven by the participants themselves. The debrief was seen as an important opportunity to expand participants' understanding of how ADHD may impact them, and to inform the participants about their rights (to promote self-advocacy). All documents included in the debrief were written in accessible language and key terms were explained. If the participants' teachers or parents wished to contact me to discuss how additional provision could be implemented into the pupil's in-school support, they were invited to contact me via email.

Participants were made aware that they had the right to withdraw their consent which could be exercised by informing me (via telephone, email or face to face). This could be done prospectively, in situ or retrospectively up to 10 calendar days after the interview.

Two of the participants disclosed information to me which warranted follow up in line with safeguarding protocol of their school, the LA and Birmingham University. Participants were informed prior to the interview that their information would be shared with the appropriate person if they told me something that indicated a risk of harm. I shared this information with their schools' designated safeguarding lead, as well as documenting the

disclosure and speaking to my placement supervisor, following LA procedure. To protect myself as the researcher from potential psychological harm I sought supervision from my university supervisor. Participants were provided with email addresses for my university supervisor and myself and were told that they could contact me if they wished to discuss the disclosure or the interview further.

Confidentiality. Participant data was treated as confidential (they are not identified in any outputs from this study and their identity has not and will not be disclosed to any third party). Their data has been anonymised using pseudonyms which the participants chose for themselves. This means that the participants will be able to recognise themselves in the data, whilst other parties will not be able to. A key to these pseudonyms was kept until the end of the project which allowed me to identify participant data, this was destroyed securely. Other identifying information (such as the names of the participants' teachers and friends) has been changed to protect the participants' anonymity.

The data management strategies for this research project comply with the University of Birmingham Code of Practice for Research, the Data Protection Act (2018) and the General Data Protection Regulations throughout the research data lifecycle. With participant permission, research data gathered from each interview was digitally audio-recorded via an encrypted laptop. Due care and consideration were taken to ensure that this laptop remained secure at all times. The raw data (audio-recorded interviews) was transcribed using the same encrypted laptop. Any printed copies and associated notes were securely stored in a lockable filing cabinet.

All interview data (audio recordings and transcripts) will be stored in accordance with the BEAR Research Data Storage Policy. Raw data will be retained for 10 years within the BEAR Archive, following which time all research project data will be destroyed securely.

Avoidance of harm and addressing the power differential. For all participants, safeguarding protocols were adhered to in line with their schools stated safeguarding procedures. As such, a disclosure indicating risk of harm would mean it would not be possible to destroy the participants' data. A safeguarding statement is included within the participant information sheet (Appendix F). This was reiterated verbally before the interviews.

The risk of psychological distress, potential harm and stress to participants was mitigated through individual verbal debriefs after the interviews. Participants were given contact information for my university supervisor and myself and were invited to get in contact if they wished to discuss further. All participants were signposted verbally to their school SENDCo, their GP, ADHD practitioner nurse and The ADHD Foundation website if needed.

3.5.6 – Data Analysis

Through my analysis, my focus was to direct analytic attention to the participants' experiences of education and the ways in which they attempted to make sense of those experiences (Smith et al., 2009). Because of this, each case was analysed in detail before moving on to the next, with the analysis therefore moving from the particular to the shared (Smith et al., 2009). This method allowed for reflective engagement with the participants' accounts, with passages being analysed in reference to their wider context.

Smith et al. (2009) do not dictate how the analytic process for IPA should be completed, however, a detailed step-by-step process is presented, to which I adhered as this was my first attempt using IPA. Table 4 presents a six-step process adapted from Smith et al. (2009).

Table 4: *The six-step process of IPA as presented in Smith et al. (2009) and how this was implemented in the analysis.*

Step #	Description	Implementation
Step 1 *Reading and re-reading*	The transcript is read and re-read in order for the researcher to become immersed in the data. This step ensures that the participant is the focus of the analysis.	• During this stage I transcribed the participant's interview whilst listening to their recording (see Appendix L for an example transcript). • I wrote down some initial thoughts so that they were captured but did not explore the analysis any further than this. This allowed me to stay immersed in the participant's words without being distracted by developing analysis.

Step 2
 	
Initial noting
	The transcript is re-read and the researcher makes initial notes which explore the semantic context and language of the transcript on an exploratory level.	• I created a table with three columns. In the centre I placed the written transcript and then wrote exploratory comments in the right-hand column.
		• The comments generally fit into three categories:
		  ○ Descriptive comments: the context of what the participant has said and the subject of what they have talked about.
		  ○ Linguistic comments: exploring the participant's use of language.
		  ○ Conceptual comments: exploring the participant's described experiences at an interrogative and conceptual level.
		• Keeping an open mind ensured that I remained true to what the participant had directly said during the interview. It was important not to seek out pre-emptive categories.
		• At the end of this step I had a detailed and comprehensive set of initial notes and comments on the data (Appendix M).

Step 3	The exploratory notes which result from step two are investigated alongside the original transcript to identify emergent patterns, connections and relationships which	• In the left-hand column of my table, I attempted to reduce the quality of data while maintaining the complexity of both

Developing emergent themes	appear throughout the interview and can be grouped into superordinate themes. At this stage the data has moved away somewhat from the participant and involves more analysis, resulting in a collaborative product.	the transcript and my initial notes through presenting emergent themes (Appendix M).
Step 4 *Searching for connections across emergent themes*	The emergent themes defined in step three are explored to further identify any broader connections and relationships between them. A structure is created which allows the analyst to draw together the emergent themes and allows identification of the most interesting and important elements.	• I printed out the emergent themes and cut them up so that each sliver of paper had one theme on it. I then physically moved the themes around. Themes that were similar were put together and redefined where needed through abstraction and subsumption. I looked for differences between themes (polarisation), the number of times themes arose (numeration) and how the participant used language to present themselves (function). • Once I was happy with the connections I had identified between themes, I presented them on a large corkboard, which I photographed for later reference (see Appendix N for an example). I also created a graphic (Appendix O) to represent the structure of the emergent themes.
Step 5 *Moving to the next participant*	Steps 1-4 were repeated for each participant in turn.	• Each time I began analysing another participant's words, I 'bracketed' the previous participant's analysis, physically putting the analysis out of sight and removing the emergent themes from the corkboard. I tried to put them 'out of mind' and approached each participant as much as possible with a fresh perspective.
Step 6 *Looking for patterns across cases*	The similarities and differences between the participants' accounts are explored to identify both unique experiences and shared patterns.	• In identifying similarities and differences between the five participants, I explored the following questions: o What connections are there? o Do themes from one case help me to understand the themes from another? o What themes are the most potent?

3.6 – Chapter Summary

In this chapter, I have attempted to disentangle the four elements that make up the foundations of social research (epistemology, theoretical perspective, methodology and methods). I have presented the ways that constructionism, interpretivism, phenomenology, hermeneutics and feminism inform and are informed by my research methodology and my data collection methods.

This chapter discussed the underlying theoretical stance of this research, exploring epistemology, theoretical perspectives and the choice of methodology. A description of the method was presented which described how the present study was carried out, including the procedure, inclusion criteria, sampling method, recruitment and ethical considerations.

Chapter 4 – Findings and Discussion

4.1 – Chapter Overview

This chapter provides an account of the five participants who shared their experiences of education. Table 5 provides an overview of each participant's individual experience, adapted from the graphic representations of emergent themes for each participant (Appendix O).

My interpretation of the participants' experiences is presented in themes in order of research question. In order to privilege the voice of the participants and to capture the nature of each individual's account, quotes from participants are presented to highlight the emergent themes. A presentation of the overview of superordinate and subordinate themes are presented in Table 6. This chapter also includes a discussion of extant research which, in line with the hermeneutic process, extends the findings from the literature review to link emerging themes to prior findings.

Table 5: *An overview of each participant's individual experience of education based on interpretivist analysis.*

Participant	Unique experience	
Izuku	*Izuku presented her school experiences in a relaxed, casual manner.*	
	Feelings of agency:	Izuku often feels out of control at school. Time awareness and organisation are two areas that she struggles with, often arriving late for school and forgetting to do her homework. She is motivated to change her behaviour, but she struggles to apply these intentions.
	Peer interaction:	Izuku feels different to her peers but wants to fit in, so she tries not to draw attention to herself. She does not overtly talk to her friends about ADHD. Despite this, her friends are her most significant support. Through prompting they help her to stay organised, understand academic work and when she is with them she has a greater enjoyment of school.
	Teacher interaction:	Izuku feels that teachers view her as purposefully breaking rules. She wants to prove herself but does not have adult support to help her with things she finds difficult. She feels that she is punished (sanctioned) for showing behaviour that she cannot control and this makes her feel frustrated. She finds verbalising her feelings challenging which makes asking for help difficult. She is quick to dismiss her difficulties in preference to reaching out to teachers.
	Identity:	Izuku is starting to understand her identity but has a lack of opportunity to explore this. She has low academic self-esteem, and she feels worried and stressed and shameful about her difficulties.
Ariya	*During her interview, Ariya presented herself as being pragmatic in how she spoke about her experiences. She often reached for examples without being asked and she talked about her hobbies in a business-like manner. She described herself as being "childish" when not on her medication and "sensible" when on her medication.*	
	Feelings of agency:	Ariya described her ADHD as something that is part of her; she accepts her diagnosis and sometimes feels that she has control over it. A large aspect of her feelings of being in control relates to her medication, which has helped her manage her unwanted ADHD traits and brings positives to her experience of school.
	EF:	Despite the positives that medication brings, it has not 'fixed' her ADHD. She finds school confusing, describing it as being like a jumbled-up puzzle. Regulating her attention can be difficult which impacts her ability to manage transitions (between environments) and her time. She has developed ways of

		self-regulating her traits in the classroom, which involves changing her environment to minimise distractions.
	Comorbidity/identity:	Ariya has anxiety which she says causes more difficulties than her ADHD as she has had her diagnosis of ADHD for a long time and says that she understands how it impacts her. However, it appears that this comorbidity perpetuates a spiral of difficulties. She is anxious about reaching out to teachers as she is worried about not having the language to explain what she would like help with. She avoids external pressure from supporting adults by dismissing her needs to protect her self-esteem.
	Peer support:	Friends are an important support for Ariya and she often reaches out to them for help before reaching out to adults. This often gets her into trouble as teachers do not understand her need for peer support.
	Safeguarding:	Ariya's descriptions of behaviours linked to anxiety led me to share my concerns about her well-being with her school safeguarding team.
Scooby	*Scooby presented herself as being authentic, she talked candidly about her experiences of school. She described feelings relating to anxiety and depression, which she suggested stem from an experience of being the victim of sustained sexual abuse in her late childhood and early teenage years.*	
	Teacher interaction:	Scooby described significant difficulties accessing support at school, suggesting that she feels misunderstood and unheard by her teachers. Scooby has a clear idea of what support she would like but describes a struggle of perseverance with asking for help, continuously let down by those around her. Scooby described purposefully misbehaving in an attempt to communicate feeling overwhelmed. While she understands the result of disruptive behaviour, she feels that this is preferrable to being unsupported in class.
	EF:	Scooby's learning is impacted by difficulties with academic low self-esteem, a lack of motivation, memory problems and difficulties transitioning between environments and tasks. Scooby is highly motivated by her own interests which includes a passion for anything to do with dinosaurs. She strives to prove herself but feels that her future is out of her control and has low expectations for future success.
	Peer interaction:	Scooby finds interacting with peers challenging. She defines herself by how others see her and describes feeling isolated. She does have some friends but struggles to understand what interactions with them are socially appropriate and she worries about her ability to maintain friendships.
	Identity:	Scooby uses her diagnosis of ADHD to explain why she finds things difficult at school. She finds it difficult to understand herself as her traits change depending on her environment.

	Use of medication:	While she takes ADHD medication, this is sporadic (due to ADHD-related memory problems) and she feels that teachers assume because she has access to it she will take it and be 'fixed'.
	Safeguarding:	Scooby's descriptions of sexual abuse and her behaviours linked to mental-ill health led me to share my concerns about her well-being with her school safeguarding team.
Hallie	*Hallie presented herself as being withdrawn and quietly rebellious. She does not enjoy school.*	
	EF:	Hallie's understanding of content in the classroom is impacted by slow processing speed and working memory difficulties. Her receptive communication and confidence are barriers to her ability to explain how she feels.
	Feelings of agency:	Hallie's behaviour in class is often disruptive for her peers, which she feels is out of her control. She has, in part, taken on a self-perception of being nonchalant and defiant, perhaps in response to trying and failing to control her behaviours. Hallie understands school rules and is worried about the repercussions of not following them. This impacts her ability to ask for help as she is concerned that she will be punished for her difficulties with EF. She therefore minimises her needs, not asking for help for fear of appearing academically unable.
	Identity:	Hallie feels different to her peers and assumes that they judge her. This social comparison impacts her self-esteem. Her label of ADHD has been helpful in communicating to the school what her broad needs are but contribute to her feelings of being different.
	Peer interaction:	Friends are the most enjoyable thing about school, however, she has inconsistent friendships. Hallie is verbally bullied and her friends have been known to join in with this bullying. Therefore, talking to peers about her ADHD is difficult for Hallie as she is concerned that it will lead to more bullying.
	Comorbidity:	Hallie appeared to be a vulnerable young person. She is a child in care and this may have resulted in some comorbidity with attachment-type needs, particularly related to her friends.
	Safeguarding:	Hallie's descriptions of being bullied led me to share my concerns about her well-being with her school safeguarding team.
Sky	*Sky presented as being energetic, confident and curious. She described primarily positive experiences of school, being well-liked and well-supported.*	
	EF:	Sky described difficulties that appeared to relate to EF including flexibility in thinking, working memory and processing difficulties. She felt that her environment controlled how much these difficulties impacted her.

Motivation:	Sky described feeling motivated at school and had high academic self-esteem in most subjects, believing that she can succeed. She has several extra-curricular interests and these are well-supported by teachers and her parents.
Feelings of agency:	Sky feels that she cannot always control her behaviour in class, but her teachers understand that she has ADHD and their support has helped her to develop coping strategies which minimise her discomfort and reduce disruption for her peers. However, her use of these coping strategies is inconsistent and she still regularly gets told off in class.
Peer interaction	Sky has a small, close group of friends, but is also sociable with other peers. She talks to her friends about ADHD and they are supportive. Other peers are curious about her ADHD and she is able to talk about her diagnosis without embarrassment but does feel that not everyone needs to know.
Advocacy:	Sky understands that a lot of people who have ADHD do not have the support that she does at school and at home. She credits her ability to talk about her feelings as her most important skill for coping. She is keen to advocate for other girls who might feel similarly to her, wishing for them to talk about their feelings too.
Identity:	ADHD provides Sky with a lens through which she is able to understand herself. She does not mask her behaviour much, but, as above, does adapt it. She feels that whilst ADHD is an important part of her identity, it does not define her.

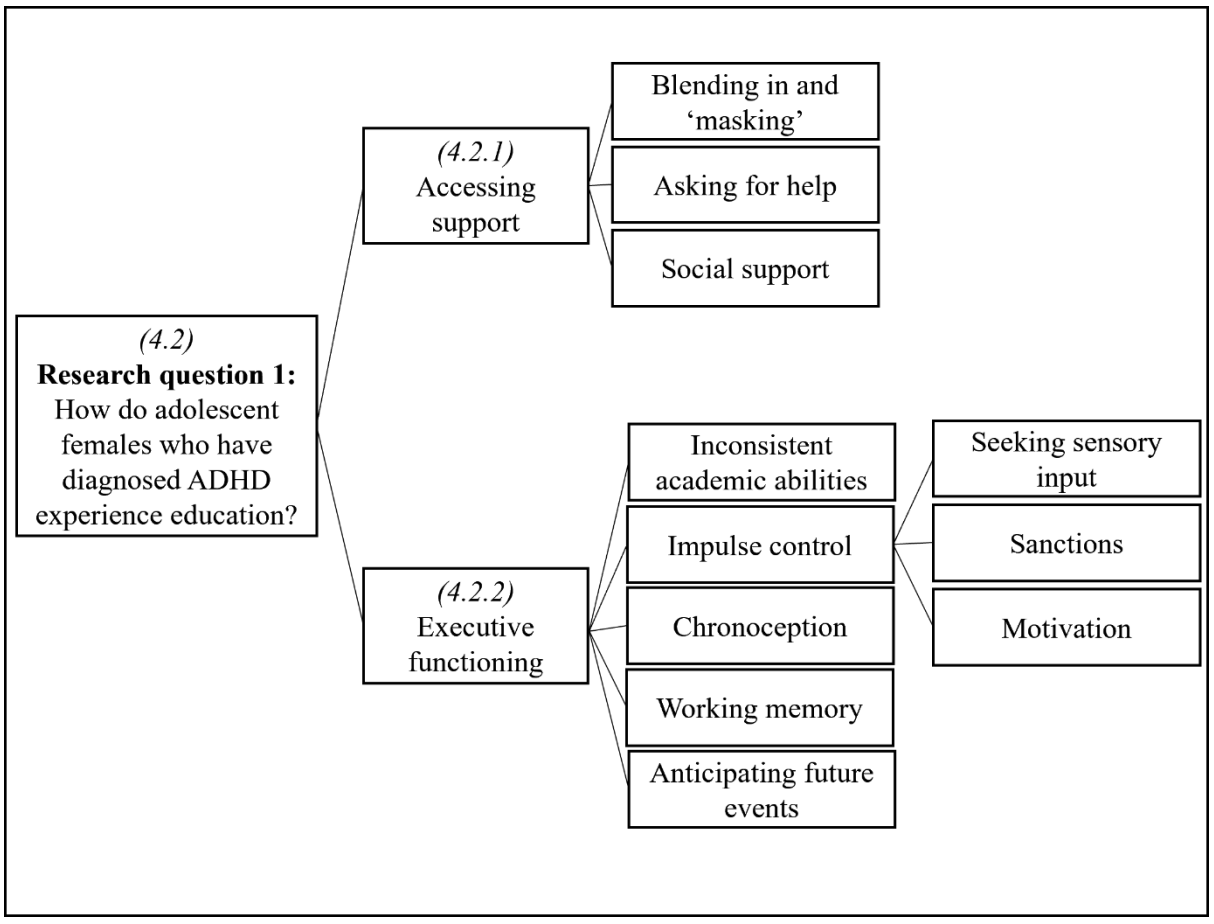
Table 6: *Overview of superordinate and subordinate themes relating to the research questions.*

Research question	Superordinate themes	Subordinate themes
How do adolescent females who have diagnosed ADHD experience education? (4.2)	Accessing support (4.2.1)	• Blending in and 'masking' • Asking for help • Social support.
	Executive functioning (4.2.2)	• Inconsistent academic abilities • Impulse control • Chronoception • Working memory • Anticipating future events
How do adolescent females who have diagnosed ADHD make sense of their identity? (4.3)	Identity (4.3.1)	• Dual personalities • Labelling • Disclosure • Acceptance • Future plans
	ADHD medication (4.3.2)	

4.2 – Research Question 1: How do Adolescent Females who have Diagnosed ADHD Experience Education?

Findings relating to this research question are presented in two superordinate themes of 'accessing support' and 'executive functioning'.

Figure 1: *A thematic map showing superordinate and subordinate themes relating to how participants described their experience of education*.



4.2.1 – Accessing Support

This superordinate theme is organised into three subordinate themes: 'blending in and masking', 'asking for help' and 'social support'.

Accessing Support: Blending in and 'Masking'. This subtheme explores how participants attempt to hide their ADHD-related behaviours in school.

A review by Lebowitz (2016) suggested that people who have ADHD are widely stigmatised by public discourse and by teachers, peers and family, which is thought to have a detrimental effect on self-esteem and self-confidence and is a possible barrier to seeking support (Nguyen & Hinshaw, 2020). In line with previously explored research, the participants explained how they attempt to conceal their ADHD-related differences from peers and teachers through the use of coping strategies (Quinn & Madhoo, 2014).

All participants suggested that they feel different to their peers, with four of them relating this to difficulties learning in the classroom. For example, Ariya said:

> *I get frustrated with the work, and then also with myself . . . my friends can do something and . . . I can't do it like that or I do it wrong.* (Ariya, p.12)

Participants described attempting to hide their academic abilities, in line with findings from Wiener and Daniels (2016).

Two of the participants described how task-completion served to hide their lack of understanding from their teachers. Izuku suggested that when she does not understand, she nonetheless answers, endeavouring to get *something* down on paper in an attempt to avoid drawing attention to her misunderstanding, saying, "*I just need to get it done and then it's done*" (p.4) and "*I probably tried to just make something up. I probably just waffled on the paper or something*" (p.5). This suggests that she covered up her lack of understanding through focusing on task completion.

In contrast to hiding a lack of ability, two participants described hiding their academic strengths in school. Ariya suggested that the pressure of a positive reputation is unwanted, saying, "*I don't want to find that the teacher expects more from me, because she knows that I can draw*" (pp.19-20). This suggests that she does not want to stand out as being different, even if that difference is positive.

Research suggests that adolescent girls who have ADHD are more likely to be victims of bullying than their typically developing peers (Sciberras et al., 2012). Wiener and Daniels (2016) also found that participants described experiences of being bullied, excluded by their peers and having unstable friendships; some participants believed that bullying was grounded in peers' perceptions of difference. Indeed, for some participants of the present study, hiding academic abilities from peers, as well as adults, was a priority. For example, Scooby explained how she "*went through bullying because I was smart*" (p.10), but also was bullied when she "*asked for help now and again*" (p.10), which has informed her wish not to be identified by her peers as being too academically unable *or* able. I interpreted that Scooby has experienced 'standing out' at school. She has always been the outlier and because of her negative experiences of this she craves normality; she believes that blending in with everyone else will bring her safety. She describes the impact this perceived difference has had on her self-esteem and her behaviour: "*I looked stupid asking for help [so] I never have since*" (p.10). Her adapted behaviour to protect herself from peers has therefore resulted in a barrier to accessing support from adults.

Similarly, Hallie described experiences of being bullied: "*they say bad things about how I look*" (p.2). Notably, Hallie later told me about a number of beauty treatments she occasionally has: "*I get my hair done and I get my eyebrows done and I get my nails and eyelashes done*" (p.18). I interpreted that Hallie has learnt that difference results in peer exclusion, her way of coping is to remediate difference through changes to herself. Hallie told me that she wanted to keep her ADHD diagnosis a secret from her peers, saying, "*if other people found out... maybe they'd have another thing to bully me for*" (p.4). As with her beauty treatments, Hallie represses her 'hyper' behaviour in school due to social expectations, showing it only when she is with trusted friends and family. Loyer Carbonneau et al. (2021) and Nussbaum (2012) found that boys with ADHD show more externalised hyperactive

behaviours than girls with the same diagnosis. It could be argued that this difference is related to social conformity, rather than a gendered difference in the diagnostic profile of females when compared to males.

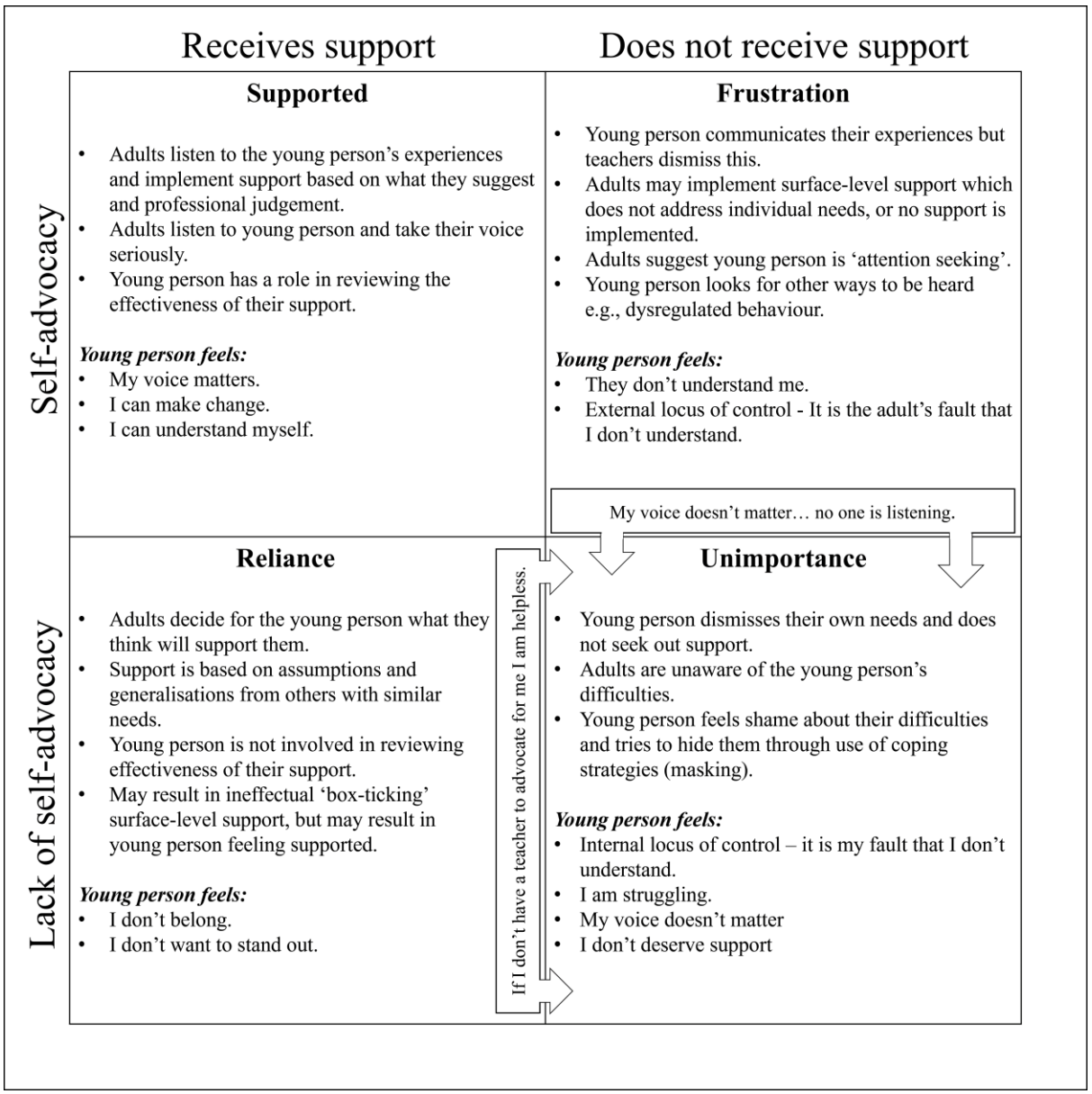
Hallie and Scooby's worries about being identified as different by their peers may not be unfounded. An article by Nguyen and Hinshaw (2020) suggests that individuals with ADHD receive considerable stigmatisation, which they suggest may intensify the difficulties that they experience. Reflecting on this article, Chronis-Tuscano (2022) suggested that this may be perpetuated due to incongruent societal expectations for female behaviour.

Accessing Support: Asking for Help. This sub-theme is structured around a four-quadrant matrix (Figure 2) which was used as a framework to describe participants' experiences of gaining support at school.

Within the field of disability studies, Test et al. (2005) suggest that 'self-advocacy' can be defined as a component of self-determination, thereby bringing self-regulation, independence and autonomy. They propose that self-advocacy is possible when individuals have a knowledge of themselves and their rights and possess communication and leadership skills. A review study from Roberts et al. (2016) suggested that when YP could self-advocate successful outcomes were more likely.

In the present study, self-advocacy was not the sole component in accessing positive change; the nature of adult support appeared to mediate whether their self-advocacy was effective. Figure 2 is a four-quadrant matrix which has been created to show how these two factors (teacher-pupil relationships and self-advocacy) impacted on participants' experiences of accessing support at school. Each quadrant will be explored in turn as a framework to describe participants' experiences of accessing support.

Figure 2: *A four-quadrant matrix showing the relationship between self-advocacy and support.*



Quadrant 1: Supported. Sky appears to be able to communicate her needs well, understanding her needs and rights; as indicated in prior research, this may imply that she feels she has power to make positive change (Test et al., 2005). In addition, she suggested that she has good relationships with her teachers, who listen to her, understand her strengths and difficulties, and communicate with each other to share person-centred practice of what

works for Sky. For example, understanding that in class, Sky feels that "*I have to be doing something with my hands*" (p.2), her SENDCo gave her some fidget toys and communicated why Sky needed them to her colleagues: "*Miss Crilly would've told the teachers that I need them and then they'll know*" (p.3).

Sky appeared confident in her ability to ask for help, saying "*if something's bothering me, I'll talk about it*" (p.23). Her confidence is reinforced by her willingness to self-advocate in more challenging situations where support is not immediately given (e.g., by a cover teacher). Sky said, "*I'll tell [teachers] myself that I need them, explain it and they'll let me have them*" (p.3). She speaks in an assured manner as if requesting support and receiving it is an inevitable cause and effect.

The supportive relationship between Sky and her teachers is further evident outside of the classroom. A favourite teacher encouraged Sky to begin learning a musical instrument believing that she would "really enjoy it" (p.15). This suggests that when Sky talks about her experience of school, her teachers listen, take her seriously and support her in implementing ways of coping whilst drawing out her strengths. Sky's experience of support at school is that it is available, accessible and implemented.

This validating support has resulted in Sky feeling that her voice matters and that she has the power to create positive change, encouraging leadership skills (Test et al., 2005). She told me:

> *I think schools definitely need to put more work in to help kids, like certain kids. Because like, with ADHD everyone has, like different, everyone struggles in different places with it. Every type of ADHD is different . . . most girls, I wouldn't say this for myself, don't talk about their ADHD and don't talk about it as much, and can't explain what they're feeling.* (Sky, p.22)

Here, Sky lends her voice to girls who feel unable to advocate for themselves, demonstrating an awareness of individual differences in ADHD. Through highlighting the act of communicating, she shows how important this skill has been for her, suggesting an internal locus of control over her own support. This could be considered to support conclusions from Wiener and Daniels (2016), whereby acceptance and engagement with YP by teachers, parents and peers lead to positive adjustment and support YP in developing their sense of identity.

Quadrant 2: Reliance. I interpreted that both Izuku and Ariya found advocating for themselves challenging. Both try to mask their difficulties in an attempt to go unnoticed by their teachers and peers. Nevertheless, they both reported receiving support for their ADHD-related difficulties.

Izuku described being given opportunities to communicate her needs, saying that her school SENDCo takes her out of class to "*ask me about lessons . . . she'll ask, like, 'what's my favourite lesson? What's my least favourite lesson?'. Like, that's hard to answer, I don't know*" (p.17). Izuku's presentation of these questions in quick and rapid succession suggests that she feels overwhelmed by what is being asked of her. She describes wide ranging difficulties with processing speed and expressive language (e.g., "*I don't know how to word the question. I just like... I don't know, they'll just get stuck in my head*", p.16). Whilst she goes on to say that prompts (e.g., sentence starters) help her to remediate this difficulty, she appears to be passive in requesting support from her teachers, perhaps not feeling able to (or not *knowing* she is able to) specifically ask for reasonable adjustments to class activities.

It could be suggested that Izuku's difficulties with expressive communication mean that she feels she is unable to verbalise her needs. She told me about asking one of her teachers for help:

> *I wanted to ask, like, 'how is this meant to be?' and stuff. But like, I didn't know how to word it. Um, so like, I just, I, I tried to ask it and then I, I would say like, 'Oh, it doesn't matter anymore' . . . I just said, 'It doesn't matter', because yeah. I couldn't think how to ask it and stuff, so... I don't know.* (Izuku, p.16)

This pattern of attempting communication and then dismissing herself is also demonstrated here through her speech pattern, with dismissive words such as 'like', 'stuff' and 'just' which suggest vagueness and imprecision. The phrase 'I don't know' is frequently strapped to the end of sentences which further minimises her words, veiling struggle behind nonchalance and ambiguity. These difficulties communicating her rights and needs suggest that she is limited in her ability to self-advocate (Test et al., 2005).

As previously explored, Ariya's barrier to self-advocacy is related to wanting to be unnoticed by peers. She has identified that "*sitting on my own if I'm in front of the teacher"* makes it *"easier to ask them questions without me having to put my hand up*" (p.3), indicating a change in her environment may reduce discomfort. Whilst the function of this is that Ariya will gain more support than if she were sat at the back of her classroom, she is reliant on the teacher 'noticing' her in order for her needs to be met. This reduces important self-advocacy skills that Ariya will need through adulthood; when there is no longer a teacher available to advocate for her she may struggle to communicate her rights and needs with others (Test et al., 2005).

Both Ariya and Izuku are reliant on teachers to suggest and implement support for them. Self-advocacy is seen as something they do not do, whether that is due to anxieties

about peers' perceptions or a lack of understanding that their voice is important, leading to feelings of learnt helplessness.

Quadrant 3: Frustration. Scooby appeared to possess the component skills and knowledge that Test et al. (2005) suggest lead to self-advocacy. However, despite sustained efforts to communicate her needs and academic desires with her teachers, Scooby told me she feels "*very misunderstood*" (p.6).

Scooby described experiences of difficulties being taken seriously at school, in that teachers minimise her difficulties and lack understanding of how they impact her. For example, she told me about experiencing symptoms of a panic attack before a lesson, and in response her teacher "*told me that I wasn't having a panic attack, she knows what one looks like, and I'm just doing it to get out of lesson*" (p.6). This experience of being dismissed and denied empathy has informed Scooby's belief that her voice does not matter and has increased her self-directed negative feelings.

During the interview, there were times that Scooby's words mirror those of adults, internally dismissing her own needs as they had. For example, when explaining her barriers to asking for help, she told me:

> *Every time I talk to them about it, it feels like I'm asking for attention, but I'm not, I'm just simply asking for help. And then I don't like the . . . feeling of me asking for attention, so like, I won't bring it up* (Scooby, p.7).

Through previous negative adult responses, Scooby has learnt that asking for support is shameful. This undermines her self-confidence and has resulted in beliefs that her views do not matter.

Scooby's negative experiences of disclosing information to adults resulted in feelings of distrust about the way that teachers advocated for her. She wrote about her feelings and

gave it to a teacher, and told me, "*I don't know what she's done with it... I don't know who's got it, and I don't know where it is*" (p.4). Her repetition of 'I don't know' suggests vulnerability and disorientation. She feels that teachers have their own narrative about her needs which dismisses her voice and paints a negative reputation. She seeks confidential support in a bid to have power over her own narrative.

Scooby has surmised that having a trusted adult advocate for her is more effective than directly advocating for herself; she feels her voice does not matter:

> *It's like, two adults communicating about something that I need. That way I feel like it'd be heard a lot more because a teacher has actually realized something and brought it up*. (Scooby, p.7).

Scooby suggests that through less self-advocacy she may be more likely to gain support, pushing her towards minimising her own voice. She feels that her voice holds no power within her school system, and therefore believes that she is not able to make change by advocating for herself (Test et al., 2005).

Scooby's belief that her voice does not matter has led her to attempt to communicate her needs through alternative methods, including through her behaviour. She told me,

> *I normally talk, I normally don't do work... Um, I'm normally rude to the teachers as well, which I don't... I get isn't nice, but it's like, it's a way to get out of the classroom. I'll do any... I'll do anything*. (Scooby, p.5)

It appears that Scooby uses her behaviour to communicate her discomfort. She understands that the function of her behaviour is to subvert classroom rules and is aware of the consequences of breaking them. Her goal is to leave the classroom, and as she knows that her wishes will likely be ignored if verbalised, she chooses to break the rules in order to achieve her desired outcome. However, whilst this method of communication appears to be effective in the short-term, it may have led adults to be unaware of the needs that are driving the

behaviour: "*they're confused on why I'm misbehaving. Like I said, I'm trying to explain to them but they won't listen*" (p.6). Scooby therefore may experience a gap between what she needs and what adults think she needs.

Scooby's experiences could be informed by bias whereby parents and teachers are less sensitive to ADHD traits displayed by females when compared to males (Meyer et al., 2020), meaning that she may be less likely to have her needs recognised and supported in a classroom setting.

Quadrant 4: Unimportance. Quadrant 4 of Figure 5 describes YP who feel unable to self-advocate, and adults who do not implement support as they are unaware of the YP's needs. Three participants could be considered to fall into this quadrant. As explored above, Scooby's experiences of trying and failing to gain support has led, at times, to her dismissing her need for support. For example, when comparing herself to other pupils with additional needs, she told me "*I'm not saying like, I deserve to be treated the same as them*" (p.4). Her use of the word 'deserve' suggests an internal locus of control; she sees being supported by teachers as a reward, which she has not earnt, whether that is because of her inherited belief that asking for support is a form of 'attention seeking' or due to her self-labelled intentional disruptive behaviour. The continued barriers to her self-advocacy have undermined her understanding of her rights; she has given up on her belief that her voice can make change and so minimises her needs.

As explored previously, Hallie described using a great deal of masking behaviour in school, which has had an impact on her access to support. When talking about how she copes with negative feelings, she said "*I cope if it's in school, but . . . I keep it in me until I get home*" (p.2). This suggests that she does not seek out support in school for negative feelings. For teachers who know Hallie, they may see her presenting as a very different YP to how she

sees herself, or how her parents see her. This may have resulted in Hallie's teachers being unaware of her needs and therefore not putting support in place.

Finally, Izuku's confusion between support and punishment could point to the 'unimportance' quadrant of Figure 5. She states, "*I'd much rather have a detention every day after school than do my homework at home*" (p.10). This suggests that she feels shame regarding her difficulties with time management and organisation. The idea of being punished every day without question is a coping strategy to hide these difficulties; for Izuku, punishment is preferrable to having to divulge her difficulties every lesson. However, Izuku goes on to say, "*I could just do it at school then, if I had a detention every day after school with the teacher*" (p.10). This suggests that what she is labelling as a 'detention' is actually supported learning and structured provision of her free time. Her labelling of this as a 'detention' may suggest that she feels she does not deserve support.

Social Support. This subtheme explores the role of peer relationships for participants. Not all of the participants had significant, positive friendships. For those who did, these friendships were considered to be the most important support in school and in some cases, their sole reason for enjoying it. Friends were described as being an important source of prompting and reduced the impact of memory difficulties. For example, Izuku's friends remind her about detentions and her timetable, and she suggested that she is better able to sustain concentration in the classroom when her friends are there to remind her if she gets distracted. Similarly, Ariya felt that her friends supported her in the classroom when she needed to ask questions, describing a preference for peer over adult support:

> *Usually like with adults and children, like, they can explain it differently. So usually when my friends explain it, like, they explain it the way that they understand. So then sometimes I understand it* (Ariya, p.2).

As previously discussed, Ariya does not like putting up her hand in class due to not wanting to be identified as being different. Having access to peer support means that she is able to ask trusted friends without drawing attention to herself.

Some participants described feeling withdrawn when separated from friends in the classroom. Ariya told me, "*I won't really talk very much and I'll just try and figure it out for myself*" (p.3). This suggests that there is a dichotomy of behaviour in class – when Ariya is with friends, she is more likely to engage with the lesson content and navigate her difficulties through seeking support. However, when seated with lesser-known peers, Ariya and other participants described presenting as withdrawn. They reported difficulties understanding class content and were less inclined to ask questions. I interpreted this to reflect a want to appear capable. Avoiding novel social situations can therefore be considered a coping strategy to mask unwanted ADHD traits.

Peer support was not just one-way. Many of the participants suggested that they enjoy posts of responsibility at school amongst their peers (e.g., handing out glue sticks, writing the school play, being a hall monitor). Izuku suggested that in maths, she helps her friends with their work. Responsibility was interpreted as an important way for the participants to gain a better understanding of their strengths and to improve their self-esteem.

In line with previous research (Rokeach & Wiener, 2020; Wiener & Daniels, 2016), Hallie and Scooby talked about having unstable friendships. Scooby explained that her friendships could be "*a bit tricky*" (p.11) suggesting that they can be intense and fluctuating. She implied that she felt responsible for problems maintaining friendships, saying, "*I don't want to be like too attached to them, but I don't want to seem too distant that they go distant*" (p.10). This suggests that Scooby views friendships as being in her control but does not feel competent in her social skills to maintain them.

Unlike Scooby, Hallie may view friendship difficulties as controlled by others. Describing how she felt when her friends laughed in response to her being bullied, Hallie said "*It feels like . . . they want to be friends with [the bullies] instead of me*" (p.3). Here, rather than Hallie expressing anger or disappointment at her friends behaviour, her discourse places power in her friends and *their* decision to continue a friendship with Hallie, rather than the reverse. Furthermore, Hallie suggests that her friendships are her one driving force for attending school, saying "*I don't like school and I'd rather stay at home. But I also like coming to school because then I get to talk to my friends*" (p.23). This suggests that Hallie is dependent and vulnerable in her friendships; while they are not described as being positive, she relies on them for her happiness in school.

Research suggests that females who have ADHD find it more difficult to develop friendships after childhood (Rokeach & Wiener, 2020). It should be noted that Hallie and Scooby, the two participants who described significant friendship issues, are also the only two who described a lack of enduring friendships from primary school.

Hallie and Scooby are also the most vulnerable of the participants. With Hallie's status as a child in care, and Scooby's experience of being the victim of abuse, their comorbidities could go some way to explain their difficulties connecting with peers irrespective of their ADHD diagnosis. While a wealth of extant research suggests that difficulties with social functioning can be attributed to ADHD traits (Biederman et al., 2006; Greene et al., 2001; Hinshaw, 2002; Owens et al., 2009; Sciberras et al., 2012), Greene et al. (2001) found that girls with ADHD and at least one other comorbid condition had greater social impairment than for girls with non-comorbid ADHD.

4.2.2 – Executive Functioning

This superordinate theme is organised into five subordinate themes: inconsistent academic abilities, impulse control, chronoception, working memory and anticipating future events.

Inconsistent academic abilities. This subtheme explores participants' experiences of changeable abilities across EF domains. Prior research suggests that females who have ADHD are significantly more impaired in areas of EF than females who do not have ADHD (Biederman & Faraone, 2004; Biederman et al., 2007; Gordon & Hinshaw, 2019; Hinshaw et al., 2007). It is thought that these EF differences result in a greater instance of educational problems (Bauermeister et al., 2007).

All participants described experiencing inconsistent abilities involving a range of skills needed for learning which can be summarised as relating to EF. For example, Scooby told me:

> *I have good days and I'm working really well, and the school's confused on how there are days, where I do no work compared to four or five pages of work*. (Scooby, p.9)

Lasky et al. (2016) found that many young adults describe their ADHD traits as varying in severity based on their environmental context. Within this context is a number of varying factors including sensory and social environments, emotions, and intrinsic motivation. For example, Ariya explained how stress and anxiety contribute to difficulties with receptive processing: "*I get anxiety and then I get the stress and then the overwhelmingness of not understanding, so then I get really confused*" (p.2). This suggests that negative emotion expedites difficulties relating to EF domains.

Impulse Control. This subtheme explores participants' experiences of controlling their behaviour, including how the need to seek sensory stimulation was described by

participants. The link between impulsive behaviour and resulting sanction is also explored, as well as participants' experiences of motivation, and how these impact on their ability to control impulses.

Participants described how environmental factors can reduce their perceived agency over impulsive behaviour, leading to difficulties with cognitive engagement. Ariya described how she finds it difficult to stay on task in highly social or loud environments, saying, "*if there's a big conversation going on, then I can just get really distracted, then end up being in the conversation*" (p.4), suggesting that she finds it difficult to resist the impulse to join in.

Participants also suggested that low-sensory classroom settings required high levels of behavioural regulation in order to remain in control of their impulses. For example, Sky told me "*I need my mind on something at all times*" (p.1), suggesting that she feels a need to stay occupied. Ariya described similar feelings:

> *I'll get really distracted because I'm not doing something at that moment in time. So like, I'm not blocking the noises out, so then I can hear them and then I get distracted trying to figure out what the hell is going on.* (Ariya, p.4)

Her need to 'figure out' what is happening may point towards hypervigilance, whereby she is constantly aware of her surroundings. This impulse to be aware of her environment may impact Ariya's ability to sustain concentration (Lane & Reynolds, 2019).

Young and Smith (2017) highlight that "classrooms are rich and stimulating environments. For a child with ADHD they are also places with a mass of distractions; for example, teachers speaking, children chatting, outside noise from sport or lawnmowers, other classes/people coming and going" (p.3). It is therefore unlikely that a typical classroom will be an ideal environment for a YP who has ADHD. The link between ADHD and sensory needs is a growing area of study (see Ghanizadeh [2011] for a systematic review).

Scooby described how a safe, low-sensory environment reduces distraction and enables her to attend to schoolwork:

> *I'm not surrounded by people or in a small classroom with loads of people in it. It's like, I have my own space... It's like, I'm not distracted by anyone else, kind of thing*" (Scooby, p.1).

Here, Scooby places emphasis on other pupils around her; environmental overstimulation alongside the need to socially conform results in an exhausting mixture of heightened environmental concern.

Impulse Control: Seeking Sensory Input. Participants used a variety of metaphors to describe an internal battle between their wish to socially conform and meaningfully engage in a lesson, and their impulse to seek out physical, social or sensory stimulation. Izuku described the discomfort that this brings in the classroom as being "*like an itch, but not an itch... Just a really annoying thing*" (p.13). This suggests an intense, all-consuming need for immediate sensory stimulation. If impulsivity is an 'itch', and stimulation is 'scratching', the cause of the irritation (the environmental circumstance) is unwanted, a metaphorical allergen, suggesting that the classroom environment is a catalyst for her impulse to seek stimulation.

Sky uses the same metaphor to describe difficulty overcoming impulse in the classroom, saying, "*when you have a scab and you really want to itch it but you can't! It's like you're trapped in a room and you can't do anything about it*" (p.3). Her emphasis on not being able to 'do anything about it' suggests a lack of agency in her ability to reduce feelings of discomfort. Similarly, Scooby's admission that she "*couldn't sit in there*" (p.2) suggests that she also feels a lack of agency over her ability to control her impulses, forcing her to want to leave the classroom.

Some participants likened being in their classrooms to feelings of being trapped and smothered. Sky described acute feelings of distress related to her impulse for sensory

stimulation when, during the Covid-19 pandemic, her school implemented ‘bubbles’ to socially-distance students: “*It felt suffocated, you know what I mean? Being in one classroom, sitting in one seat all day”* (p.6). Just as when ‘suffocated’ the body wills one to breathe, her body wills her to seek out stimulation, like a survival instinct. Ariya used a similar metaphor: “*I sometimes feel a bit trapped... because it's like, I can't leave the room until that lesson's over*” (p.17). The metaphors of an ‘itch’ suggest discomfort that comes from within, whilst being ‘trapped’ or ‘suffocated’ appears to relate to an external locus of control suggesting that social conformity and the threat of sanction forbids them to follow their impulses leading to feelings of discomfort.

When participants could not control their impulses, they sought sensory and social stimulation: “*I start talking to my friends in class, I start talking to people. Um, even talking to the teacher, I'll start picking up stuff, fidgeting*” (Sky, p.1). This acts as negative reinforcement as prior negative feelings are reduced, meaning that participants learn to repeat sensory seeking behaviour.

***Impulse Control: Sanctions*.** Extant research suggests that adolescents with ADHD are more likely than typically developing peers to have a history of exclusion (Bauermeister et al., 2007). However, when compared to boys with ADHD, girls with ADHD were less likely to break rules in school and were less disruptive in the classroom (Abikoff et al., 2002; Loyer Carbonneau et al., 2021). Despite this, all participants talked about how their teachers interpreted their impulsive behaviour and their attempts to control it as intentional disruption. Participants talked about being sent out, given detentions, being scolded in front of peers, and more extreme sanctions (e.g., Scooby was at risk of a managed move for her behaviour at the time of her interview).

A similarity between four participants' accounts is that much of their behaviour that is responded to negatively by teachers is perceived by the participants as something they feel they cannot control. Hallie describes behaviour which could be identified as immediate echolalia:

> *I'll talk when I don't know I'm talking . . . If a teacher's talking I'll say what she's saying and she'll get annoyed . . . I'll like say it really quietly . . . I only know because the teachers, that's what they tell me off for*. (Hallie, pp.5-6)

This could be an involuntary self-stimulatory behaviour or a way of processing language. She suggests that her teachers do not understand and see it as being intentional disruption.

Being sanctioned is described by participants as being outside of their control, something that is done *to* them, in an attempt to encourage them to act like neurotypical peers. Scooby describes teachers as being dismissive of her differences and inflexible (e.g., "*they say that's not okay . . . . she wouldn't ever listen*", p.2) and suggests that teachers rely on punitive measures in an attempt to control her behaviour ("*I get shouted at . . . . I get detentions . . . . I'd get suspended again*", p.2). Similarly, Hallie said that she feels teachers expect her "*to be good*" (p.21), suggesting that she feels she is expected to follow rules and behave in line with neurotypical peers.

Sky described her experience of having her lunchtime taken away due to showing disruptive behaviour in class: "*when I know that I would have isolation for lunch, I used to go to my mum, be like, I don't want to go to school*" (p.6). This is an example of how whole-school behaviour policies based on behaviourist principles of reward and sanction may have the unintended effect of prolonging the YP's discomfort, leading to more challenging behaviour including avoidance. Detentions in English schools usually involve the pupil being isolated from their peers and everyday environments, in a quiet place where they are supervised while they complete work or sit in silence (Payne, 2015). As participants

described feeling significant discomfort in low-sensory environments, this form of behaviour management could be considered to impact them in an in-equitable manner compared to their peers.

However, some participants talked about being sanctioned as being more desirable than staying in their classroom. For a YP who craves a change of environment, being sent out may provide negative reinforcement, thereby increasing the chance that behaviour which is seen as 'disruptive' will reoccur. Scooby described her experience of actively seeking this form of sanction:

> *I'll try to get sent to Time Out and then come to Learning Support instead of going to Time Out because it just... I feel like misbehaving is my only way out of it, and it's taken a huge toll on school*. (Scooby, p.6)

This suggests she has resorted to making her own decisions about what environment she seeks in order to minimise stress and learn effectively. This suggests that the 'punishment' of being sent out of class may act as both a positive and negative reinforcement. Lessons are challenging due to difficulties with impulse control, and when she cannot control her impulses her teachers send her out of the room whereby she is 'rewarded' with both the removal of the discomfort of being in class (negative reinforcement), and a change of environment to somewhere she feels safe and supported (positive reinforcement). This appears to result in motivation for intentional rule breaking.

I interpreted that four of the participants described engaging in unintentional masking (Shaw, 2021), whereby they adapted their behaviour in order to comply with teachers' expectations, whilst still reducing uncomfortable feelings caused by trying to control their impulses. Sky described adapting her impulsive behaviours so that she can avoid sanction whilst still reducing her negative feelings. She attempts to talk and fidget "*when the teacher's not looking*" (p.2) and adapts her behaviour, engaging in sensory activities that are minimally

disruptive: "*It's not like I have to be loud . . . I can colour quietly and be listening to the teacher*" (p.2). This suggests that she understands how her behaviour will be perceived by others and has adapted it in order to act in a more socially desirable manner. Similarly, Hallie told me that to satisfy the impulse to move, she will "*walk around and . . . give out the glue sticks without asking*" (p.5). Teachers are less likely to sanction her if she is perceived to be doing something helpful. Izuku also reported similar behaviour, using the excuse of going to the toilet as a socially acceptable way of excusing herself from the classroom.

Impulse Control: Motivation. Self-motivation appeared to be important for all the participants in their engagement with classroom activities, suggesting that when participants were motivated they were better able to control their impulsivity. Ariya told me, "*If it's a subject I don't like as much, I don't usually pay attention*" (p.4). Participants talked about 'pushing through' disliked lessons (e.g., "*the lessons I don't like, I don't work as hard. I'm just like, okay, I'll try to just, I'll try to write it down*", Sky, p.12) indicating that their focus is on completing tasks rather than developing an understanding of those tasks.

Some participants expressed that they experienced less motivation for subjects where rules and instructions were mandated, preferring subjects in which they could express their creativity and be self-guided in their learning. For example, Scooby told me that if teachers were "*less strict, I'd get more done . . . I'd get better GCSE grades because it doesn't feel like I'm being forced to do anything*" (p.8). Her use of the word 'forced' suggests that she feels coerced into learning through fear but wants to be led by her motivations. Hua et al. (2014) promote the use of inquiry-based learning for students with ADHD as it allows individuals to exercise creative thought, creating their own cognitive frameworks around the problem.

Similarly, Ariya described how, even for preferred subjects, she experiences reduced motivation when she is told what to do: "*I'm being requested to like, draw something that I*

don't want to draw, then I don't do it that well, because I don't want to do it" (p.19). Comparing this experience to her description of drawing in her free time, Ariya said, "*it's characters that I like . . . so obviously I'll put more effort into it*" (p.20). Participants' preference for activities that they *want*, rather than *need*, to do is contrary to current systems within primary and secondary schools. Antshel and Remer (2003) suggested that the use of a strength-based approach to teaching gives children who have ADHD purpose and ownership over their work, resulting in higher academic self-esteem.

Participants often reported feeling motivated for future engagement with activities, however, they described experiences of being unable to translate these intentions into actions. For example, Scooby, when talking about homework, said "*I'll tell myself I'll do it but I won't*" (p.9). For Izuku, this reflects a barrier to engaging in activities she enjoys:

> *I like reading books, like manga and stuff. I like reading them, but I can't because like, it just, in my head, it feels like a waste of time because there's no sound or anything. . . I want to read . . . If I do read, like, I have to have, like, music on. Maybe, like, the TV on as well. All at the same time.* (Izuku, p.28)

It appears that unless an activity is sensorially stimulating, both visually and auditorily, Izuku can become disengaged, which she seems to find frustrating as it distracts her from activities she enjoys. She equates a lack of sensory stimulation with a 'waste of time', giving an insight into her difficulties with impulse regulation. If she is not adequately stimulated, she is compelled to seek out other activities.

Participants also told me about experiences of high motivation in school. All five of the participants described that when they experience motivation for a subject, they try hard to regulate their impulses as they want to exceed the expectations of others and hold themselves to a high standard. Ariya suggested that when she has a good relationship with her teacher,

she tries harder to regulate her attention: "*I like the lesson and I like the teacher, so I concentrate more and try my best to focus*" (p.5). Sky told me that "*for English . . . if it's not neat, I'll rip the page out and start again*" (p.13). Furthermore, some participants described how their motivations drive them to succeed in related subjects at school. For example, Scooby told me of her interest in palaeontology: "*it's something I actually enjoy, something I'm interested in, something that motivated me to do well in school*" (pp.18-19). This suggests that participants do have some control over their behaviour, but intrinsic motivation is needed as a foundation for this regulation, whether this be through a love of the subject, teaching methods, or a good relationship with the teacher.

Participants described experiences of being 'hyperfocused' when engaging in motivating subjects. Hyperfocus is defined in popular media as "the experience of deep and intense concentration" (Porter, 2019). Although the idea of someone who has a diagnosis of ADHD experiencing hyperfocus may seem counterintuitive, research suggests that people who have ADHD experience more instances of hyperfocus than those without, though it is less likely to occur in social or educational situations (Groen et al., 2020). Research suggests that hyperfocus could be 'induced' to promote learning through a strength-based curriculum (Edwards, 2008).

Izuku described how hyperfocus can cause her to feel removed from her immediate surroundings: "*my mum would call me and stuff, she would keep calling... And I just wouldn't realize because I'd be so focused on the TV*" (p.26). Hyperfocus also impacts her peer relationships: "*my friends will get so annoyed because . . . I'll be, like, in my own world and stuff, like, for ages*" (p.27). This suggests that this inconsistent profile of attention causes her to withdraw and disconnect from social experiences. However, she told me that whilst these intense obsessions reoccur, they are often short-lived, saying "*I'll play Minecraft for, like, a week straight... And then I'll get bored at one point . . . I just won't want to play*" (p.27).

Izuku described that sometimes this hyperfocus can be "*really fun*" (p.28), but she also feels frustrated by her lack of agency in her ability to control her time: "*you just carry on scrolling even though in your head you're like, I should stop doing this now*" (p.28). This suggests that whilst she enjoys the feeling of being highly motivated to engage in an activity, she feels unable to regulate her behaviour.

Chronoception. This subtheme explores participants' experiences of time management. Chronoception is described as "an individual's subjective experience of event durations and the passage of time" (Zheng et al., 2022, p. 267). A recent meta-analysis conducted by Zheng et al. (2022) found that CYP who have ADHD show lower accuracy when judging the duration of time than typically developing peers.

All five participants in the current study described experiencing time inconsistently. There appears to be similarities in participants' experiences of time feeling 'quicker' when they feel motivated and are not seeking sensory stimulation. For example, Scooby described how, in a lesson she enjoys, time appears to evaporate, passing much quicker than in reality: "*time just goes by like that. It just, just disappears, really. It just disintegrates*" (p.18). In comparison, Scooby suggested that when she is not motivated, time can feel laboriously slow: "*I'm constantly checking the time... And only two minutes have gone by and it's felt like 20 minutes*" (p.18). Zheng et al. (2022) suggest that as CYP with ADHD shift their focus more frequently than other peers when searching for heightened stimulation, they attend to a greater number of stimuli in a shorter period of time, making time feel more prolonged. Difficulties with chronoception may be connected to feelings of restriction, as participants describe a slow passage of time in relation to feelings of being 'trapped' in under-stimulating environments.

Working Memory. This subtheme explores how participants' memory functioning impacted on their experiences of school. Baddeley (1992) defines working memory as "a brain system that provides temporary storage and manipulation of the information necessary for such complex cognitive tasks as language comprehension, learning, and reasoning" (p.556). All five participants suggested that they experienced difficulties comprehending language. For example, Scooby explained how she struggles to process information in class when it is given verbally: "*My brain doesn't function that way, it doesn't pick up things straight away*" (p.9). This suggests there is a delay between receiving information and being able to process and understand it. Four of the participants told me that they found it helpful when teachers broke questions down into small sections.

Scooby also told me that her inconsistent memory and understanding of class content often confuses her teachers. Again, it seems that EF skills are led by how motivated she feels: "*It's easier for me to remember stuff from things I'm interested in*" (p.17). She told me, "*I'll say I understand it and I'll understand it for some time but then it'll just go*" (p.16). This suggests that she can retain and comprehend information but it decays quickly.

Participants described difficulties settling into new environments, with homework being described as challenging by all five. Hallie and Scooby suggested that this was due to wanting to keep home and school separate, whilst Ariya, Izuku and Sky described difficulties keeping school responsibilities 'in mind' when they are in a different environment. Izuku said "*I just always forget... It's like, not in my mind*" (p.18). I interpreted these difficulties as being related to having a lack of visual school-related prompts at home. Whitaker et al. (2015) suggests that organisational cues can help people who have ADHD to mitigate difficulties caused by working memory differences.

Anticipating Future Events. This subtheme explores participants' ability to plan for the future and how difficulties with this skill impacted on their experiences of school. Participants described how their memory difficulties have an impact on their ability to anticipate future events. Ariya and Izuku described feeling that they have limited control over their ability to prepare for the school day. Izuku asked me rhetorically "*Why would I forget a textbook every lesson? Like, there's no point to that... Why would anybody want to do that?*" (p.18). Her use of rhetorical questions highlights her frustration at the lack of control she feels in her forgetfulness; forgetting her textbook is useless, annoying and without motive. Her questions feel as though they are aimed at her teachers, suggesting that they believe that her inability to think ahead is an act of willing disobedience.

Similarly, Ariya described her experience of how teachers attempt to remind her about homework:

> *The teacher starts moaning at me and like telling me I need to do it, or like they could say like, I have one more chance or they're going to give me detention . . . but then when I go home, I'll completely forget about it.* (Ariya, p.6)

Here, we can see that Ariya is aware of her responsibilities regarding homework but struggles to prompt herself when she is not directly engaged in the topic. She suggests that this lack of agency feeds into feelings of stress, saying, "*I get overwhelmed because it's the fact of I know I'm going to get detention*" (p.7). She suggests there is an inevitability in her future inability to hand in her homework, suggesting, like Izuku, a lack of agency.

Memory is not the only barrier participants spoke about regarding their anticipation of future events. Sky told me that she finds it difficult to handle flexibility when events do not go as expected:

> *I think to myself, oh, tomorrow this is going to happen and it's going to happen like this, yeah? Then if it doesn't happen in that way then I'll be disappointed about it . . . when something's gone into my mind it can't get out.* (Sky, p.21)

This suggests that she can feel fixated on outcomes and when these do not come to fruition she finds it hard to regulate her emotions.

It may be that the participants' inconsistent chronological perception is impacting their ability to plan ahead, as can be seen in Ariya's frustrations when trying to keep track of time:

> *I sometimes lose track of time and it either goes longer or it... I lose track of it and I don't know what time it is because it's basically gone past the time that was meant to do whatever I was doing.* (Ariya, p.16)

Similarly, Izuku linked difficulties with chronoception with her experience of chronic lateness:

> *I was late today [laughs] ...because, I don't know. I'd say... It just goes, like, so fast. I, I look at my phone. It's like, already 40 past? It's like, oh, I'm not even, like, half dressed.* (Izuku, p.14)

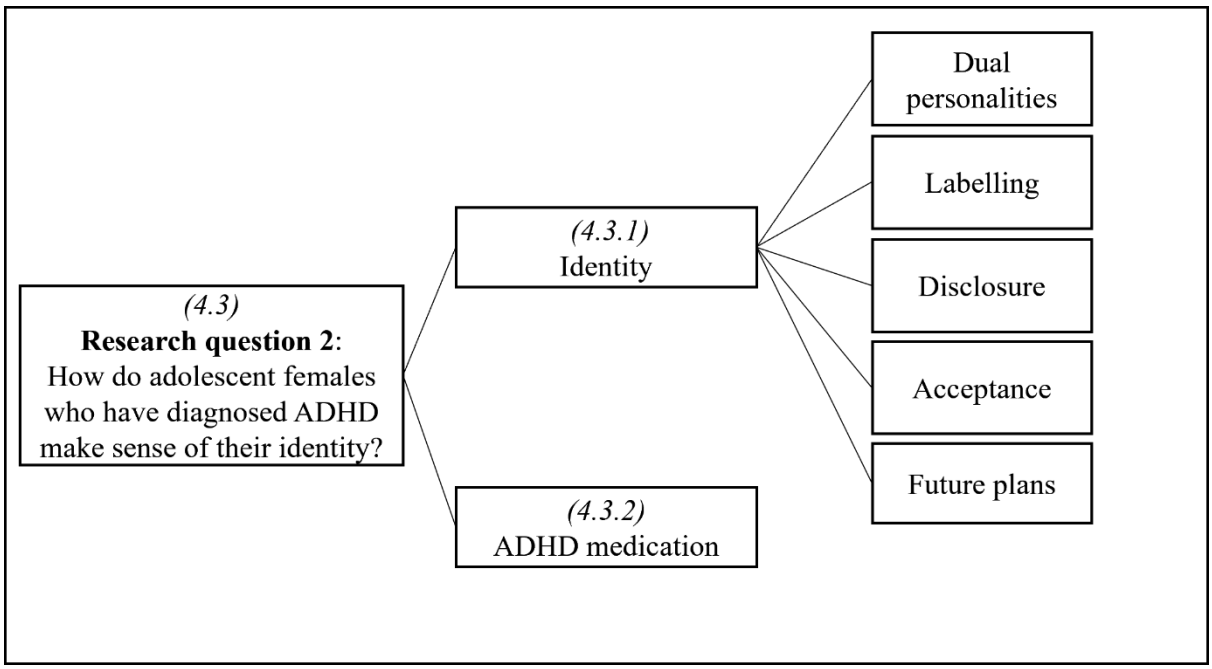
As well as laughing, Izuku shrugged her shoulders when sharing her thoughts here, suggesting a learnt helplessness; when time passes quickly, causing her to be late, she feels that it is entirely out of her control. Her use of the phrase '40 past' to describe a time on the clock rather than the more common use of '20 to (the hour)' indicates a retrospective view of time. Izuku appears to be looking back to the previous hour rather than the upcoming, suggesting an optimism for the time she has available to complete a particular task. This can

also be seen when she talks about doing her homework in the morning, optimistic in her belief that she will have time against a backdrop of self-confessed lateness. She told me, "*I don't end up doing it for some reason*" (p.15). We can therefore see that there is the intention for planning behaviour, but her understanding of chronoception results in time slipping away and with Izuku appearing disorganised.

4.3 – Research Question 2: How do Adolescent Females who have Diagnosed ADHD make Sense of their Identity?

Findings relating to this research question are presented in two superordinate themes of 'identity' and 'ADHD medication'.

Figure 3: A *thematic map showing superordinate and subordinate themes relating to how participants make sense of their identity.*



4.3.1 – Identity

This superordinate theme is organised into four subordinate themes: 'dual personalities', 'labelling', 'disclosure', 'acceptance' and 'future plans'. In line with

previously explored research by Stenner et al. (2019) and Frondelius et al. (2019), participants' ADHD diagnosis provided a way for them to understand their identity. However, across multiple themes participants presented contradicting views, whereby positive and negative aspects of the condition were presented interchangeably. A conclusion from Frondelius et al. (2019) therefore also appears to be relevant in the current research: ADHD is a complex diagnosis which brings about uniqueness and vulnerability.

Dual Personalities. This subtheme explores participants' conceptualisations of ADHD as being an additional or separate part of their personality.

Three of the participants talked about the complexities of understanding how ADHD impacts their personality. They talked as though their personality was made up of two parts: a 'true' personality, and an additional 'ADHD personality'. Sky explained this, saying:

> *Part of me is because of my ADHD, that I'm the way I am, but other than that I definitely have my own personality and my own self, and most of me is not to do with my ADHD.* (Sky, p.9)

Similarly, Ariya talked about ADHD being a separate 'part' of her but finds this distinction difficult to understand when considering who she would be without it:

> *If I didn't have it anymore, I don't know, it'd worry me because it'd be a bit weird . . . I wouldn't be like me, so I wouldn't really know who I was anymore.* (Ariya, pp.14-15)

Here, Ariya struggles with the conflicting ideas that her ADHD is separate to her personality and could in theory be removed, and the feeling that her personality is intertwined with ADHD traits, suggesting that she would become unrecognisable if those traits were lost. I interpreted that seeing her personality as split may be informed by the labelling of ADHD as a 'disorder', something that can (and should) be remediated, leaving a person 'healed'.

However, Ariya rejects this idea and, reconciling the conflicting concepts of a true-self separate from an ADHD-self, she concludes:

> *I prefer having it than me not having it... Because I don't know what I'd be like if I didn't have it whereas I know what I am when I have it and I'm okay with that.* (Ariya, p.15)

Scooby talked about how her 'ADHD personality' is displayed externally through immature behaviour. Her mum and friends have suggested that "*ADHD mixed with Autism makes me childish*" (p.19), suggesting that her comorbid neurodevelopmental conditions 'make' her behave in particular ways. Conversely, Scooby says "*I just felt I was just childish anyway*" (p.18), suggesting that her sense of self would be the same regardless of how it is labelled. Both Ariya and Scooby described how this dichotomous personality was linked with their medication, reporting that when medicated they are considered 'mature', and when not medicated they are thought of as 'childish'. Personality differences in response to medication has also been reported in previous research (Travell & Visser, 2006).

Labelling. This subtheme explores participants' conceptualisation of ADHD as a descriptive term. Participants broadly considered having their traits labelled as 'ADHD' a positive. Existing research from Shaw (2021) suggests the ADHD diagnosis helped YP to make sense of challenges. Sky told me:

> *It is helpful because then I don't stress myself that… Oh, because it's my ADHD let me just get a colouring book or something, it's my ADHD that's distracting me, I need to calm down, relax, whatever*. (Sky, p.9)

It seems then that recognising behaviour associated with ADHD traits as separate from herself helps to reduce feelings of accountability and offers a welcomed explanation for such behaviour. Through labelling unwanted behaviour, Sky can independently make use of techniques she finds helpful in reducing unwanted ADHD traits, which helps her to feel more in control.

Another positive of the diagnostic label was that participants felt that it helped them to explain their traits to other people. Ariya conveyed positive feelings about ADHD as a 'label', saying:

> *I don't necessarily use it as an excuse, but like, it's an easier way to explain why I don't understand it . . . It explains why I don't always understand things that like, my friends who don't have [ADHD] do understand.* (Ariya, pp.13-14)

Ariya talks here about using the diagnostic label as a shortcut to explain her difficulties, not just for other people, but also for herself. In labelling her difficulties as being a separate entity to her 'true' self, she protects her self-esteem.

Ariya's wish not to be seen to use ADHD as an 'excuse' is similar to Sky's want not to be judged purely by her diagnosis. She suggested that for teachers to properly support her they had to look further than her diagnosis: "*they can't just say, 'oh, she has ADHD', they need to go more into it, talk to the person and get their feelings out and what they're thinking*" (p.23). This suggests that Sky wants to be listened to as an advocate for her own difficulties and does not want her label to define her.

Disclosure. This subtheme explores participants' experiences of talking to others about their ADHD diagnosis. In line with research by Frondelius et al. (2019), most participants in the current study were guarded in who they disclosed their ADHD diagnosis to, for fear of being socially excluded. Sky was the exception to this, saying that her peers see her behavioural differences, particularly when she uses coping methods, and see how teachers are flexible in how they respond to her behaviour. Sky says that her peers are "*intrigued*" (p.5), asking her questions like "*why have you got that [fidget toy]?"* (p.5). She suggests that she is happy to explain her ADHD to peers if they ask, though acknowledges that "*most of my friends don't need to know*" (p.5), suggesting that she wants to have control over who is told about her diagnosis.

Sky describes feeling annoyed when she has to disclose her ADHD diagnosis to new people, as "*They're not going to understand it as much as I will, because I have it, so I understand it, I feel it*" (p.4). Here, she suggests that to fully understand how ADHD impacts her, others would need to experience life from her perspective. Her annoyance may refer to trying to describe her feelings through language, which results in a reduced summary of how and why ADHD impacts her. Sky's observation that neurodevelopmental conditions are difficult to understand with no first-hand experience brings to mind the social model of disability, and in particular, the aforementioned concept, "nothing about us, without us" (Charlton, 2000).

Acceptance. This subtheme explores how participants' views about their diagnosis of ADHD has changed over time. In line with extant research, participants described a changing understanding of how ADHD impacts them (Shaw, 2021). For example, Hallie said that when she received her diagnosis, "*I was a bit upset to start because I thought I would get treated differently*" (p.1). Hallie's initial understanding of the diagnosis appears to have been grounded in concerns of difference and how it might affect her peer relationships. Sky suggested that over time she has been better able to manage her unwanted ADHD traits. She told me that, whilst she did have significant problems with social interaction, homework and general school discipline, all of which discouraged her from attending school, she now feels that these things have improved.

Similarly, Ariya described how her perception of ADHD had changed since receiving her diagnosis:

> *At first when I was diagnosed with it I got a bit worried... Um and a little bit upset because like, I didn't know what it was and I wasn't a hundred percent sure if it would affect me [even more]. Um, where... Now that I know it doesn't and I've already like... I take the meds and everything, and I know that they help and like, I've already had time to accept it*. (Ariya, p.14)

Here, Ariya suggests that having time to learn about the condition has been key in helping her understand and accept her ADHD diagnosis. When she says 'it doesn't [affect me]' she may be referring to the idea that the diagnosis itself did not change who she was, it was just a 'label' which helped her to explain traits that she already had. She speaks about her medication positively, suggesting that this has been a support in improving how her traits impact her in school. Findings from Shaw (2021) suggest that reconceptualising ADHD so that it does not equate to stupidity or low intelligence is an important change for participants in the acceptance of their diagnosis.

Hallie and Ariya's experiences of coming to terms with ADHD over time are in line with research from Stenner et al. (2019), which suggests that after diagnosis, adult women with the condition reconceptualised the term from one which has negative connotations to a more positive, personal lens through which to understand their differences.

Future plans. This subtheme explores how participants talked about their futures with ADHD. Three of the participants talked about their futures. Sky expressed concerns that her ADHD-related classroom difficulties will impact her future career prospects. She asked me:

> *How's it now having ADHD when you're older? Do you, like, still get to do what you want? And, like, get jobs how you want to and stuff like that? Does it ever impact on what you're doing?* (Sky, p.8)

I interpreted that this suggests that whilst harbouring concerns about her future, Sky feels she has no one to turn to for advice, potentially indicating both a sense that neurotypical peers and adults may not understand her diagnosis adequately enough to discuss this subject, and a lack of role models who have ADHD in varied professions.

Research by Stenner et al. (2019) considered how the ADHD diagnosis enabled participants to achieve a positive future based around a greater understanding of their strengths. Similarly, Sky is starting to form ideas about her future based on her motivations. She told me that she is "*good at working with children*" (p.16) and would like to be a teacher. Whilst ADHD is a consideration in this aim, she says "*I don't think it'd be too bad with ADHD*" (p.8).

4.3.2 – ADHD Medication

This superordinate theme explores two participants' experiences of taking stimulant medication in school as a medical intervention for ADHD. Ariya and Scooby were the only participants who had experiences of taking ADHD medication in school. While both reported that it somewhat enabled them to engage in school activities, their experiences of 'positive affect' regarding the medication were contrasting.

Ariya's experience of medication is in line with research from Faraone et al. (2021) which suggests that it can be useful in reducing unwanted ADHD traits. Ariya uses the metaphor of a "*puzzle*" (p.8) to describe her experience of ADHD medication: "*when I'm not on it, like all the pieces are jumbled up*" (p.8). Just as one initially looks for signs of shapes, edges, corners and colours, her experience of not being on medication is similar to searching for meaning, while struggling to see the bigger picture. If one were to pick up multiple pieces in turn, you might see part of an image, some text, an inward connector, but one would be unaware of what these 'connect' to, moving on to the next piece while attempting to seek understanding. She continues: "*when I'm on my medication . . . it puts all the pieces together*" (p.8). This suggests that medication makes her feel ordered and controlled; there is a 'correct solution' for her 'jumbled' mind and the medication enables this to emerge. With the medication she can understand how things 'fit together' and her cognition is less fragmented than without.

There are a number of push and pull factors which motivate and inhibit Scooby in taking ADHD medication at school. Scooby told me that the medication helps her concentrate, feel motivated and means that she can feel more comfortable in lessons. However, alongside these positives, Scooby also described the negative impact that her medication has. Despite requiring consistent use in order to function optimally, Scooby reports that she's "*constantly forgetting*" (p.14) to take her medication, possibly as a result of working memory difficulties. The knock-on effect of this, is that she often finds herself in the unpleasant process of acclimatising her body to the medication: "*I feel horrible and I feel sick . . . I'm not motivated to do anything*" (p.13). She says that her teachers "*don't realize*" (p.13) these side effects impact her in the classroom and it "*take[s] a toll on school*" (p.13).

Extant research, such as that by Storebø et al. (2018) highlights the impact that medication side effects can have on CYP, concluding that these side effects often lead to

withdrawal from pharmacological treatment. Indeed, Scooby's cessation of medication appears to be due to inappropriate management, rather than a lack of positive outcomes from the treatment, in line with research from McCarthy et al. (2009). Scooby told me that when she has not taken her medication:

> *I just tell myself I'm going to have a bad day. Because it would... It would annoy me that I haven't taken it and then be mad at myself, which would make me mad at other people. And then... Just... I'd misbehave.* (Scooby, p.14)

This suggests that she gives up when she has not taken her medication, resulting in feelings of being out of control. She displaces these feelings onto others through dysregulated behaviour.

Scooby was diagnosed at a young age and took medication throughout primary school with the support of an adult. As a teenager, Scooby is in a grey area of having had this intensive support removed, being expected to manage her medication independently and yet still having her mother feel some accountability for her taking it. She told me, "*My Mum would be like 'Take your meds!' . . . [she would] force it on me and I wouldn't like it*" (p.14). This idea of ADHD medication being 'forced' suggests that Scooby may see it as a tool for control and therefore rallies against it in a bid to assert herself; it is something that she has personal agency over as a rejection of adult control.

Similarly, Ariya also talks about medication using discourse which suggests adults use it as a tool for control. Talking about her mother, Ariya said, "*usually she makes me take it if I'm like not in the house... Um, but if I'm at home, I get a break from it*" (p.8). The phrase 'she makes me' suggests that taking her medication is not a choice that Ariya has control over, whilst 'I get a break' suggests that being off medication is desirable.

Scooby was the only participant who reflected on the role of medication in her future. A common view amongst the general public is that ADHD medication is a key component of academic success for those with a diagnosis, a view to which Scooby appears to subscribe and which causes her anxiety about her future. Research by Travell and Visser (2006) suggests that the biological explanation of ADHD may mean that participants experience a reduction in self-efficacy and power to determine their own future. Scooby believes that to be successful she 'needs' to take medication, suggesting that without it she would not achieve what she would like to. Her intention is to be motivated to take her medication now as she feels this will have a knock-on effect in her future, but currently she feels that this is out of her control.

4.4 – Chapter Summary

This chapter provided descriptions and interpretations of the school experiences of five adolescent females who have diagnosed ADHD. Findings relating to the two research questions were addressed, exploring superordinate themes of accessing support, EF, identity and ADHD medication. Direct quotes were used to privilege the voice of the participant and capture the nature of each participant's account. This chapter also included a discussion of extant research which, in line with the hermeneutic process used in this research, extends the findings from the literature review to link emerging themes to prior findings.

Chapter 5 – Conclusion

This chapter includes a summary of the research findings, a critical evaluation of the research and suggestions for future research. A description of the implications for adults who support adolescent females who have diagnosed ADHD are stipulated in Table 7.

5.1 – Summary of Research Findings and Original Contribution to Research Area

This small-scale study concludes that the experiences of adolescent females with ADHD are complex and often contradictory, whilst featuring some similar themes. Participants taking part in this study described experiences of using coping strategies to mask their difficulties in order to fit in with their peers and avoid unwanted attention from adults, such as sanction. Their experiences of self-advocacy and support (from adults and peers) varied to quite some extent. Participants who felt more able to self-advocate and received more suitable and effective support in response reported better student-teacher relationships. However, participants capable of self-advocacy who did not receive effective support reported feelings of frustration and unimportance. Participants who felt unable to self-advocate reported elevated feelings of difference to others, and helplessness regarding their diagnosis.

Their contradicting discourse may stem from experiencing inconsistent abilities involving a range of skills needed for learning which can be summarised as relating to EF. Environmental factors appeared to reduce their perceived agency over impulsive behaviour, leading to difficulties with cognitive engagement. Low-sensory environments were reported to cause greater instances of sensory-seeking behaviour, which was often perceived as disruptive by teachers.

As well as differences, there were also similarities in the participants' experiences. Metaphors of significant bodily discomfort were used to describe their feelings when in

under-stimulating classroom environments, where seeking stimulation felt ‘like an itch’ that could not be scratched due to a lack of agency. Participants reported feeling ‘trapped’ and ‘suffocated’. To cope with these feelings, participants sought sensory experiences, which were often met with a lack of understanding from adults whose role was to support them, meaning that their ADHD-related behaviours were often punished. Ultimately, this appears to have reinforced participants’ masking behaviour and reduced their opportunities to ask for support, as participants felt that they were expected to behave like their neurotypical peers. Whole-school behaviour policies based on behaviourist principles of reward and sanction to shape behaviour may have the function of prolonging the YP’s discomfort, leading to more challenging behaviour including avoidance.

Participants reported that they were occasionally able to consciously suppress unwanted ADHD traits, whereby they adapted their behaviour in order to comply with teachers’ expectations, whilst still reducing uncomfortable feelings caused by trying to control their impulses, though this ability was inconsistent. Intrinsic motivation appears to be an important factor for participants’ ability to engage in classroom activities, reporting that when they felt motivated, they were better able to control their impulsive behaviours. Participants’ preference for activities that they *want*, rather than *need*, to do is contrary to current systems within English secondary schools.

EF skills such as memory, processing and planning behaviour were still a difficulty, even when participants were well-supported and motivated in school. There were similarities in participants’ experiences of time feeling ‘quicker’ when they feel motivated. Difficulties with chronoception may be connected to feelings of restriction, as participants described a perceived slow passage of time in relation to feelings of being ‘trapped’ in under-stimulating environments.

Participants all suggested that their diagnosis of ADHD impacted their identity, often reporting the perception of an 'ADHD personality' which sits alongside and is entangled with their 'true' personality. They broadly considered having their traits labelled as 'ADHD' as a positive as this helped them to understand and explain their own behaviour, as well as helped them to explain their behaviour to others. However, most participants also viewed their ADHD as a potential cause for social exclusion, and so were guarded about who they disclosed their diagnosis to. For several participants, time and learning about the condition have been key in their acceptance of having ADHD.

Participants spoke positively about the cognitive benefits of medication, though one participant found the associated side effects difficult to cope with and had trouble independently managing her medication.

This study was the first to take an in-depth look at the experiences of adolescent females with a diagnosis of ADHD in English schools. Previous studies in this field have explored the experiences of male-dominated samples and research is often placed in clinical settings and is grounded in objectivism. There is a lack of research in this area that explores participant voice. This research aligns with my theoretical positioning, prioritising individual experiences over making generalised claims.

It is important to note that there is prior research which overlaps to some extent with the current study. Such studies explore the narratives of adult women with an ADHD diagnosis (Stenner et al., 2019), adolescents' school experiences of ADHD (Wiener & Daniels, 2016), and adolescents' experiences of their identity after receiving an ADHD diagnosis (Frondelius et al., 2019). However, the current study is the first research, to my knowledge, that has used IPA and a female-only sample to explore experiences of both school and identity, acknowledging that both areas are not mutually exclusive.

While I set out to apply feminist theory and constructionism within this research, taking a 'pure' social model approach where ADHD is created by society is reductionist in explaining the difficulties that the participants in this research experienced at school. The labelling of 'ADHD' as a socially constructed label to indicate 'other-ness' and 'disability' impacted how peers and teachers interact with the participants, and how participants felt about themselves. This suggests that, in line with the social model of disability, school attitudes and organisational ethos act as a barrier to the participants' academic and psychological well-being. However, in line with previously explored ideas from Shakespeare and Watson (2001), participants' difficulties could also be attributed to internal cognition. Sky's experiences suggest that even when environmental changes are put in place, she still encounters the underlying impairment of ADHD (which can loosely be attributed to EF). Therefore I conclude that adolescent females who have ADHD are disadvantaged by *both* social barriers *and* cognitive impairment.

5.2 – Implications for Adults who Support Adolescent Females with ADHD in Schools

While the NICE guidelines (2018) go some way to detail pharmacological interventions for ADHD support, there is a lack of specific guidance regarding how schools and specialist services (such as EPs) can support adolescent females with ADHD using non-pharmacological methods. Legislation defines ADHD under the umbrella of SEND, which should be supported within schools (The Equality Act, 2010; SEND code of practice: 0 to 25 years, 2015). Considering teachers' reported lack of confidence in their understanding of ADHD, and their want for additional training (Moldavsky & Sayal, 2013; Ward et al., 2021), Table 7 shows a list of suggested provision. It is hoped that this information can be used for school staff, EPs and other relevant professionals when planning support or training. Comorbidity and other identities (e.g., cultural factors) should also be considered when planning provision.

Table 7: A *suggested list of provision to support training and intervention planning for adolescent females who have ADHD.*

Recommendations for content of awareness training	Recommendations for provision
General recommendations	

• Staff who work with pupils who have ADHD should be trained in the topic of ADHD by a responsible provider. Staff should challenge misinformation about ADHD where possible and promote knowledge based on accurate sources of information.	• The pupil should have an individualised ADHD plan in school which is co-constructed with the pupil, her parents/carers, teachers, and (where applicable) healthcare professionals and specialist services. This plan should include details of:
	  ○ Behavioural interventions
	  ○ Alternative learning strategies
	  ○ Alternative exam arrangements
	  ○ Classroom management strategies
	  ○ Medication plan (if applicable)
	  ○ Social support interventions
	  ○ Wellbeing interventions
	• This plan should be shared in accordance with the pupil's wishes.
	• This plan should be reviewed at regular intervals in collaboration with the pupil and her parents. During these review meetings, the pupil's progression should be celebrated and the plan should be updated in line with her changing needs.

Accessing support	
• Pupils may adapt their behaviour to hide ADHD-related discomfort in the classroom. This might be intentional or unintentional.	• Systemically, teachers should seek to normalise neurodivergence. For example, through exemplar adult role models from varied professions, creating a school ethos grounded in appreciation of individual difference. Increasing gender equality and decreasing stereotypes of females across the school may result in the pupil being less inclined to mask her ADHD traits.

• 'Masking' behaviour may prevent teachers knowing the full extent of ADHD-related difficulties.
• Pupils may display distressed behaviour at home which is not seen at school.
• Pupils may not feel able to self-advocate which may reduce their ability to ask for help in the classroom.
	• Foster positive home-school relationships with the pupil's parents/carers and involve them (and the pupil) in conversations about supporting their daughter's needs.
	• Develop the pupil's skills in self-advocacy through:
	  ○ Fostering supportive staff-pupil relationships.
	  ○ Psychoeducating the pupil about her ADHD using information from accurate sources.
	  ○ Providing the pupil with information about what support is available for her in school.
	  ○ Develop the pupil's communication skills. For example, though social skills training or curriculum-based activities requiring verbal feedback.
	  ○ Create opportunities for the pupil to self-advocate. For example, provide regular opportunities in the classroom for her to express her opinions, or through providing a 1:1 mentor for brief weekly 'check-ins' whereby the pupil can talk about her experiences in school.
	  ○ Develop the pupil's leadership skills through roles of responsibility. For example, encouraging her to be on the school council or making her a prefect or a peer-mentor for a younger pupil.
	  ○ Provide the pupil with opportunities to communicate her thoughts and feelings with trusted adults in a variety of different ways. For example, through use of a traffic light system so that she can easily express her understanding of class content with her teacher, or encorage her to write down her thoughts and feelings to be shared with a trusted adult.

Social support	
• Pupils may appear to have dual personalities. For example, they may present as very quiet in the classroom but very chatty when they are with their friends.	• Teachers should create opportunities for the pupil to access peer support in the classroom. Think carefully about seating plans and speak with the pupil to determine if she would like to sit apart from her friends (to minimise distraction) or with her friends (so she can reach out for help). • Provide opportunities for the pupil to develop and maintain friendships with her peers. This may include structured social time or social skill interventions.

• Pupils highly value friendships and want to develop and maintain positive friendships with their peers. • Pupils may be vulnerable to bullying because of perceived differences from peers.	• Systemically, foster a school ethos grounded in appreciation of individual difference. For example, provide all pupils with examples of neurodivergent people to normalise neurodevelopmental difference.
Executive function	

• Staff should be aware of the emerging evidence regarding the impact of sensory hypo- and hypersensitivity for pupils who have ADHD and the implications of these needs in the classroom.
• Pupils' impulsive behaviour may be rooted in a need to seek sensory input.
• Pupils may 'mask' impulsive behaviour in order to avoid sanctions, but the drive to seek sensory stimulation may cause pupils great discomfort.
• Pupils may not feel able to control impulsive behaviour; it should not be labelled as a 'choice' or 'attention-seeking' by adults.
	• Encourage the pupil to use sensory activities to adapt her impulsive behaviours into minimally disruptive activities so as not to disturb her peers. For example, colouring or fidget toys.
	• Staff should plan multi-sensory, engaging lessons for all pupils so as to maximise motivation and engagement.
	• The pupil should be offered movement breaks, particularly during longer classes.
	• Teachers should regularly prompt the pupil during classroom activities, to check understanding and to encourage her to stay on-task. Activities such as sentence starters should be available as a form of differentiation for support the pupil's processing difficulties.
	• Allow the pupil to have agency over the environment she learns in. For example, she may wish to learn in the classroom for part of the lesson (e.g., for teacher-directed or discussion aspects of learning) and then she may wish to move to the school library to complete independent work.
	• Behaviour policies should be carefully considered as it may not be logical or appropriate to punish the pupil for behaviours she feels she has no control over. Some alternatives to punitive sanctions include:
	  ○ Psychoeducation for the pupil about her ADHD.
	  ○ Foster supportive pupil-teacher relationships.

	○ Allow the pupil to have agency over her access to sensory objects/activities within the classroom.
Metacognition	
• Pupils may be better able to control impulsive behaviour and attend to classroom activities when they are motivated. • Pupils may have low academic self-esteem. • Pupils may show an inconsistent ability to concentrate – attending intensely for long periods of time on preferred activities. • Pupils may struggle to keep track of time. • Pupils may find transitions between tasks and environments difficult. • Pupils may find remembering information difficult due to working memory differences, this may disadvantage them in examinations which require the retention of information.	• The use of strengths- or inquiry-based learning could be used to develop the pupil's motivation for learning and promote higher academic self-esteem. • Teachers should provide the pupil with specific, positive feedback to highlight areas of strength in her academic work. • Positive relationships with class teachers could increase the pupil's motivation to engage in classroom activities. • Encourage the pupil to use timers to help with her difficulties with chronoception. For example, the pomodoro method could be used for tasks in the classroom whereby the pupil works on an activity for 20 minutes and then has a short break before engaging with the next 20 minutes of work. Encouraging the pupil to predict how much time she will need for a given time may help her to develop skills in planning ahead. • Encourage the pupil to use visual timetables and 'to do' lists to help her to organise her priorities and understand how to structure her time. • Staff should support the pupil to plan when and where homework/revision would be best completed. For example, she may find it helpful to attend a 'homework club' after school or during a break time so that she does not need to 'keep school in mind' when at home. • Staff should support the pupil to use a homework diary and should enforce accountability through clear expectations and logical punishment where homework is not completed. • Any homework given to the pupil should be clearly justified as to how it will help the pupil to progress in that subject area. Differentiated homework tasks could be agreed in collaboration with the pupil. For example, a blanket agreement that she is allowed to use enquiry-based learning to explore the subject in question online and feedback either verbally or in a bullet-pointed list of what she has learnt.

	• All pupils should be explicitly taught effective revision methods, particularly regarding the importance of 'active revision' using multisensory methods. The pupil's revision schedule could be planned with the help of a trusted adult and should be checked regularly to increase her accountability.
Identity	
• Pupils may find it difficult to understand how ADHD impacts their identity. • Pupils may communicate wishes not to have ADHD or downplay the impact of their ADHD through masking.	• Key adults could have a role in helping the pupil to learn more about her ADHD diagnosis and she should be signposted to reliable sources of information. • Schools should work in collaboration with parents/carers and health care professionals where possible to ensure that the pupil receives consistent messaging about her diagnosis of ADHD. • Schools should take a stance of acceptance if a pupil is finding it difficult to accept their diagnosis of ADHD. There is nothing inherently wrong with the pupil wanting to fit in with peers. Pupils should be supported to represent their identity as they wish. • Staff should handle information about the pupil's diagnosis in line with the pupil's wishes.
Disclosure	
• Pupils may not wish to disclose their ADHD diagnosis to everyone. • Pupils may find it difficult to navigate when it is advantageous to disclose their ADHD diagnosis. • Teachers should be respectful in how they speak about pupils' needs	• Provide the pupil with a consistent, reliable key adult who meets with her regularly for emotional support, and who advocates for the pupil where needed. • Ask the pupil about how she would like information about her diagnosis to be shared. For example, she may like it to be noted on the register, she may like to speak to her teachers about it herself, or she may like a trusted adult to speak to her teachers for her. • The pupil could co-construct a short letter or one-page profile outlining her diagnosis and classroom/behaviour management adjustments, which can be shared with her teachers. The pupil may wish to distribute copies of this document with staff of her choosing so that she has agency over what is being communicated about her ADHD-related differences and who this information is being shared with.

ADHD Medication

Provision in this section may not be applicable for all pupils, as the choice to take medication for ADHD is based in individual context. Any decisions pupils make regarding medication (whether that is to explore medication as an option or not) should be respected by school staff. Staff should be aware that any communicated opinions about the use of ADHD medication is likely to be taken as reliable by parents/carers and pupils, due to their position of responsibility. It is important therefore for school staff and specialist services to work within their scope of practice.

- Pupils may present their identity differently if they take stimulant medication.
- Pupils may find it difficult to manage their ADHD medication independently.
- School staff should have an understanding of the side effects of ADHD medication and how this can impact pupils' psychological and social functioning.
- Staff should ensure that any information about ADHD medication they communicate with the pupil, or her parents/carers is based on accurate sources of information. This is so that myths about pharmacological treatment does not bias the pupil's choices about the suitability of this medication.
- Staff should seek to collaboratively work with healthcare professionals to ensure that if the pupil has any worries or questions that relate to the use of ADHD medication, these are signposted to relevant medical professionals.
- Demands on the pupil outside of school time should be carefully considered, taking into account the impact of her medication on her ability to concentrate. For example, if the pupil takes slow-release tablets, will these still be effective after school hours and do parents/carers report a 'dip' in their ability to concentrate after a certain time? Schools could seek recommendations from healthcare professions for reliable guidance regarding the profile of individual medications.
- The pupil's ADHD plan should include information about her medication. For example, this may include information regarding who is responsible for ensuring medication is taken, when medication is taken, where medication is taken, how long the medication lasts for and whether there are any unwanted effects of the medication which could be remediated through reasonable adjustments at school. For example, if the medication supresses the pupil's appetite, it may be appropriate for school staff to prompt the pupil to eat during break and lunchtimes.

Future plans	
• Pupils may see their future as being ‘limited’ by their diagnosis of ADHD.	• The pupil should have access to individualised careers advice which should be informed by her strengths. • The pupils should have access to neurodivergent role models from a variety of professions.

5.3 – Critical Evaluation of the Research

This study adds to the limited research base regarding the school experiences of adolescent females who have ADHD. Through focusing on this population, this research provides new perspectives for professionals who work with those with the condition. It also adds to research which is not affiliated with the pharmaceutical industry, offering an alternative perspective free from financial bias.

Having a female-only participant group is unusual in ADHD research and will serve to encourage others to pursue similar target populations of under-represented groups. This research has given the participants a platform from which to explain their experiences and advocate for themselves.

My status as an insider researcher may have led to bias based on my own experiences of having a diagnosis of ADHD. However, Dwyer (2009) suggests that being an insider researcher can bring positives as it brings a deep understanding of the topic. Participants may have spoken to me about things that they would not have if I had been a non-insider researcher. It also may have led to a quicker building of rapport with the participants.

I had planned to return to participants to check whether they felt my interpretations of their experiences were reflective of how they felt. However, having learnt more about the IPA methodology during this project, I soon realised that whilst the intentions of having the participants ‘check’ my interpretations was in line with the theme of advocacy that runs through this research, this involvement would undermine the interpretivist principles of IPA. In addition to this, some participants’ experiences of school were sensitive, covering topics such as mental health, bullying and low self-esteem. I felt that giving participants this information without a plan for support may be damaging. After discussing this with my supervisor, I sent participants a summary of the overall study findings after the research was

fully completed as an alternative. I encouraged them to seek support from their teachers and parents and urged them to contact me if needed (Appendix P).

A major challenge which arose from the methods employed in this research was the use of unstructured interviews. After my pilot interview with Izuku, I realised that fully unstructured interviews may not be accessible for this group due to ADHD-related working memory and processing difficulties. I decided to implement the use of two sets of cards, which I encouraged participants to use as prompts where needed. Whilst efforts were made to reduce the impact of these cards on leading the participants' responses, it could be argued that the interviews described in this study could have been manipulated by their presence.

Finally, the unstructured interviews may also have resulted in more information being shared about comorbid conditions, which could have impacted the validity of this study's conclusions. However, comorbidity is very common for females with ADHD and therefore it could be argued that comorbidity is an important area to explore within this population. This study sought to explore the participants' individual experiences of ADHD, and no attempts were made to generalise the findings to all females with the condition. Without acknowledging the complexity that is related to participants' comorbidities, this study would not have adequately conveyed their experiences.

5.4 – Future Research

While demographic information regarding the participants' cultural identity was not formally sought as part of this study, the sample of participants did represent some cultural diversity. Despite this, participants did not explicitly explore the impact of cultural differences on identity and school experiences in their interviews. Slobodin and Masalha (2020) suggest that there are cultural disparities in ADHD care, and attitudes towards culture, race and language may bias how YP are supported. Furthermore, the roles and expectations

of females differ cross-culturally, as do the ways in which they are educated and the expectations for their behaviour. Different environmental circumstances for these differing groups may mediate the experiences of females with ADHD which warrants further exploration in future research.

There appears to be a lack of research exploring teacher's views of ADHD in adolescent girls. Recent research from Ward et al. (2021) suggested that primary school teachers felt under-equipped to support children who had ADHD. Extending this area of study to specifically explore teacher's views of females with ADHD, and an older demographic to include secondary school or sixth form college staff would be useful for EPs and other specialist services in planning ADHD awareness training.

Another area of potential study may be regarding how social media is changing popular perceptions of ADHD and raising awareness of the condition across all genders. Recent research from Yeung et al. (2022) found that ADHD is one of the most popular health topics on TikTok, however 52% of videos on the subject were classed as containing 'misleading' information, the implications of this on YP with, and without, the condition is concerning. Anecdotally, when I have spoken with colleagues about my interest in the topic of ADHD, I have regularly had to clarify and reframe misleading information about the condition to both EPs and school staff, suggesting that myths about the condition are seeping into professional, as well as public, discourse. Foulkes (2021) suggests that there is a gap between public *awareness* and public *understanding* of mental health conditions. Exploration into how changing public awareness of ADHD impacts YP's identity and experiences may be an area of importance in future years, to inform schools and health services of the potential implications of this discourse.

5.5 – Concluding Comments

To summarise, this small-scale research study has added to the paucity of research exploring the lived experiences of adolescent females who have ADHD. The significance and meaning of participants' experiences was explored using IPA to offer insight into the worlds of five participants. It was found that there were several common themes across participants' individual experiences which suggested that ADHD-related experiences were associated with both social construction of the diagnosis and internal cognitive impairment of executive functioning skills. It was found that these experiences had implications for participants' self-esteem and identity formation. This study is an original contribution to this area and implications for provision for adolescent females who have ADHD have been recommended.

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Appendices

Appendix A: *Table showing the background and motives of five frequently used references featured in the literature review.*

Author	Background	Motives
Dr Patricia Quinn	**Place of work**: Washington D.C., USA. **Role**: Developmental paediatrician, **Specialism**: Teenage girls with ADHD. **Affiliations**: consultant at a pharmaceutical company who develop medication for ADHD. **Other**: Has a diagnosis of ADHD, as does three of her children.	**Medical background**: interested in positivism and the medical model. **Pro-medication**: believes that unwanted ADHD traits can/should be managed through medication.
Professor Nancy Nussbaum	**Place of work**: The University of Texas at Austin, USA. **Role**: Paediatric Neuropsychologist and associate professor in Neuropsychology. **Specialism**: Children with epilepsy.	**Medical background**: interested in positivism and the medical model. **Biogenetics**: applies the ontology used for her research in epilepsy to ADHD. She assumes that the two subjects can be explored in the same manner.
Professor Paul Stenner	**Place of work**: The Open University, UK. **Role**: Chair in Social Psychology **Specialism**: Transdisciplinary psychosocial approaches	**Contextual emphasis**: believes that it is important to view psychological processes in historical and cultural contexts.
Dr Iwona Andersson Frondelius	**Place of work**: Department of Child and Adolescent Medicine, Angered Hospital, Sweden. **Role**: Child Psychologist **Specialism**: assessment and treatment of CYP with ADHD	**Assessment**: interested in the diagnostic process due to her clinical role. It is suggested that this experience increased sensitivity to the phenomenon, though it may have impacted the manner in which the researcher spoke to the participants.
Professor Judith Wiener	**Place of work**: Human Development and Applied Psychology Department at OISE/University of Toronto, Canada. **Role**: professor in 'psychological assessment, prevention and consultation' and 'psychology and	**The ripple effect of ADHD**: Wiener is interested in how ADHD impacts the self-concept, relationships and MH of CYP. She believes that the 'ripple' does not just project out from the CYP, but also projects inwards, whereby parents, peers and teachers play a role in how CYP with ADHD function.

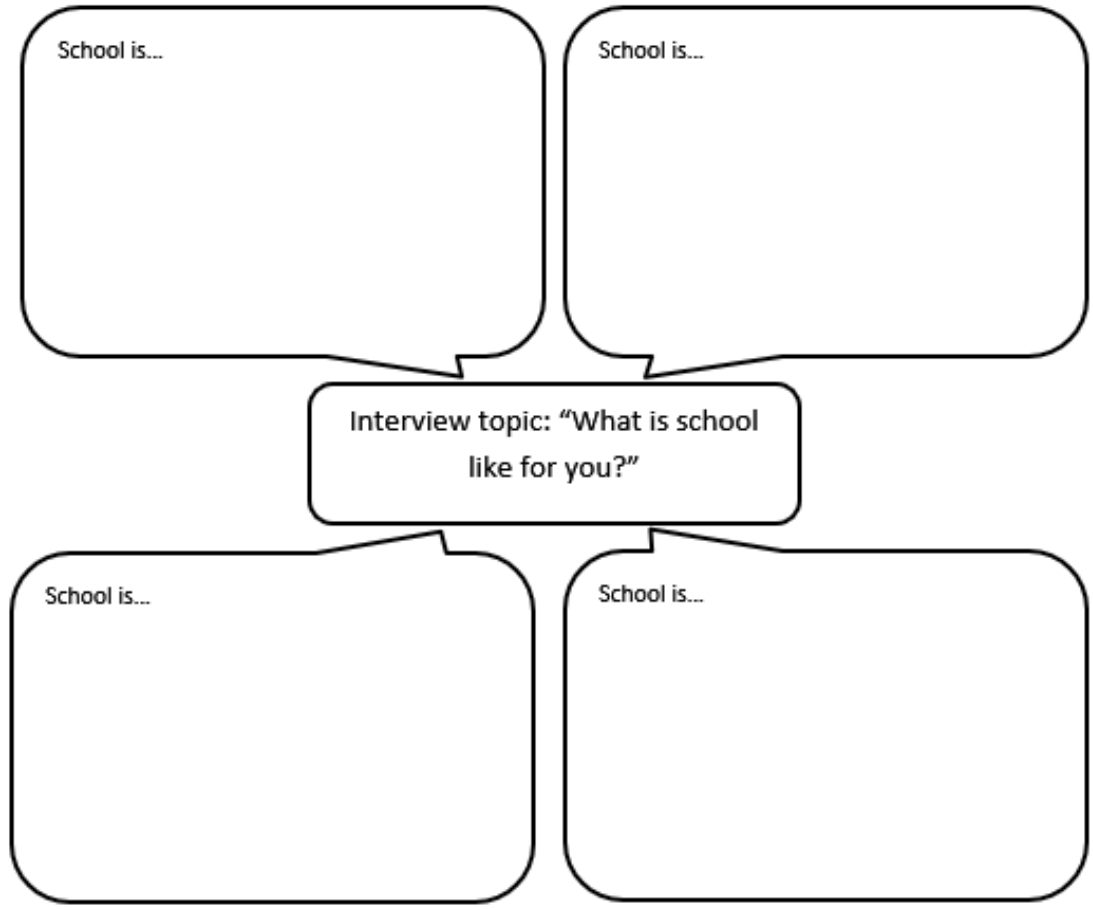
	education of children and youth with learning disabilities and ADHD'. **Affiliations**: President of the International Academy for Research in Learning Disabilities (IARLD). **Specialism**: CYP with ADHD and the 'ripple effect' of ADHD.	**IARLD**: The organisation's principles will undoubtably have an impact on Wiener's motives. The Academy consider learning disabilities to be related primarily to neurophysiological and neuropsychological deficits but believe that multiple viewpoints are needed to draw valid conclusions on the causes and treatment of learning difficulties.

Appendix B: *A handout which participants were offered in advance of the interview which they were able to use to prepare for the interview if they wished.*

Pre-interview participant handout

The overall interview topic which we will discuss is "What is school like for you?". The interview will be **unstructured** – that means that I don't have a plan or any set questions for the interview. This is because I would like to hear what **you** have to say about what school is like for **you**.

I would like you to have a chance to think about the interview question before the interview so that you can tell me about things that are important to you and you don't have to think of things on the spot. If you think it would be helpful, use the sheet below to write down some thoughts about what you would like to tell me. If you would like to use another method to do this, you can.

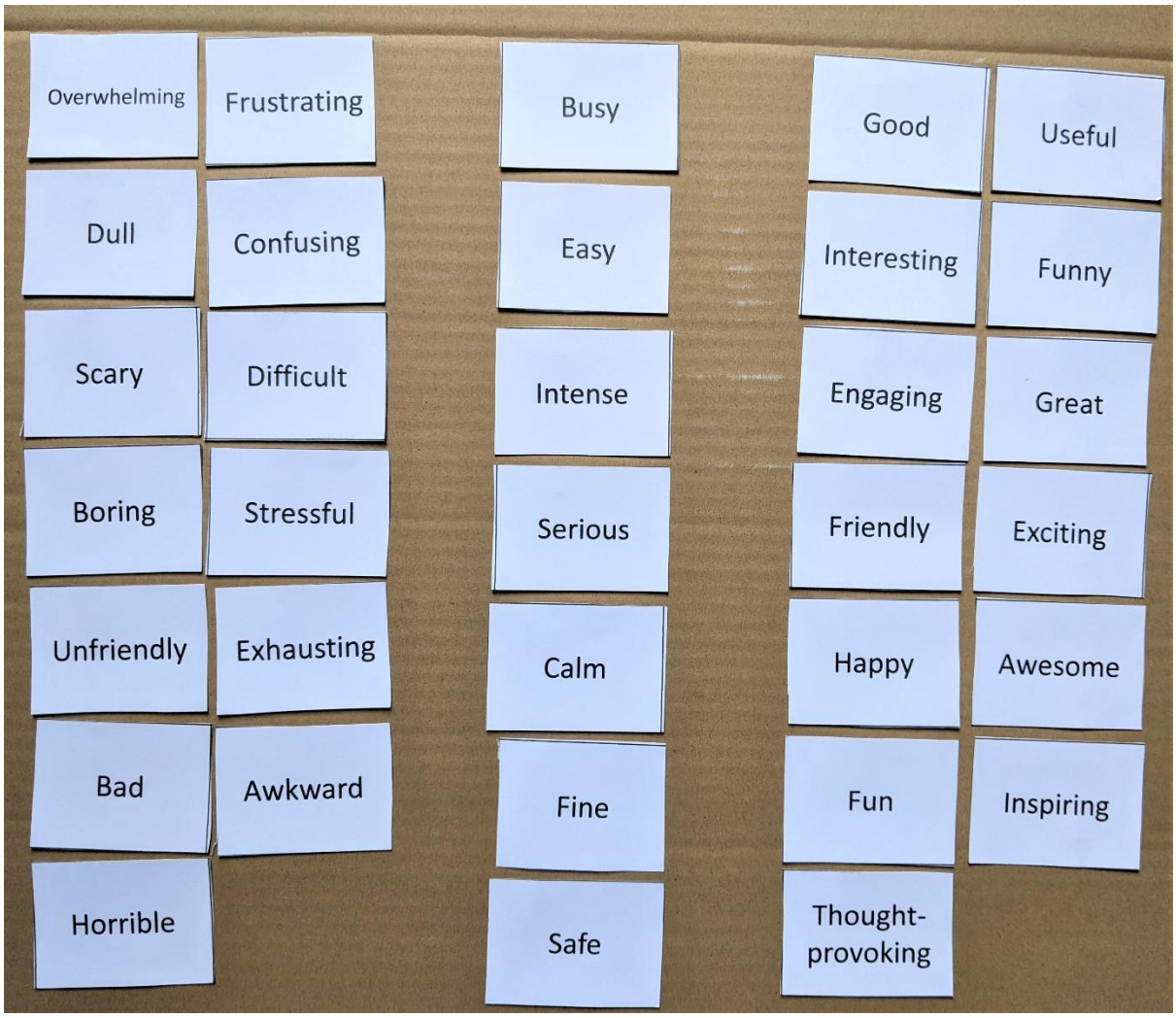


If you have any questions, please contact:

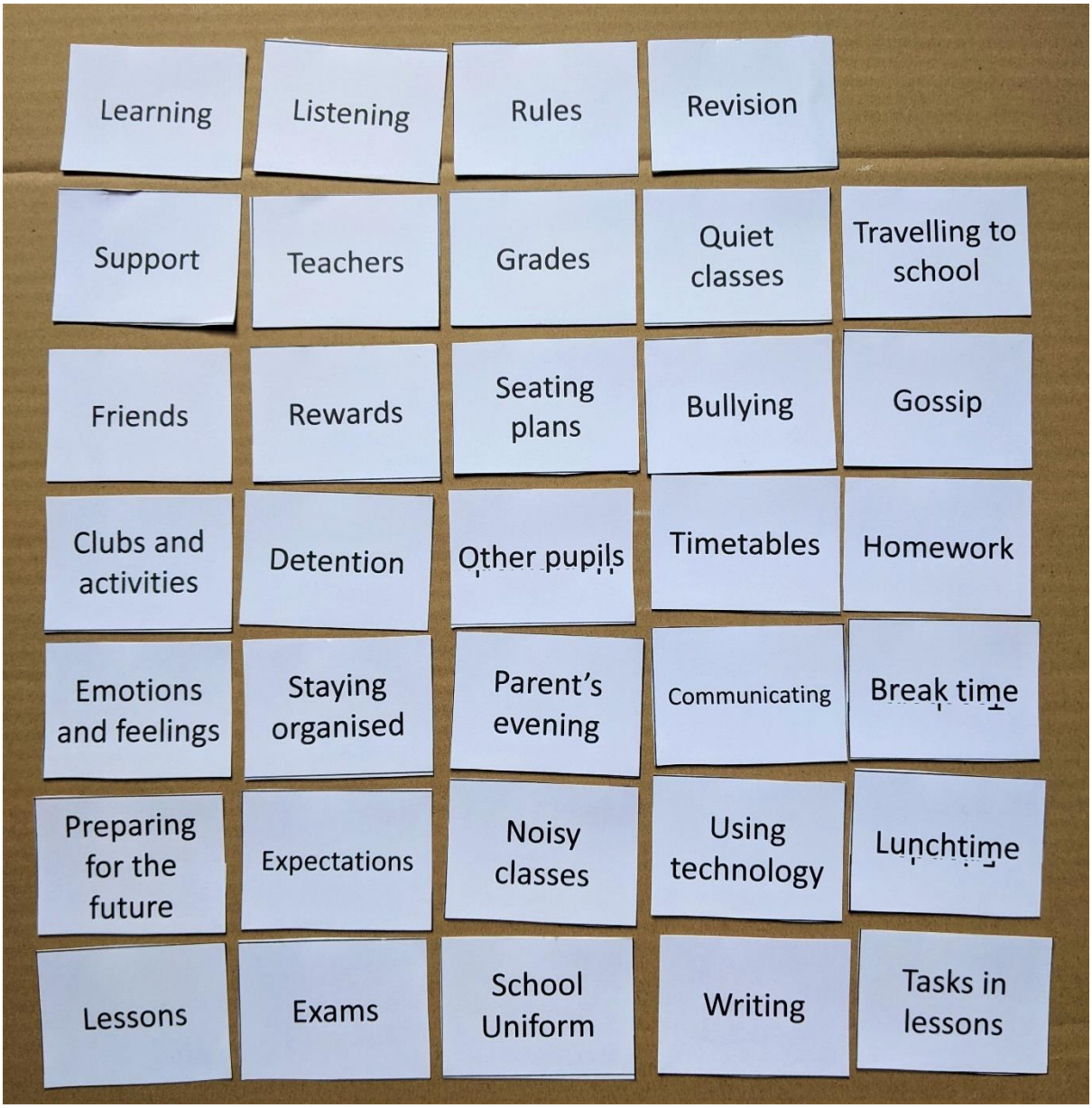
Huw Williams (Applied Educational and Child Psychology Programme Director) Telephone: 01214 144453 Email: h.williams@bham.ac.uk

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Appendix C: *'Feeling' word cards, which participants were offered (if needed) to help prompt their thoughts regarding the sentence "school is…", as stipulated on the pre-interview participant handout (Appendix B).*



Appendix D: *'Aspects of school' word cards which participants were offered (if needed) to help prompt their thoughts regarding the sentence "school is…", as stipulated on the pre-interview participant handout (Appendix B).*



Appendix E: *Inclusion/exclusion criteria before 24/11/21*.

Inclusion/exclusion criteria	Rationale
	Participants
Participants who have a diagnosis of ADHD which has been in place for at least 2 years.	In accordance with the Code of Ethics and Conduct (BPS, 2018), I aim to maximise benefit and avoid potential risks to the psychological well-being and MH of research participants. For this reason, I have chosen to recruit participants who have been aware of their needs regarding ADHD over a period of time and are, therefore, more likely to have developed routines in relation to managing ADHD characteristics. The aim here is to contain the potential risks to participant well-being.
Participants who are aged 16-19	To contribute to a recent area of work for EPs (post 16) and to ensure that the experience of recruited participants is congruent with the aim and purposes of this research (to build understanding of the school experiences of adolescent females with ADHD).
(Participants aged 14-15)	It is likely that I may face difficulty gathering participants in the 16-19 age group. If this is the case, I plan to first extend my participant group down to include 14–15-year-olds.
(Participants aged 20-25)	If I am still faced with recruitment problems, I plan to extend the age range up to 20-25-year-olds.
Participants who are in Years 9 to 13, who are at a secondary school, a sixth form or college at the time of the study.	To ensure that the experience of recruited participants is congruent with the aim and purposes of this research (to build understanding of the school experiences of adolescent females with ADHD).

Participants may have comorbid neurological disorders (e.g., dyslexia, autism, dyspraxia) but these comorbid disorders must not include significant developmental delay.	To ensure that the experiences of recruited participants are congruent with the aim and purposes of this research, participants must be able to reflect on their experiences and communicate verbally with the researcher. Comorbid neurological disorders are common with ADHD, so exploring how participants conceptualise how this impacts them in the school environment would be representative of the target population's voice.
Participants must not be at risk of exclusion or be known to social services.	On the principle of responsibility for the welfare of the research participants and researcher, and to minimise the risk of harm (BPS, 2021).
Schools (mainstream secondary schools, sixth forms or colleges)	
Participants must attend a Mainstream Secondary School, Sixth Form or Mainstream College. They must not be educated in a specialist setting. For participants aged 18-25, if they are no longer in full-time education, they must have attended a mainstream setting, such as those stated above.	To assure homogeneity across participants in accordance with IPA methodology.
Participants must attend a school which is not in special measures.	On the principle of avoiding harm or distress to participants as a result of alternative or additional priorities at the time of recruitment and data gathering.

Appendix F: *Participant information sheet.*



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This information has been given to you because I would like you to take part in my research: **Adolescent females with ADHD: an interpretive phenomenological analysis of educational experience.**

Who are you?
My name is Ella Mansfield. I am a Trainee Educational Psychologist studying at the University of Birmingham. I have ADHD and am interested in the school experiences of teenage girls with the same diagnosis.

What is a Trainee Educational Psychologist?
Educational Psychologists assess and support individual children and young people at school/college. They support staff with specialist advice to help children with special educational needs. As a Trainee, I am learning about this role through a doctoral course at University and through my placement in a Local Authority Educational Psychology Service, I am supervised by qualified Educational Psychologists.

Do I have to take part?
No, whether you take part in this research is your choice. If you are over the age of 16, you do not need your parent/carer's permission. If you are under the age of 16, you will need to ask your parent/carer and they will need to sign a consent form.

Even after you sign the consent form, if you decide that you don't want to take part you don't have to – you can withdraw from the study and/or you can choose not to answer any questions during the interview.

Can I change my mind?
It is important for you to know that you have the right to withdraw from the study. This means that you can change your mind about taking part in the study and don't need to give a reason. You can withdraw at any time (even during the interview) up to 10 calendar days after your interview with me. If you would like to withdraw, you can let me know when we see each other or you can contact me using the information shown below.

What is your research about?
My research is about teenage girls' experiences of ADHD in school. I think it's really important for girls to take part in ADHD research as lots of past research has studied men and boys. I would like my research to be led by your experiences as listening to you and gaining an idea of what school has been like can inform a better understanding of how to support other teenage girls like you.

What is this research for?
I am doing this research for my thesis, which is a long essay I need to write for my university course. This essay may also be edited for a published journal article and/or conference presentation(s).

What will happen to my interview data?
I will audio-record our interview to remember what you have said. I won't be playing the audio recording to anyone else during the research project. I will be interviewing several other young people and will analyse all the interviews and write them up in my university work. I will make sure that you are not able to be identified in my write up by changing your name and changing or taking out names of places. I will ask you for another name to use as a pseudonym. This means that other people reading my report will not be able to tell that it is you.

Your data will be stored securely for 10 years within the 'BEAR Archive', following which time all research project data will be destroyed securely.

What does taking part involve?
Taking part involves meeting me for an interview. We would arrange a day and time when I can meet with you at school/college. This may be after school/college or during a free period. The interview is unstructured, so I will be guided by what you would like to talk about. I will send you a worksheet along with the consent pack which I will encourage you to write down some of your thoughts on before the interview so that you have an idea of what you would like to talk about. The interview will last approximately an hour and will be informal. You will be able to take a break during the interview if you would like one. After the interview, I will send you a one page summary of the results of the research.

If you were to tell me something which made me think that you, or someone else were at risk of harm, or that something illegal is happening or has happened, I would have to share this information with another adult, inline with your school/college's policy and the city council's safeguarding policy (accessible at: https://www.birmingham.gov.uk/downloads/download/790/safeguarding_documentation).

I'd like to get involved… what do I do next?
If you are **aged 14 or 15** , please talk to your school SENDCo who will contact me on your behalf.

If you are **aged 16-25**, please contact me directly by email: [redacted]

Once I have received this email, I will be in touch with more information.

Huw Williams (Applied Educational and Child Psychology Programme Tutor) *Email*: [redacted]
Ella Mansfield (Trainee Educational Psychologist) *Email*: [redacted]

Appendix G: *Participant consent form*

Participant consent form

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Please read the following statements and tick each one to indicate your agreement:

		Tick to indicate agreement □
1	I understand that I am signing up to be a participant in research regarding adolescent female's experiences of ADHD in school.	
2	I understand that as a participant I will be required to take part in an interview of one hour with a break if needed. I understand that my interview will be audio recorded.	
3	I have read the participant information sheet and have had the opportunity to ask any questions about what will happen if I choose to take part in the study.	
4	I understand that my data (interview transcript) will be anonymised using a pseudonym. This means that my identity cannot be identified by readers of the study.	
5	I understand that if I disclose something which indicates a risk of harm, the researcher will have to follow safeguarding protocol, in this case, my data may have to be shared with the appropriate person.	
6	I understand that I have the right to withdraw. I can change my mind about taking part before or during the planned research interview, without having to provide a reason.	
7	I understand that, if I wish, I can choose not to answer any questions during the interview.	
8	I understand that, as part of my right to withdraw from this study without having to provide a reason. I can ask for the recording of my interview to be deleted up until 10 calendar days after my interview with the researcher (Eleanor Mansfield, Trainee Educational Psychologist).	
9	I understand that my data (interview transcript) will be stored securely for 10 years within the BEAR Archive, following which time all research project data will be destroyed securely.	
10	I understand that my data (interview transcript) will be used in Eleanor Mansfield's thesis and may also be edited for inclusion in a published journal article and / or conference presentation(s).	
11	I agree to take part in this study.	

12	I consent to be contacted by Eleanor Mansfield after the interview, so she can ask me whether I'd like to learn about the findings derived from her research.	

I would like to receive feedback on this research (please put an 'X' in the appropriate box below).
□ Yes □ No

Signed: _____

Name: _____

Date: _____

If you have any questions, please contact:

Huw Williams (Applied Educational and Child Psychology Programme Director) Telephone: [redacted] Email: [redacted]

Ella Mansfield (Trainee Educational Psychologist) Telephone: 07927 666930 Email: [redacted]

Appendix H: *Parent/carer consent form.*

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Parent/carer consent form –

for parents/carers of participants who are under 16 years of age

Please read the following statements and tick each one to indicate your agreement:

		Tick to indicate agreement □
1	I understand that I am giving consent for my child up to be a participant in research regarding adolescent female's experiences of ADHD in school.	
2	I understand that as a participant my child will be required to take part in an interview of one hour with a break if needed. I understand that my child's interview will be audio recorded.	
3	I have read the parent information letter and have had the opportunity to ask any questions about what it means if my child takes part in the study.	
4	I give permission for my child to take part in the study, if they also give their agreement.	
5	I understand that my child and I both have the right to withdraw. Either of us can change our minds about taking part, without having to provide a reason. It is possible to withdraw up until 10 calendar days after the interview with my child.	
6	I understand that my child's data (interview transcript) will be anonymised using a pseudonym. This means that my child's identity cannot be identified by readers of the study.	
7	I understand that if my child discloses something which indicates a risk of harm, the researcher will have to follow safeguarding protocol, in this case, my child's data may have to be shared with the appropriate person.	

8	I understand that my child's data (interview transcript) will be used in Eleanor Mansfield's thesis and may also be used in a published write-up or conference presentation(s).	
9	I understand that my child's data (interview transcript) will be stored securely for 10 years within the BEAR Archive, following which time all research project data will be destroyed securely."	
10	I consent for my child to be contacted by Eleanor Mansfield after the interview has taken place, to allow Eleanor to offer my child the opportunity to debrief and learn about the findings derived from the research.	

Signed: _____

Name: _____

Child's name: _____

Date: _____

If you have any questions, please contact:

Huw Williams (Applied Educational and Child Psychology Programme Director) Telephone: [redacted] Email: [redacted]

Ella Mansfield (Trainee Educational Psychologist) Telephone: 07927 666930 Email: [redacted]

Appendix I: *Parent/carer information letter.*

[Insert date here]

Dear Parent/Carer,

Invitation for [insert young person's name] to participate in research.

My name is Eleanor Mansfield. I am a Trainee Educational Psychologist from the University of Birmingham and I am on placement with Birmingham Educational Psychology Service. As part of my course, I am researching the experiences of adolescent females with ADHD in education.

I have ADHD myself and want to give other people with ADHD the opportunity to talk about and share their experiences. In this research project I want to ask adolescent females about how they find having ADHD in school and how they make sense of their diagnosis. I believe it is important to better understand the educational experiences of girls and young women with ADHD as lots of past research has studied males. I would like to invite [insert child's name] to take part in my research and have included some information which I hope will enable you to make an informed decision about whether to give your consent for [insert child's name] to be involved.

What does taking part involve?

If [insert young person's name] takes part, I would arrange a time and date to interview her at school. During the interview, I will ask her to talk to me about her experience of being a student with ADHD in school. It is important for you and [insert young person's name] to know that she will not have to talk about anything she does not wish to. The interview would be pre-arranged and last for approximately an hour.

The interview will be audio-recorded to help me remember what was said. I will write up the recording and change [insert young person's name] name to keep the research data confidential. This is to avoid [insert child's name]'s data being linked directly to her. Your child's interview data will be analysed by me (the researcher) and written up in my thesis. The thesis may also be edited for a published journal article and/or conference proceedings. I will handle [insert young person's name]'s data in line with relevant legislation and the University of Birmingham's policies. Your child's data will be stored securely for 10 years within the 'BEAR Archive', following which time all research project data will be destroyed securely.

Following the interview, your child will be provided with a one-page summary of the results of the research.

Does my child have to take part?

No. Participation in this research is entirely voluntary. If [insert young person's name] does not take part, no questions will be asked and there will be no consequences for [insert young person's name]. [insert young person's name] can also choose if they would like to answer my questions during the interview. You also have the right to withdraw. This means that if you agree and then change your mind, you can withdraw your consent up until 10 calendar days after my interview with [insert young person's name]. You can email me at EMM911@student.bham.ac.uk or contact my university supervisor, Dr Huw Williams at h.williams@bham.ac.uk. You will not have to provide a reason.

If I agree for my child to take part, what will happen next?

1. If you agree for [insert young person's name] to take part, please complete and sign the parent/carer consent form.
2. I will also need [insert young person's name]'s consent. She will need to read the participant information sheet and complete and sign the participant consent form.
3. Please return both consent forms in an envelope to the [insert name of SENCO or Headteacher] (Special Educational Needs Co-ordinator/Headteacher) at school.
4. Once I have your consent and [insert young person's name]'s consent, I will contact you to arrange the date and time of the interview.

How can I contact you?

Researcher: Eleanor Mansfield, Trainee Educational Psychologist	
Telephone: [redacted]	Email: [redacted]
University Supervisor: Dr Huw Williams, University Supervisor	
Telephone: [redacted]	Email: [redacted]

Please do contact me if you have any questions, concerns or suggestions regarding the study.

Yours sincerely,

Eleanor Mansfield

Appendix J: *Participant characteristics form.*

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Participant Characteristics

For the information I gather from you to be relevant to my research, it is important that I check that you are part of the group I am looking to learn more about. This information may be used as part of my analysis, identifying features (such as your name and the name of your school) will be changed or left out so that you cannot be identified.

Please answer the following questions:

Name:		**Date of Birth:**	
Age:		**School/ College name:**	
School year:		**Gender:**	☐Male ☐Female ☐Other (describe below) ☐Prefer not to say
Do you have a formal diagnosis of Attention Deficit Hyperactivity Disorder? (diagnosed by a specialist)		☐Yes ☐No ☐Unsure	
Do you know what subtype you have?		☐Inattentive ☐Hyperactive-Impulsive ☐Combined (both Inattentive and Hyperactive-Impulsive) ☐Unsure	
Did you receive your diagnosis in the last two years?		☐Yes ☐No	

	☐Unsure
Do you have diagnoses of any other learning difficulties?	☐Yes (describe below) ☐No
Do you have support in school for ADHD?	☐Yes (describe below) ☐No Description:
Are you currently at risk of exclusion from your school / college?	☐Yes ☐No ☐Unsure
Have you ever met with someone from social work?	☐Yes ☐No ☐Unsure

If you have any questions, please contact:

Huw Williams (Applied Educational and Child Psychology Programme Director) Telephone: [redacted] Email: [redacted]

Ella Mansfield (Trainee Educational Psychologist) Telephone: 07927 666930 Email: [redacted]

Appendix K: *Information leaflet.*

Birmingham City Council

UNIVERSITY OF BIRMINGHAM

PARTICIPANTS NEEDED: Adolescent females with ADHD



Are you....

Female?

11-25 years old?

Diagnosed with ADHD?



Interested in taking part in research?

If so, I would like to hear from you!

My research is about adolescent females' experiences of ADHD in education.

I would like to interview you and listen to your experiences so that I can understand what education is like for you.

Lots of past research in ADHD has studied men and boys, your participation would be valuable in helping to inform how to support other girls and young women like you.

To register your interest and find out more please contact:
Ella Mansfield
Trainee Educational Psychologist
Email: [redacted]

Scan this QR code on your phone to register your interest:

SCAN ME

Appendix L: *Example transcript***.**

Transcript

Ariya Montgomery – Participant 2 14/12/21

Interviewer: So, um, hello! So you're going to call yourself Aria, aren't you?

AM: Yeah.

Interviewer: But your actual name is Aria, which in the recording I'm just going to have to write 'your name is Aria, but your real name is Aria! [Laughs]... Okay. So you remember what my name is?

AM: Yeah.

Interviewer: Yep? Brilliant! And, um, you know what we're doing today as well. So.. let's get some of these cards out. So the question is, for the interview, is 'What is school like for you?' Um, do you want to carry on putting them out on the table? I want all of them everywhere, basically. Um, I can take that sheet back if you want, uh, And... there's quite a few isn't there? If I pop that there... So you've got the interview topic there. Um, so 'what is school like for you' is what we're talking about... So, we've got a bit of a structure. So school is blank because blank. So, do you want to, what... what takes your fancy? So school is what... can we use one of these words?

AM: Um, I don't know. There's multiple things it can be...

Interviewer: Well, so you can talk about. You know, four or five... However many you want to do, that's absolutely fine.

AM: Um, sometimes it can be confusing.

Interviewer: Yeah?

AM: Because, um... I don't know. Sometimes I don't always understand, like, what teachers are on about, so it makes it a bit confusing. Um,

Interviewer: So tell me more about that... So teachers, you don't really understand what they're on about...

AM: Like, sometimes like if we're in a big group in like the whole classroom and they're explaining like um, Science or something, um... and they're explaining like what we have to do... sometimes I won't always understand it, which then makes it a bit confusing. Because I need it broken down sometimes. Uh, some teachers do do that, which makes it less confusing. Um, but some don't or... Sometimes like they break it down, but it still doesn't always make sense.

Interviewer: Yeah. Okay. So sometimes breaking it down is quite helpful?

AM: Yeah.

Interviewer: So what do you mean by breaking it down?

AM: Like if like... if there's big long sentence explaining what we have to do. They like, make it shorter. Um... like, you know, like, um, like Science projects where you do, like, step-by-step like, kind of break it down like that where it's less. So it's like easier to understand.

Interviewer: Okay. Okay so let's say you, uh, I don't know what you do in Science... You're using a Bunsen burner to, um... I don't know, set fire to some piece of metal, right? That happens sometimes, right?

AM: Yeah.

Interviewer: That's a thing you do in Science, cool! Um, let's say you're doing that, and then the teacher's at the front of the classroom and has said to you, okay, first thing is you need to get your Bunsen burner out, you need to get your clips out... I can't remember anything from science now! Uh, you need to get, like, a heat proof mat... Yeah?

AM: Yeah.

Interviewer: But if they say that to you in one go, how are you going to react?

AM: I'll get a bit overwhelmed cause I can get stressed. So it overwhelms and then I get really confused.

Interviewer: Okay. So when you're feeling really overwhelmed... You know, you mentioned earlier feelings of anxiety sometimes?

AM: Yeah, that's usually then... It's like, I get anxiety and then I get the stress and then the overwhelmingness of not understanding so then I get really confused.

Interviewer: Yeah. So what do you do in that situation when you're feeling, really confused and you don't...

AM: Well, sometimes I ask my friends or... I don't like putting my hand up in front of the class, so I'll wait until Miss comes over to me and then I ask her a question. Um, but if, like, she's busy talking to someone else and I ask one of my friends or something, um, and then usually they explain it to me... Um, cause like, usually like with adults and then children, like, they can explain it differently. So usually when my friends explain it, like, they explain it the way that they understand. So then sometimes I understand it. Um, so I usually like ask one of my friends or I wait till Miss comes over because I don't like putting my hand up. [Laughs]

Interviewer: [Laughs] Okay. So asking your friends, that sounds like that's a really important thing. Like, what happens if the teacher moves your friends away from you? Does that ever happen?

AM: [Laughs] I'll walk over to them!

Interviewer: Will you? [Laughs]

AM: Yeah! [Laughs] Because like, teachers move... Me and a few of my friends, like, get along really well. Um, and then I've got like one other friend, like we can... We, like, bond, like, a lot. Cause like she has, like, a few similar issues. Um, and like sometimes we can talk too much and not pay attention to the teacher. So she like, moved me across to a different table. Uh, cause it's an Art class and she moved me across to a different table, but I still walk

over and talk to her or like we talk across the classroom. [Laughs] So moving me doesn't usually help very much because I still talk to my friends! [Laughs]

Interviewer: Okay. So if they move you, you'll just, you'll just go over to your friends over and start talking anyway!

AM: Yeah, or I'll just like, I'll just like talk to them across the table or they usually come over to me.

Interviewer: Yeah? Okay. So basically moving, you doesn't necessarily help, but I'm just thinking like if, if they were to move you somewhere where you weren't... where you were next to somebody who you didn't know very well, let's say... Does that happen much at this school? I'm not too sure how big it is.

AM: Umm, not necessarily because usually the people in my class, I do know. If it's English or Maths... Because English and Maths, we both have, like, we will have like separate classrooms. Cause we're in different stages for English and Maths. All of our other classes we're in, like, our teaching group. Um, but like in English, for example, there's only a couple of people that are actually in my teaching group. So I mean, they don't sit next to me because I sit on my own in English because I like sitting on my own sometimes because it's easier to concentrate. Um, plus then I don't, like, in case if I end up sitting next to someone that I don't know, it's better to sit on my own, then to sit next to someone I don't know. Um or someone I don't like, or don't want to sit next to. Um, and then like Maths I sit on my own. But I sit in front of one of my friends from Year 7, Year 8 and from Primary. Um, but I sit behind one of the people that I don't like. So I guess it kind of depends. Uh, sometimes it happens, but usually I sit on my own in English and Maths. Um, I'm still near my friends, but I don't sit next to them because then we mess around too much, the teachers get a bit annoyed.

Interviewer: Okay. Yeah. So it is quite... it is actually quite important for you to sit next to people who you get on well with.

AM: Yeah. Because otherwise I won't really talk very much and I'll just try and figure it out for myself.

Interviewer: Okay. So, right. So school is confusing because sometimes you're not understanding the instructions and sometimes you need a bit of like, I would call it like, prompting from a teacher? Do you know what that word means?

AM: No.

Interviewer: So it basically means when somebody tells you what you need to be doing and they can kind of break things down a lot, a lot... kind of smaller, into little chunks for you.

AM Yeah.

Interviewer: So when you sit by yourself in English or Maths, you say that makes it easier to concentrate sometimes?

AM: Yeah because I don't get tempted to get distracted.

Interviewer: Yeah?

AM: Um, I mean, I still sometimes get distracted cause I still talk to my friends, but um in English I sit on my own in front of the teacher. Um, so sitting on my own if I'm in front of the teacher, it's easier to ask them questions without me having to put my hand up. Um, and in Maths, I sit by the door, um, second from, like, being right next to the door because you've got it in rows. Um, I don't sit next to the teacher, but like she always walks around and comes over anyways. Um, cause I have Ms. Newton. Uh, I had her in Year 7... No, I had her in Year 8, I had Ms. Stands, in Year 7. Um, cause she, like, knows what I'm like from Year 8. So she always comes over anyways and double checks if I understand sometimes. Um, but yeah, sitting on my own, it usually helps me concentrate. Uh, cause I'm not sitting next to one of my friends, which then doesn't get me tempted to talk to them, um, or get me distracted. Um, I mean I still do talk to them, but sitting on my own, it's less like...Wanting to talk to them, because like they're on the other side of, uh, like the room or something, so it's harder to talk to them. So therefore I get on with my work a bit better.

Interviewer: Okay. So things that kind of distract you in class, are your friends being near you, are there any other things?

AM: Uh, usually a lot of noise distracts me.

Interviewer: Yeah?

AM: Um, or if there's a big conversation going on, then I can just get really distracted, then end up being in the conversation. Um, so I don't know, it depends. It's like, sometimes it can be quite noisy, so that distracts me, um, sitting next to one of my best friends can distract me, cause then I talk to them or mess around with them.

Um, and then, uh, sometimes if it's like a boring lesson, like French, then I can get distracted easily and that, cause I don't really pay attention.

Interviewer: Okay. So if it's kind of like, if, if it's a subject that you don't like as much...

AM: If it's a subject I don't like as much, I don't usually pay attention that much. If it's a subject I do like, and it's like, it's with a teacher that I like then I'll pay attention. Because I like the subject and the teacher is nice. So I'll concentrate more. So I'll put more effort into the lessons I like than the lessons I don't.

Interviewer: I think that makes sense doesn't it?

AM: Yeah. [Laughs]

Interviewer: So, getting distracted by noise. I mean, like, I have ADHD as well. I'm very aware that there's like a chair scraping that way. There's kids screaming that way... I can hear some conversations from there as well... It's very difficult, isn't it? Are you getting just distracted by the same things in here or is it okay when you're kind of like, actively talking?

AM: It's okay at the moment because like, I'm doing something so it like kind of blocks out some of them noises, but like, if we're just like sitting still or something or just like quiet or something, then I'll get really distracted because I'm not doing something at that moment in time. So like, I'm not blocking the noises out, so then I can hear them and then I get distracted trying to figure out what the hell is going on, or something. So it depends if I'm doing something.

Interviewer: Okay. So you're like... If you're doing something in the class, then it makes it easier to not get distracted?

IM: Yeah.

Interviewer: Rather than when you're just sitting there listening to people?

AM: Yeah because I'm like, focused on what I'm doing.

Interviewer: Okay. So there's some classes where... Do you, do you... put up your hand and stuff in class to answer questions?

AM: Uh some classes... I have two Science classes. I have one with Mr. Geller and one with Ms Green, I like Ms. Green cause I had her in Year 8 and she's really nice. She's one of the youngest teachers as well. Um, and then Mr. Geller, I don't like him. He's very strict and he moves me and Janice around a lot. Um, cause there's two Janice's in my class. One of them I know from Primary, one of them I met in here, um... And basically I sit next to the one that I was with in Primary. And like, we get along really well. So sometimes he moves us or like always moans at us to shut up. I mean, sometimes we do be quiet so we don't get moved. Um, but like sitting next to her or something, sometimes I can get distracted... Um, but if it's like with Ms. Green, I sit... I don't sit next to [Janice], but like [Janice] sits on the table next to me. Um, so I still talk to her, but like, I focus more in that lesson because I like the lesson and I like the teacher, so I concentrate more and try my best to focus. Whereas with the Science lesson with Mr. Geller who I don't like, I don't necessarily focus more on that one cause I don't like it.

Interviewer: Okay... And so do you reckon that's more to do with the teacher or the subject?

AM: I guess it's more to do with the teacher cause like, I used to enjoy French in Year 7 because I liked the teacher. Um, and then Year 8 and Year 9 I don't like the teacher so I don't really like the lesson... Although I'm leaning more towards liking Japanese. Um, yeah, because with me watching a lot of anime, I've got into a lot of Japanese, so I quite like Japanese.

Interviewer: That's so cool! So, um, maybe we'll talk about that in a bit. So, right. So back to 'school is confusing'... So we talked around that subject quite a bit. Is there anything else that you can think of that you find confusing in school? So it's a way that things are worded sometimes...

AM: I don't know. I think mostly it's like what's going on in the lesson can confuse me sometimes.

Interviewer: Yeah?

AM: Um, so I guess it's usually like, the way the teachers explain it is confusing.

Interviewer: Yeah.

AM: Um, or if there's like a big drama that's going on in the school, that can be confusing! [Laughs] Because sometimes there's a lot of drama in between my friends so it can get a bit confusing on what the hell's going on, especially if it's like with people who are friends, and they're not friends, and then they're friends... I get confused if they're friends or not!

[Laughs]. Um, but other than a little bit of drama with my friends and then like... The teacher's explaining things... Confusing is all right except for that.

Interviewer: Okay.

AM: But I think mostly it's just I don't always understand what the teachers are going on about.

Interviewer: Okay. So it's more about how things are worded really?

AM: Yeah.

Interviewer: Okay. Do you want to choose another word?

AM: Um... [Looks at word cards]

Interviewer: Let me know if there's any that you don't know what they mean, as well. Because I can help you with that.

AM: It can be a little overwhelming.

Interviewer: Hm?

AM: Because sometimes I can get overwhelmed when, um, like, there's homework to do and haven't done it. Because I, I do things last minute. I don't do it in between my time. I do it last minute. Um, so like if I haven't done it and then the teacher starts moaning at me and like telling me I need to do it, or like they could say like, I have one more chance or they're going to give me detention or something. Then I can get a bit overwhelmed and a bit stressed, and then I can get a bit anxious. So, I guess usually overwhelmed is more to do with homework, but lately I haven't been that bothered about it, because lately the only homework I've got was a Maths one and that's due tomorrow. Um, because I double checked with the teacher this morning... Um, but I think the most thing about 'overwhelming' as well, homework... Or when you've been set like, you've had like, what, like the lessons in a day... At the end of the day, you've got like multiple homework's from that, like, uh, multiple conversations of like lessons. It can be a bit overwhelming because I've got so much to do and, like, it can be due like, really quickly. Or sometimes the teachers don't leave like, a wide enough gap between the homework. Because, um... There's a few lessons where, uh, like they give us homework and it's due in like the next like two days or something. Um, well I can get a bit overwhelmed then because like, sometimes I forget a lot of things, so I forget about the homework. Um, cause I have to put reminders on my phone to remind me about my homework. Um, and then... Basically I can get a bit overwhelmed then, cause I haven't done it and I've only got like one more day to do it, but then when I go home, I'll completely forget about it. So then I'll have to do it in school, but then I can get a little bit overwhelmed because I'll like usually remember when I'm in bed and I'm trying to sleep but then everything then just comes back and I remember everything at the worst time, so I could get a bit overwhelmed then... Um, but I think that's usually when they just don't give us like a wide enough gap of homework... Um, I mean they usually do, but there is a couple of lessons where they don't.

Interviewer: Okay. So homework and like the amount that you're getting and when you're getting it is quite overwhelming?

AM: I don't get a lot of homework, but I did last year, I think that was mostly because of COVID... Um, but I had like, a lot of homework then. So I've got a bit overwhelmed last year, it hasn't been that bad this year, but I still get a little overwhelmed if I haven't done it... Um, and I'm going to get detention by the teacher... Um, one of my geography teachers gave me detention for my homework, they haven't actually gave it me yet. So I'm happy about that. Um, but, um... I get a little overwhelmed if it's like, it's one of them teachers that don't let you have, like an extra day or something to do it. Then I get overwhelmed because it's the fact of I know I'm going to get detention and I know that it's... they're not going to like, give me like a free pass to then let me have another day of being able to do it. Um, so that usually makes me a bit overwhelmed.

Interviewer: So when they give you like, that extra day to do it, do you tend to actually be able to do that homework?

IM: Yeah. Cause then I'll put like, the reminder on my phone, or I like, keep on saying it, so it reminds me, um... Because they give it like an extra day then I don't usually get that overwhelmed because it's easier because then I remember it. Um, and like, it gives me like, an extra day to do it. So I won't be overwhelmed because I know that I have like another day to be able to do it. Um, so like, I know that I've got like another chance to be able to do it before it's handed in.

Interviewer: Okay. So it sounds like it's helpful to have like, that extra day sometimes, but you'll know which teachers are not going to give you the extra day I imagine?

IM: [Laughs] Yeah!

Interviewer: So, um, oh! I had a question now it's gone... This is something that happens a lot. Do you have this? When you have a question and it just, 'boop!'... Nope! Not there! Um, oh yeah. So, right. So when you, you said that sometimes when you were at home and you're doing your homework, you find it more difficult to do homework at home. Is that...?

AM: Um, it depends... Because if my brother's annoying me, then sometimes it can be very difficult. Um, but if he leaves me alone and I'm in my bedroom and I'm able to do it, then it's not like, that difficult because I can do it in peace. Um, so usually like when I have homework, I like, shut the door and everything. And then he usually like just messes around on whatever he's doing. And then he like, goes downstairs and watches TV with Mum. So then I'll have peace and quiet to be able to do it... Um, sometimes I do go over to my Nan's and do it cause it's a lot quieter there. Um, so I guess I go to Nan's house to do homework because it's quieter. Plus then sometimes depending on what it is, she always wants to help. Um, so I guess going to my Nan's is easier.

Interviewer: Yeah?

IM: But it doesn't always, it's not always that... like hard to do it at home. It just depends if my brother's annoying me or not.

Interviewer: So if he's... how old is he?

AM: Um, 10...

Interviewer: He's, 10.

AM: Yeah, he turned 10 on the 14th October.

Interviewer: Does he have ADHD as well?

AM: Uh, he is being tested... Uh I don't know if he's been tested for it, but it's going to be tested for it, because, uh, my Primary school... Because he goes to Primary school as me... Um, and they said that they, they see, they see the same things with me in him. So when I wasn't on my meds, before I had my medication for it, um, like they say that he reminds them of me when I wasn't on my meds, so he is going to get tested for it. I don't know if he is being tested for it, but I know that he is going to get it. I'm guessing it's going to be like sometime soon, uh because he can get quite annoying. So I guess I guess Mum wants to make it a bit quick so then before it gets like really bad and like his education goes down, then he can get the meds beforehand so that his education goes up, because I got my meds quite late... Um, so my education wasn't that good. Um, it was only like Year 5 and Year 6 that got better.

Interviewer: Yeah?

AM: Um, so I think mom wants to get him tested like before, like that. I mean he's in Year 5 now so I'm guessing it might be tested just before Year 6 or something... But he, he possibly does have it because like, the school says he's a lot like me in ways... Um, so he might have it, he is going to be tested.

Interviewer: Yeah. So it sounds like medication is like, a really, really big part of being diagnosed for you is that I think it's change that happened?

AM: Yeah I have... It was the biggest change because I wasn't on medication... I got like... I had a medication that wasn't that strong, but it didn't work very well. So I have to have like, really strong medication to help it. So I don't think I've got like the ADHD that isn't that severe because I have to take really strong medication. Um, cause it used to make me really sleepy, but obviously my body's got used to it now, so it doesn't make me very sleepy.

Interviewer: Do you take it every single day or do you have breaks?

AM: Um I take it almost every single day, if it's weekends then my Mum lets me have like, a break from it... Um, because like, the doctor said that it's best to have like, a little break from it because otherwise my body might get too used to it and then it might not work as well. Um, so I get a break from it on the weekends or like if I'm not at school or... If I'm not necessarily going out anywhere then I get a break from it... Um, because otherwise I'm on it, because like, when Mum goes shop or something, and I'm with her, if I don't stay home, then sometimes she makes me take it because I can be a bit annoying in the shop [Laughs] and I can like, wander off or I can just like, not pay attention to her... Um, so usually she makes me take it if I'm like not in the house... Um, but if I'm at home, I get break from it. So it kind of depends from going to go out or not.

Interviewer: Yeah okay. Uh, like, how do you feel about taking it? Is it something that you... when you're not on it, you're kind of, almost like, looking forward to being on it? Does it give you that kind of feeling or..?

AM: Um, the way that I understand how it works, it's basically like... It's like a puzzle. When I'm on my medication, like it puts all the pieces together, but like when I'm not on it, like all the pieces are jumbled up, which makes me, like, not pay attention and just, wander off and

all of them things... But when I'm not on it I can be more childish than I am when I am on it. So I guess... I don't know... Cause when I'm on it, I always feel a bit like... I don't know how to explain it. It's just like, I'm not like, the childish type, but then when I am on it, I'm like really mostly sensible. Um, I'm not always sensible when I'm on it. Because like, if I'm with my friends or something I won't be sensible... Um, but like, when I am on my medication I can be sensible but if I want to, or if I'm not on it, I don't necessarily have to be. So I kind of mess around and be annoying because then, like, I play games with my brother because obviously I'm not on my medication, so I act a bit more childish. So I play games with my brother lately. I'm playing on the roller skates a lot lately.

Interviewer: Yeah. Got any bumps? [Laughs]

AM: Umm... I did hurt my ankle, because I don't fall over, because I've got, like, a lot of practice on them. Uh, cause I went to an ice skating party in Primary...

Interviewer: Yeah?

AM: Um, and I really enjoyed that cause I really like ice skating. Um, because I really like roller skating as well. Um, and basically my brother fell over and as he fell, he like kicked his leg into my leg. So he hurt my ankle, but it wasn't even me that hurt myself because I didn't even fall. It was his fall!

Interviewer: Oh!

AM: So I haven't played on them yet this week. Uh, we, we will do it uh, on Friday I think because he wants to watch this thingy with me, uh... My Hero Academia. It's one of the anime things. Um, and basically... I've already watched it. So I know he's allowed to watch it because my mum's got this whole rule where he's not allowed to watch things like 15... Um, just in case it has too much violence in it. Well, for me, I don't think it does because I've already watched it before. Um, so he's watching it with me and he keeps moaning that he wants to watch it again. Cause there's like, there's only one season on Netflix, but there is five or six seasons because there's another one coming out next year. Because I've like, looked it up on Google and like asked when there's another season because I really enjoyed it. Um, but he, he... I do things with him, like playing and then usually we watch some programs together... Um, uh, like when I'm not on my meds I'm a bit more childish, like, I want to do them things more whereas if I am on my meds, I just like, want to be left alone sometimes... Um, if I not on them sometimes depending on my mood, I do want to be left alone, but I'm a bit more childish so like, I'll interact with my brother a bit more.

Interviewer: Okay. So, do you know what the name of the medication is that you're on? Because they're all quite different.

AM: No, but I know it's like a beigey pinky colour.

Interviewer: It's a beigy pinky colour? Is it one of the ones where you take one in the morning and you don't have to take any more? Or is it one of the ones where you have to take one every four hours?

AM: No I only take it in the morning.

Interviewer: Okay. So do you, can you tell when it's wearing off in the evening?

AM: Sometimes, yeah.

Interviewer: And so, do you try and do your homework before then? Or like,

AM: I don't know, It depends sometimes I still try and do my do my homework when I'm off my meds.

[Interrupted by staff member entering room]

AM: Um, sometimes I do my homework when I am on my meds and sometimes I don't, it kind of depends. Like if it's the last day to do it, then I might do it depending on if I'm doing something with [unclear] or not. Um, but otherwise, um, it kind of depends. I usually do try and do it before my medication wears off because otherwise I'll get distracted and then I might not understand the question very much because then I'll lose like, concentration. Whereas if I am on my meds, I understand it a bit more and I'll try and block out the noise of my brother messing around. Um, so I'll try and understand it a bit more. Um, so I do usually try and do it before it wears off, but sometimes it doesn't always work out that way cause I'm busy doing something else and I really want to stop doing that. Um, so I don't know, it kind of depends.

Interviewer: Okay. So it just depends on the day then?

AM: Yeah.

Interviewer: Okay. So, um, yeah. Do you want to see if there's another one that you'd like... Or is there anything else that is 'overwhelming' in school that you want to mention?

[AM looks at the word cards]

Interviewer: I'm interested to know... This is another question! [Laughs] I'm interested to know what that feels like, being 'overwhelmed' in school.

AM: Umm I don’t know, I get overwhelmed quite often it's not always in school. Um, but it's basically like... loads of things like, pile up and then...

[Interrupted by staff member entering room]

Interviewer: what was the question that I... Oh, yes, what does it feel like when you're feeling 'overwhelmed'?

AM: Uh, so basically, like, it's kind of like a panic attack, because like, I've had a panic attack before... um, I also have asthma so I've also had an asthma attack with a panic attack before, so it wasn't very good!

Interviewer: Oh no!

AM: Um, but it kind of feels like that because like, you get like, really overwhelmed and then you get really anxious and then sometimes you can get a bit stressed then because you get that overwhelmed. Um, and then like you... like, I don't know, it's hard to explain... It's like you, just like, loads of things like pile on and then you get like, really overwhelmed and like, you kind of feel like a bit trapped and stuck because you've got that much that's overwhelming. Um, so I don't know... It's hard to explain! [Laughs]

Interviewer: I think I know what you mean when you say you feel trapped and stuck, is it like your brain's not quite, like, working properly? It's not, um, you're not able to find solutions to get out of it?

AM: Yeah.

Interviewer: Okay. Yeah. I know what that feels like, definitely. And like, do you ever... kind of, do you ever take that out on other people? Or like... what do you do?

AM: Sometimes I do get... I've got a couple of anger issues, so sometimes I do take it out on other people. Um, usually I try not to, um... So I mean, sometimes I do. Um, I was really bad, like in Year 7 and Year 8, because I used to take it out on my Mum and brother. I don't do that now because there was like, a big consequence of me doing that with my Mum. Because like she got this voice problem, uh, where like there was a risk of her voice box popping and all that, and then she wouldn't be able to talk. Um, so I don't know, I used to take it out on my mum and my brother... I don't necessarily anymore. I mean, I guess sometimes I still feel like I'm a bit harsh to my brother... but then again, all siblings usually are, cause like sometimes your siblings can annoy you that much. You like loose a bit of control and then you get really annoyed at them. Um, but I'm not... I don't necessarily take it out on other people, I try my best not to anymore. Um, if it's like with my friends or something, like we can joke around and have like a fight or something. Uh, just like a friend fight, it's not like physical one... uh, because I've got like one of my friends the one that I'm like really similar with, uh, she's got some anger issues as well, So like sometimes we take our anger out on each other but like it doesn't usually affect each other sometimes we can be a bit rough and accidentally hurt each other without realizing, um, usually it's me! [Laughs] Um, but, I don't know... usually I try and take like my anger out on something else that's not like a friend or family, um, or it's myself because like, I personally feel like it's easier taking my anger out on myself than it is my friends or family because then I'm not necessarily hurting them. Um, but no, I try my best not to... but sometimes I can get too angry and overwhelmed and then it kind of happens and I take it out on someone else. So I guess it kind of depends.

Interviewer: Yeah. Uh, it depends on the situation then to like... who's around you and how you're feeling and yeah... Okay. Are there any other words that you wanted to..?

AM: Um...

Interviewer: We're about halfway through now, so if you did want to have a break, you know, you're very welcome to have a little five minute wander off to the loo to get a drink or something and come back, if you want?

AM: Um, I mean I have a drink in my bag

Interviewer: Yeah?

AM: So I could always just have that.

Interviewer: So you don't want to have a break right now? You let me know if you do in a bit. Yeah? Um, shall we see if there's another word?

AM: I don't know... um...

[AM looks at the word cards]

AM: Um... It can be a little 'frustrating'.

Interviewer: Hm?

AM: Um, I mean, it could be multiple things, but I guess it can be more frustrating than anything. Cause like, I guess that also comes in with it being confusing and overwhelming.

Interviewer: Yeah.

AM: Um, I don't know anymore, I guess like, sometimes depending on the work that we're doing I get frustrated. Um, I don't know, sometimes it's just usually the work that can get a bit frustrating, otherwise it's okay.

Interviewer: Yeah?

AM: Um, but I guess usually that comes under it being 'overwhelming'.

Interviewer: They're quite similar words aren't they? 'Frustrating' and 'overwhelming'. I always think of 'overwhelming' as being that there's something going on, like in your environment, around you, that is making you feel overwhelmed - there's too much going on. And then I think 'frustrating', is more, um... It's more about how you feel on the inside. So... you know, like I get frustrated when at the end of the day and my medication has worn off, because I take medication as well, and I need to do... you know, I'm looking at other people that are doing the same, the same course as me who are learning the same stuff, but they're able to go and read in the evening and I just can't physically do that. And I get frustrated at myself for being like that. If that makes sense?

AM: Yeah.

Interviewer: Um, and you were saying earlier that when you're not on your medication, you're quite childish. And then when you are on your medication, you're more kind of, sort of grown up and doing things sort of in a controlled way, and things make more sense. I'm wondering if like, are either of those frustrating to you?

AM: Uh, I mean, I think mostly it is like sometimes, like you said, where you can get like frustrated with yourself, um, that can happen sometimes. Uh, because like if my friends are doing something and they totally understand it, and like I'm trying to do it, and like, I don't understand it, or like I do it wrong... Then I can get frustrated with the work, and then also with myself, cause like I haven't done it correct... Um, so I guess usually it is like more like if my friends can do something and like, I can't do it like that or I do it wrong, then I can get frustrated with myself because I didn't do it the correct way or something. So... usually it's frustrating with myself but... I don't know. I think usually it is like that.

Interviewer: Mm.

AM: Um...

Interviewer: Do you remember before you got diagnosed, like, did you ever feel frustrated? It was quite a while ago now wasn't it? But do you ever remember feeling frustrated at, at yourself for how you were in class or whatever? Um, or you just can't remember?

AM: No, I think I was all... I wasn't really that bothered when I wasn't on my medication... It's like, nothing really like, bothers me that much... Um, cause like when I'm not on my

medication, it's like, I don't need to worry about anything. So it's kind of like, I'm not really that bothered.

Interviewer: Yeah.

AM: Um, so like I don't worry and I don't stress and all that because like, I'm not bothered. So I guess, being on my medication, like... It doesn't make me stressed or bothered about whatever I've got to do or being off my medication don't make me bothered or stressed about whatever I've got to do? Or if I am on it, I'm like more understanding of what I need to do so I can get a bit stressed and overwhelmed. Cause then I know I need to do it, but like, I don't want to, or I won't do it. Um, so then I can get a bit stressed or frustrated at myself because I haven't like, I know what to do, but I don't want to do it. Or... if I'm not on my meds, I know what to do, but I don't want to do it, so I'm not really that bothered so I won't do it.

Interviewer: You can kind of let go of [frustration] a lot quicker, when you're off your meds? But when you are [on your meds], you sort of hold onto that?

AM: Yeah.

Interviewer: Okay. Yeah, that does sound frustrating! [Laughs] Okay. So I'm wondering about like, are there any good things about having ADHD? That you wouldn't be, if you didn't have ADHD?

AM: I mean, I guess with having a bit more help. So I guess that's good, because I mean even if I didn't have [ADHD], I think I probably would still get a bit confused. Um, so I guess having it is good, cause then I get a bit of help plus like... I guess like if I don't understand it or something, and like my friends understand it, and the teacher tries to explain it to me then I guess I've got like a reason why I don't understand it. So it's not like, just... I don't know... because like sometimes like, with my Mum, if like I'm doing something... I mean, it doesn't necessarily relate to having ADHD, but like, I'm doing something and then she gets annoyed at me because she doesn't even know why I'm doing it and I'm like doing something that's like, not useful then I don't necessarily have a reason on why I'm doing that. But like, if I don't understand it at school or something and like, my friends understand it, then I guess I have got a bit of a reason on why I don't understand it. So then the teachers can't necessarily get annoyed at me because I don't understand it, because like, half the reason why I don't understand it is because I don't understand like the way they said it. So I guess most of it is just, I get a bit more help with having it. So I guess that's the best thing.

Interviewer: Yeah, so it kind of explains why you might be finding things difficult to understand sometimes.

AM: Yeah I mean, I don't necessarily use it as an excuse, but like, it's an easier way to explain why I don't understand it.

Interviewer: Yeah. I think that's something that some people struggle with is the idea that people might think that you're using it as an excuse. Like I used to not want to mention ADHD at all, like, uh, at work and at uni and stuff, I was only diagnosed when I was, like, 21. So it was really late... But, um, I didn't tell anybody about it for ages. And then, because I was worried that people would think that I was using it as an excuse. But it's like, when I noticed that it could be an explanation for why I'm doing what I'm doing and that it is important for people to know. That was helpful.

AM: Yeah. Yeah. Because I don't want to use as an excuse, but it's like, as you said, an explanation... So I don't know, I don't use it like as an excuse for like, everything... But it explains why I don't always understand things that like, my friends who don't have [ADHD] do understand. So I guess it kind of explains why I don't and my friends do.

Interviewer: Do you talk to your friends about ADHD?

AM: I mean, they know I have it, so... sometimes. I mean, most of the things I talk to them about necessarily doesn't always come to ADHD, it is usually about my other problems. Um, cause I guess like, there's more things that affect me more than ADHD does. Um, cause like, with me being diagnosed with it, like years ago... like Year 5 or Year 4... Um, I like, already accepted that part. So it doesn't bother me anymore that I have it cause like I don't get annoyed at myself because I have something... Where like with other things, like how I can get stressed and anxiety and all that. I mean, I can't do anything about my anxiety so I don't necessarily get annoyed that I have that. But like with other things I can get annoyed that I have that type of thing because like I haven't had time to like, embrace it and like, accept it. Whereas like having the ADHD, cause I've had it for a while now, and like, it's helped me, um, like having the meds I've kind of already had the time to accept it, and like, understand like, what it means and how I have it and that type of thing. So... I forgot what the question was! [Laughs]

Interviewer: [Laughs] Well, I've kind of forgotten as well, to be honest! But it was about, um... about whether you, well, how you feel about having ADHD I suppose, isn't it?

AM: Oh, well I feel fine about having it. I guess, as I said, I've already kind of accepted it. I've already had the time to like, embrace that part of me. So I don't deny it... But like with other things, I don't necessarily accept them things. So I try and deny them, but I know that obviously won't get rid of them, but like, I try and deny them rather than accepting them whereas with ADHD, I've already had the time to accept it, so I feel fine having it. I don't necessarily like want to get rid of it. Because I've, I've already accepted that part, so I'm used to it. So if I wanted to get rid of it, and for example, I had the chance, which I don't think I would, like, if I did have the chance to get rid of it, I don't think I would want to. Cause I'm fine with it. So I feel fine having it cause like. I don't know, it doesn't... it doesn't worry me or upset me anymore about having it. Well, at first when I was diagnosed with it I got a bit worried... Um and a little bit upset because like, I didn't know what it was and I wasn't a hundred percent sure if it would affect me anymore. Um, where... Now that I know it doesn't and I've already like... I take the meds and everything, and I know that they help and like, I've already had time to accept it and I don't worry about it anymore, so I'm fine with it. So like if I ever did get the chance where like I could have like the opportunity to not have it anymore, I wouldn't really want to, because I feel fine with having it.

Interviewer: Yeah. It's strange as well. Isn't it? Like if there was a magic wand and you could just get rid of ADHD, I worry that... like, who would I be? [Laughs]

AM: Yeah! I know! Because like I'm used to the ADHD part of me. So if I didn't have it anymore, I don't know, it'd worry me because it'd be a bit weird... It wouldn't be usual, it wouldn't be like my normal, so I don't know... I wouldn't really want to get rid of it because I'm used to it, I understand what it is and everything so I'm fine with it... Or if I didn't have it, I think it would worry me a bit because I wouldn't act how I normally act, so it would be

unusual and it wouldn't be normal because I'm used to how I act now, and like, all my friends are. So if like there was that magical wand that would take it away, I'd act weird I wouldn't be like me, so I wouldn't really know who I was anymore... I mean, I don't necessarily know who I am, because like, as my Mum says, I don't need to worry about that at the moment. But like, I wouldn't be me now if I didn't have it, because I wouldn't have the meds and I wouldn't get the extra help. And then like, I wouldn't like... I don't know... I just wouldn't be... I prefer having it then me not having it... Because I don't know what I'd be like if I didn't have it where I know what I am when I have it and I'm okay with that. Because I mean, I have the help that I need, so it's not like I have it and I really want to get rid of it because I don't understand anything. I mean, I don't always understand everything, but like I get the help, so that I do understand it. So I'm okay with having it, it doesn't bother me.

Interviewer: Yeah. So is it like, since you've been diagnosed, you've kind of like, you've learned quite a bit about what ADHD is and also how you are, it sounds like.

AM: Yeah.

Interviewer: Okay. And you said that you're, you were... you did an assessment for autism on Friday. Was it Friday?

AM: It was Friday. Cause I remember it was Friday. Cause then I got confused on what the day was because then I thought Friday was Saturday and I thought Saturday was Sunday. Cause I woke up in the morning, um, of Saturday night and I thought it was Monday... no... Or Sunday... I don't remember what day it was! [Laughs] I just... On the weekend I thought it was Monday so I woke up thinking 'ah for God's sake Mum's going to come and wake us up' but then she didn't and I realised it wasn't Monday... Whatever day it was but because I had the extra day off school I thought it was Saturday on the Friday. So I got confused with the days. So I thought the day that we still had the weekend, which I think, yeah I think it was, uh, cause I had like the Friday off, so I thought the Friday was a Saturday, so I ended up thinking that the Saturday was a Sunday. So when it was actually Sunday I thought it was Monday... So Sunday morning I woke up and I was thinking 'Ah for God's sake Mum's going to come wake me up'. And then she never did. So then I realized it's Sunday, it's not actually Monday. So it confused me, so I think it was Friday!

Interviewer: That sounds really confusing!

AM: I got confused on the days!

Interviewer: Ah I see. That's really interesting. I'll come back to the question about autism in a minute... But like, the idea of how time moves, like... do you ever just find that like an hour feels like five minutes, and five minutes can feel like an hour sometimes?

AM: Yeah. because like, I don't know how long the test was, but basically with the test it didn't feel like it was that long. Um, I think it was around about an hour and a half to two hours because it was meant to be two hours. Mostly we played some games and she was basically, um like, looking on like how I acted and like, how I explain things. Because she asked me like, questions of like my problems and like, how I deal with them, and like, what makes me happy and what doesn't and what makes me feel comfortable and what I like and what I don't and all that. Um, so basically she was like... Like watching on how I reacted to them. Um, and how, like I was coping, like when I first went in the room, because basically

my Mum had to sit outside so I went in there on my own. Um, and basically like, she was basically seeing how I'd react like, playing with the toys with her and all that. Um, I wasn't on my meds that day, so she could actually see how I was, um, cause she had to record it as well, but I think that was mainly to see so she could go over it and see how I was. Um, because she had to record me...

Interviewer: Did she do a video?

AM: Yeah. Because the first time, I walked in the room and she went up to the camera switched it on and held up the paper right in front of it. But basically that was like supposed to be like an hour and a half to two hours. But it didn't feel like an hour and a half to two hours. Uh, I think it was actually two hours, I'm not entirely sure, but it didn't feel like two hours.

Interviewer: Did it feel longer or shorter?

AM: It felt a bit shorter than that. But I guess in the beginning of it, I wasn't that sure because I couldn't stop shaking. Um, I got really anxious but then like towards the end of it, I felt a bit more comfortable... because I can get like, really uncomfortable, which then causes me to get like a bit of an... not exactly an anxiety attack but kind of like an anxiety attack. Um, cause then like I get like really shaky and fidgety and then I can't like concentrate because I get like, really anxious and then I watch the whole room and everything, because when I was waiting for her to go in, I got like that and I couldn't just be comfortable. I wasn't in my comfort zone because I just kept watching everything, I went really anxious.

Interviewer: Yeah?

AM: Um, but like I can sometimes get it where time feels like it's just like, sped up, or where it just feels like, it's going like, really slow... because like, in school, if it's like, a day that I'm enjoying and I've got like, all the fun lessons, it feels like the day has gone really quick. But like, if it's a lesson that I don't enjoy or something, it can feel like, it's going on for ages and ages. It just feels like it's going on longer than an hour or something. But then sometimes if it's a lesson I enjoy it feels like it's gone quicker than an hour. So I like sometimes lose track of time and it either goes longer or it... I lose track of it and I don't know what time it is because it's basically gone past the time that was meant to do whatever I was doing.

Interviewer: Yeah. So it's like, sometimes time just feels like, really slow and sometimes it feels like, really fast?

AM: Yeah! It doesn't feel like the actual normal time it is. It's either faster than that or slower.

Interviewer: So what does it feel like when you're in like, a boring class and the time feels like it's going really slowly... What do you do, how'd you cope with that?

AM: I usually just mess around with my friends because like, when I'm with my friends, like time can go really fast. So I guess messing around with my friends and all that, it like speeds up time a little bit, because like, I'm messing around with my friends, which is fun... So then I don't concentrate on the work. I concentrate on messing around with them. So then obviously the time goes a bit quicker because I'm enjoying myself... Or if I'm just bored out of my mind or something and I'm just sitting there doing nothing and I'm just bored... Um, I can, like, it

just feels like time's going on forever.... So I don't know, it depends, because if I'm doing something and I don't like what I'm doing, sometimes it could take forever, but if I'm messing around with my friends or something, it can go on like really quick. So if I'm in a lesson I don't enjoy or I'm in a lesson that's just boring... Um, then usually I just mess around with my friends or something because then it like, kind of like, speeds up the time because I'm doing something that's fun... Um, or if I'm already in a fun lesson if I mess around with my friends, it just like makes time go quicker than it already is, because it's a lesson that I like, and I mess around my friends as well so it's like, it's like, gone past, like, really quick!

Interviewer: Yeah. I mean earlier you mentioned that, um, like, sometimes you feel like, a bit trapped?

AM: Yeah.

Interviewer: Is that the same kind of feeling as when you're in like, a boring lesson? Or is it a different feeling?

AM: Um, not necessarily, I guess when I'm in a boring lesson than I just feel... I mean, sometimes if the lesson takes forever... And it just feels like its going on for ages and it's never going to end, then I sometimes feel a bit trapped... because it's like, I can't leave the room until that lesson's over... Um, but then when it's like, I get overwhelmed and I feel trapped... It's like a different kind of trapped... because being overwhelmed and feeling trapped, it's like, I can't get out of that situation where it's like, the time is going like, really slow and I'm stuck in the room. I just, basically... I know the time is going to eventually end soon. So I know I'm going to be able to get out of the room. I mean, I still feel a little bit trapped, but I know that eventually I'll be able to like, leave the room... Whereas if I'm overwhelmed, I don't necessarily know if I'm able to get out of that situation. So I feel more trapped and stuck than I would if I'm in a classroom.

Interviewer: Yeah?

AM: I mean, if I'm in a classroom and I'm getting overwhelmed, I can still feel like I can't get out of the situation, but if I'm overwhelmed and I'm that type of trapped, then I don't know if I'm going to be able to get out of the situation, so I just feel trapped no matter what. Um, but whereas in the classroom and the time is just going really slow. I know that eventually the lesson's going to be over, so I know that I'm going to be able to get out of the room.

Interviewer: So you've got that... like, you're ready for it.

AM: Yeah. I like, know I'm going to be able to get out, whereas if I'm overwhelmed then I don't necessarily know that.

Interviewer: So like, are you allowed to leave the classroom... do you have like a learning break pass or anything like that?

AM: No, sometimes we're allowed to go to the toilet in the classroom. Uh, so if I get a bit overwhelmed, in the classroom. I usually ask if I can go [to the] toilet, um, because it's like, a bit of a break from that room... So it gives me a little bit like a sense of freedom, if you understand? Um, I mean it depends on the teacher because some teachers have like, the rule where you can't go to the toilet in the classroom, you have to wait until it's like, break or lunch... Um, but then some of the, like, the nice teachers they're like, they let us go out.

Because there's one of the teachers, Ms. Buffay, she's really nice. Uh, she kind of like, treats us like Primary children, which I really like! [Laughs] Um, basically she lets us leave if we need to... but yeah, like, her, if I like, ask if I can go toilet or something... like, she lets multiple people go toilet at one time if like, they need to. I mean, usually she doesn't because sometimes then they usually mess around, which is why teachers don't let two people go [to the] toilet at once and then you have to wait until the other person comes back because like there's been multiple things where like two people go [to the] toilet and they just like, mess around in the bathroom and then come back like 10... 20 minutes later! [Laughs] Um, but like, some teachers can be like, really nice and they let us go [to the] toilet if we need to. Um, which then usually helps me cause it's like a break from that room. Um, but depending on the teacher, usually you just have to wait until the end of the lesson.

Interviewer: Okay. I mean, would it... Would it help if you could just like, go out the lesson without having to say... or does the toilet thing kind of work to be honest?

AM: I mean, if I could just leave the room for a little bit, that would help! [Laughs] But then like, I'd miss out on that lesson. So, I mean, I guess depending on the lesson I'd be quite happy with just leaving. But... If it's like a lesson that I like but I'm getting overwhelmed, then I'd be fine with just going to the toilet and then coming back, because I don't miss too much of the lesson that I like... Because if I like the lesson, I won't really want to miss it. Uh, but if I don't like the lesson, I'd be fine with just walking out and not coming back to the lesson. [Laughs]

Interviewer: [Laughs] Fair enough! In which case you might never come back! [Laughs] Okay. So, um, we're kind of coming to the end of the time that we've got today. Um, so I would like to ask you about how do you see... kind of, your future being with ADHD?

AM: Um, I'm not a hundred percent sure, because like, I usually get asked questions of like, 'what would I want to be in the future?' and all that... I don't always know how to answer them because I'm not sure... I mean, I'm really good with kids, and Mum says that I'd be like, quite good as like, a babysitter or something... Um, so like, one of the jobs I would want to do is like nursery... Um, cause like I really like little children I'm really good with them because I've like, babysit one of Mum's friend's before.

Interviewer: Yeah? So you've, you babysat one of your Mum's friends before.

AM: Uh, one of my Mum's friend's child before... Um, and like, I'm really good with him... because basically, they went outside to talk about something, um... And basically I wasn't allowed to hear their conversations so I don't know what it was about. Um, and I was in the room with, um Ross... Um, I don't know how old he was, but I think it was around about like, five... four... something like that? Um, I mean, he might have been three, I don't know... [Laughs]

Interviewer: [Laughs] But he was little.

AM: Um, yeah! And basically, I was in the room with him and we like was messing around with the little keyboard thing that Mum had... Um, I don't know if she still has it... Um, and we was messing around with that and like, um, he was really good! And then once his Dad came back in, and my Mum came back in... Because they was friends when they was younger... And um, once they came back in, he like, started messing around and playing up

because he didn't want to go... Um, and then he kept coming back up to me when they had to leave... Um, so I'm quite good with like, young children because I... I mean, I don't necessarily have like, a lot of patience but like I do have patience when I'm with them... Um, because like, I know that they can't always just pay attention because they are little... So like, you have to have patience with like young children... Um, but I'd honestly like to do that when I'm older... Um, Mum has said that it would be a good thing for me to do because like, um, like, I'm good with it. So I think that would kind of help... Um, plus I'm not working with like...Um I did want to be a teacher when I was younger, but I don't think I'd want to do that anymore because like with me being overwhelmed, I'd probably get really annoyed and overwhelmed with them... So I'd probably be like, a really strict teacher because I'd get really annoyed, but with being younger children... I mean, you can get a little overwhelmed if they're not listening, but I mean, they're young, so they don't necessarily listen anyways... But like, it wouldn't be that, like, stressful because you're not working with like older children where like, they have to do something... With younger children they don't necessarily have to do something, cause like, nursery and that... they don't really do anything. It's just they colour and whatever they do... So it's not [as] stressful as trying to get them to work and like, do writing and all that... But yeah, uh, Mum says that I am quite good with like, little children, so I'd be quite good as like, a babysitter or something... Um, and I do quite enjoy it... But like, uh, I don't necessarily know where I would want to go with my future.

Interviewer: Yeah?

AM: I mean, I think my future with being ADHD is quite all right because, as I said, I've already accepted that part of me. So I don't really think it's going to, like, stop me from wanting to do anything I like... I mean, one other thing I would love to do is like, be an artist... Because I do like drawing... But at the moment, um, I don't like drawing 3D things... Um, I can only do a... Like, because I watch a lot of anime I draw a lot of the anime characters that I like... um, and I am like, really good at it. Because like, my brother wanted me to draw Pikachu... Um, and Charmander from Pokémon... Um, I have drawn them, I haven't gave him it yet though... Because I was meant to give it [to] him, but I wanted to keep it in my art book so I was going to draw it on a canvas and then like, colour it in because I don't like using paints because it's too messy... And plus then you can't always blend it that well... Um, so I'm going to draw him another one because I'm going to keep the original one in my book and then I'm going to give him another one that he can have on his wall because he keeps moaning that he wants it... Um, but obviously with my old one, I've got like, the colours of the shading, so how I've done, like, the pencils and I've checked they're the right colour... Um, and then I've got like, the date I did it and the time that I finished and started and all that... Um, so he said that he wanted that cut off it... I was like 'no!, I'm not doing that!' [Laughs]

Interviewer: [Laughs]

AM: Um, so he said to me, can I do another one? And I said, 'yeah, sure'... So, um, uh, I do like doing art, but I don't like being told what to draw... I mean, like, my brother requesting that he wanted Pokémon was fine because it's easy, I know I can draw that... But like, if I'm like, in Art, if I'm being requested to like, draw something that I don't want to draw, then I don't do it that well, because I don't want to do it, plus I don't want to find I get pressured... because like, my Mum and my Nan always keep saying that I should bring my Art books in

and show the teachers, but I don't necessarily want to... Because then I don't want to find that the teacher expects more from me in the Art lesson, because she knows that I can draw, but my best drawing standards is like, uh, characters from like, TV shows and all that.

Interviewer: Yeah.

AM: Um, I mean, I might be able to draw like, real people but like, I prefer drawing characters because it's easier... And like, it's characters that I like and because I like a few characters from like, some of the animated shows... So I draw some of them because I like the character and I like the show... And then, plus, I like the drawing, so obviously I'll put more effort into it. Whereas if I'm drawing something that I don't really like, like in Art and we're drawing like, flowers or something... I'm not that good at drawing flowers. because my skills are more characters. So I don't necessarily pay that much stuff... In there. So I'd like to be an artist, but I don't think I'd enjoy being told what to draw. Because then it kind of ruins the fun from it because like, in an Art lesson, when the teacher tells you need to draw a certain thing, it like, ruins a bit of the fun. Um, whereas like, if I'm just wanting to draw, then it's more fun because I want to draw, but if I'm being told that I need to draw then it's not that much fun... It's like, pulling the funness out of it! [Laughs]... So I guess I'd want to be an artist, but being like a nursery teacher or like a babysitter would be quite fun as well, because I'm quite good at it. So like, one of them two things, that’s like one of my top things I'd like to do... Um, mostly an artist at the moment, but I'm not a hundred percent sure on that one.

Interviewer: You don't have to be a hundred percent sure at the moment, but I think that sounds really cool! So, maybe you could choose like, Art when you do your GCSE choices... Or have you already done them?

AM: Not yet.

Interviewer: Not yet? Yeah. So that might be a good idea.

AM: I know we're choosing like... because we have like Textiles, Computer Science, Drama, Graphics, all that... [counts on her fingers] Textiles, Computer Science, Drama, Graphics... Uh... there's another one, um... because there's five... Oh! And Cooking! I do like Cooking as well, so I am going to choose Cooking for my like, Tech stuff... Um, and then for my GCSE's I might choose Art... but I do like Cooking and I do like, a lot of like, baking cookies and all that... Because like, Mum gets me the ingredients and I basically like, follow the instructions and I cook like, really nice cookies because then by the time I'm able to sit down and eat some after washing it all up, there's only a couple left! [Laughs] Because like, my Mum and my Nan and my brother came over and nicked some! [Laughs]

Interviewer: Ooh! They always smell so good, right? [Laughs]

AM: [Laughs] So I don't always get some... Um, but then I usually cook some more so that I can actually have some... Um, so I do want to do cooking as well, because I do enjoy doing that... Um, but I think I am leaning more towards like, doing Art than Cooking. Um, because it's like one of the actual lessons that I do enjoy, because I did Cooking twice, because I did it in Year 7 and Year 8... Um, and I did actually enjoy it, but I think I enjoy doing... Like, I don't like necessarily being told what to do... So, as I said, with the Art I don't like being told what to draw, but I like drawing what I want to draw... Whereas with like, Cooking. I mean,

I'm all right with being told what to cook because I'm still cooking and it's still fun, but I prefer cooking what I want to cook.

Interviewer: Yeah?

AM: But with the Art, if I've been told what to draw, I don't like doing it then... Whereas it's different with Cooking, because if I've been told what to cook, I'm still fine with doing that...

Interviewer: Yeah... because you can follow the instructions.

AM: Yeah. So it's still technically doing something that I like. But then again, with Cooking, you're necessarily being told what to do anyway, because you have to follow the instructions... Um, but I don't like being told what to do in like, certain lessons. Um, mainly Art because like I don't like being told it... Because then it kind of ruins the fun from it. But with Cooking, I'm not that bothered because as long as I get to cook, I'm fine. [Laughs] Um, but I do like Cooking and I do like Art, so I guess I'm leaning towards them kind of things, but with being an Artist... Like I said, I don't like being told what to draw.

Interviewer: Sure.

AM: So I guess with being an Artist... I might just like draw something and kind of like, sell that drawing rather than actually be a proper Artist... Because like, then you'd have to like, do certain drawings at certain times and I don't do it like, everyday... I do get them days where I do it, like, everyday and I carry it on for a while... But then I take a break from it and then I do it again. Because sometimes I draw that much, I don't know what to draw anymore. So then I'll wait a while until then I have an idea and I know what to do... Uh, because I struggle with feelings, so sometimes I draw what I feel, because I've got like a 'depressing' book where I draw, like, what I feel... And then I've got like my actual two art books. Because I've already finished one of my art books... Um, where I basically just draw like, characters and all that... Um, and then I've got the other book where I draw basically what I feel... Because the drawings where I draw what I feel I won't necessarily sell them or anything, because they're basically my personal things...

Interviewer: Yeah, they're quite personal...

AM: Yeah. But if it's like, the drawings I've done of like, characters, and all that, as long as I've got two of them, then I'll sell it... Because like, if it's my original one, I won't really want to sell it... Because it's like, I can look back like, when I'm older... I can look back on like, my drawing from what I've done and see how much I have improved, because I used to do drawings in Primary as well, but I wasn't that good at it... Um, and then in Year 7 and Year 8, I've got a lot better. So like, I like looking back on like, my Year 7 and [Year] 8 drawings, and then seeing how much I've improved from them... Because then, I guess, it makes me feel good about myself because I've improved on something that I liked doing. So it... I like keeping them, but I like keeping a lot of things. Because Mum gets a bit annoyed at it... Because like, if we're sorting out our rooms or something, um, and we're getting rid of some stuff... I don't like getting rid of things, I keeping a lot of things! [Laughs] Um, but yeah, I'm leaning towards being like, an Artist, but I do like Cooking as well. So I am doing Cooking for my, uh, Tech stuff and all that.

Interviewer: Okay.

AM: Cause it's not like Textiles, I've done it three times... So, I don't really enjoy it... I do like sewing and I'll do it at home... But I don't mind doing it in school cause like, we're making this monster thing... Um, it's all right but I don't like my one... But like, if I'm doing it at home and like, Mum has something for me to sew then I'll do it... But I guess, I also like sewing because I do it with my Nan, because my Nan does sewing... So if I have sewing stuff, I either do it for my Nan or I do it with my Nan. Uh, so it's like, more fun that way... Rather than doing it in a classroom... So I don't know, I like Cooking, I like doing Art, I like doing like, the babysitter type of stuff, and if I'm with my Nan and I'll do sewing, with her, because I do enjoy doing it with her. Because it's like, bonding time with my Nan. Because I guess I bond with my Nan more than I do with my Mum, because like, my Nan says I'm like, a mini one of my Mum, so we clash a lot... Um, but like, I do like, a lot of things with my Nan. Um, because like, I used to go over there like, everyday... I mean I still do now and then... but obviously sometimes I'm a bit busy with like, my friends and all that and homework and other stuff... So I don't always get to go over everyday... But I always go over on the weekends now then. Um, because she used to have a cat and the cat went missing in June or July... Uh, so that took a big, a big impact on me... Um, but like, I like bonding with like my Nan and that... I do like bonding with my Mum and my brother... My Mum don't like cooking... She doesn't do it...But I do... I think I'd rather like, be like an Artist or do Cooking or something.

Interviewer: So it's Art, Cookery, babysitting... And you do quite like sewing but more like, with your Nan.

AM: Yeah. I like doing it more with my family than my class! [Laughs]

Interviewer: [Laughs] So.. is there anything else about ADHD that you haven't told me that you would like to tell me before we finish up for the day?

AM: Um, I don't know... Because I've like, been at peace with my ADHD for a while now, so it doesn't affect me. I mean, it does affect the way I work and all that, but I'm fine with it. I feel comfortable with knowing that I have it, and the medication I take, I feel comfortable with it.

Interviewer: Yeah?

AM: Like... I don't feel like, awkward having it, I feel fine. Like, I'm in my comfort zone, knowing that I have it, I'm fine with it, I wouldn't really want to get rid of it or anything. So I don't know... I guess I feel comfortable with having ADHD because now I know what was like, so... like what was the... like, the problem with me, in like, Primary and all that... and why I couldn't do whatever I was told and why I couldn't understand multiple things. It like, explains why I couldn't do them things... So I guess, I'm a bit more like, grateful that I know now why I couldn't do them things. So I don't necessarily like, deny that side of me. I'm at peace with it. I understand it. So I get it.

Interviewer: That's good. So you understand ADHD, and then you're kind of at peace with it because of that?

AM: Yeah. The first time I heard it though I didn't really understand it so I was a bit worried. Well, now that I understand it, I'm fine with it... I'm in my comfort zone, knowing that I have it.

Interviewer: Okay. Right. Shall we... shall we call it a day there then?

AM: Yeah.

Interviewer: Anything else?

AM: Um, I don't think so!

Appendix M: *Example table showing initial comments and emergent themes from the transcript.*

Emergent Themes	Original Transcript	Exploratory Comments
	Interviewer: So, um, hello! So you're going to call yourself Aria, aren't you?	
	AM: Yeah.	
Identifies as smart, funny and caring.	**Interviewer:** But your actual name is Aria, which in the recording I'm just going to have to write 'your name is Aria, but your real name is Aria! [Laughs]... Okay. So you remember what my name is?	Aria Montgomery is a character from 'Pretty Little Liars' she is smart, funny and caring. Why did AM chose this as her name? Does she want to be like her? Identify with her?
	AM: Yeah.	
	Interviewer: Yep? Brilliant! And, um, you know what we're doing today as well. So.. let's get some of these cards out. So the question is, for the interview, is 'What is school like for you?' Um, do you want to carry on putting them out on the table? I want all of them everywhere, basically. Um, I can take that sheet back if you want, uh, And... there's quite a few isn't there? If I pop that there... So you've got the interview topic there. Um, so 'what is school like for you' is what we're talking about... So, we've got a bit of a structure. So school is blank because blank. So, do you want to, what... what takes your fancy? So school is what... can we use one of these words?	
	AM: Um, I don't know. There's multiple things it can be...	
	Interviewer: Well, so you can talk about. You know, four or five... However many you want to do, that's absolutely fine.	
	AM: Um, sometimes it can be confusing.	
	Interviewer: Yeah?	
Receptive processing difficult In class instructions are difficult to understand School is confusing	**AM:** Because, um... I don't know. Sometimes I don't always understand, like, what teachers are on about, so it makes it a bit confusing. Um,	School is confusing. Information difficult to process. Communication barriers – receptive.
	Interviewer: So tell me more about that... So teachers, you don't really understand what they're on about...	
Inconsistency in support from different teachers Breaking work down is useful Support needed is different in different environments ADHD traits are inconsistent	**AM:** Like, sometimes like if we're in a big group in like the whole classroom and they're explaining like um, Science or something, um... and they're explaining like what we have to do... sometimes I won't always understand it, which then makes it a bit confusing. Because I need it broken down sometimes. Uh, some teachers do do that, which makes it less confusing. Um, but some don't or... Sometimes like they break it down, but it still doesn't always make sense.	Inconsistency in support between teachers. Breaking work down is useful. Some help but inconsistent. Support needed different in different scenarios. ADHD inconsistent. Breaking down instructions helps.
	Interviewer: Yeah. Okay. So sometimes breaking it down is quite helpful?	
	AM: Yeah.	
	Interviewer: So what do you mean by breaking it down?	Making instructions shorter – more concise. Sequential instructions helpful.

Instructions need to be short, concise, sequential	**AM:** Like if like... if there's big long sentence explaining what we have to do. They like, make it shorter. Um... like, you know, like, um, like Science projects where you do, like, step-by-step like, kind of break it down like that where it's less. So it's like easier to understand.	
	Interviewer: Okay. Okay so let's say you, uh, I don't know what you do in Science... You're using a Bunsen burner to, um... I don't know, set fire to some piece of metal, right? That happens sometimes, right?	
	AM: Yeah.	
	Interviewer: That's a thing you do in Science, cool! Um, let's say you're doing that, and then the teacher's at the front of the classroom and has said to you, okay, first thing is you need to get your Bunsen burner out, you need to get your clips out... I can't remember anything from science now! Uh, you need to get, like, a heat proof mat... Yeah?	
	AM: Yeah.	
Too much teacher talk = confusing Stress/anxiety is a barrier to receptive processing Comorbidity with anxiety	**Interviewer:** But if they say that to you in one go, how are you going to react?	Multiple instructions confusing. Overwhelmed by too much teacher talk. Stress is also a barrier to processing – comorbidity. *"I can get stressed" something that happens often – part of her routine, who she is.*
	AM: I'll get a bit overwhelmed cause I can get stressed. So it overwhelms and then I get really confused.	*"anxiety, stress, overwhelmeness, confused" confusion is made up of multiple events and feelings.* Anxiety causes stress, which causes feelings of being overwhelmed, which causes her to feel confused.
	Interviewer: Okay. So when you're feeling really overwhelmed... You know, you mentioned earlier feelings of anxiety sometimes?	
	AM: Yeah, that's usually then... It's like, I get anxiety and then I get the stress and then the overwhelmingness of not understanding so then I get really confused.	
Friends important support Peer support = alternative to identifying herself as being less able Accessing peer support = masking from adults and wider peers Doesn't want to stand out Talks directly to teacher where possible Avoidance of putting hand up First line of support = friends	**Interviewer:** Yeah. So what do you do in that situation when you're feeling, really confused and you don't...	Friends are a helpful support and asking them means she doesn't have to point herself out as being less able to teacher. Speaking in front of the class is difficult – embarrassment? Has found that talking directly to the teacher is easier than talking in front of peers. Peers important support – explain differently to adults and this is helpful. Multiple presentations of information is helpful. Will usually ask friends as first line of support and then asking teacher comes after that.
	AM: Well, sometimes I ask my friends or... I don't like putting my hand up in front of the class, so I'll wait until Miss comes over to me and then I ask her a question. Um, but if, like, she's busy talking to someone else and I ask one of my friends or something, um, and then usually they explain it to me... Um, cause like, usually like with adults and then children, like, they can explain it differently. So usually when my friends explain it, like, they explain it the way that they understand. So then sometimes I understand it. Um, so I usually like ask one of my friends or I wait till Miss comes over because I don't like putting my hand up. [Laughs]	Rules are negligible, being able to speak to friends is more important than following rules.
	Interviewer: [Laughs] Okay. So asking your friends, that sounds like that's a really important thing. Like, what happens if the teacher moves your friends away from you? Does that ever happen?	
School rules are less important than accessing peer support	**AM:** [Laughs] I'll walk over to them!	Friends with similar needs is an important support. Teachers move AM away from friends because they talk too much. *Breaking rules is not a big deal – laughter, light.* Disruptive to other students? Low level
	Interviewer: Will you? [Laughs]	

Friends with similar needs = helpful School rules unimportant Accessing peer support is seen as low level disruption Function of school rules = repression of traits. Reciprocal friendships Choses to sit alone as coping strategy Sitting alone = easier to concentrate Avoidance of new social situations Sitting with unknown/disliked peers = barrier to support Regularly doesn't understand class content	**AM:** Yeah! [Laughs] Because like, teachers move... Me and a few of my friends, like, get along really well. Um, and then I've got like one other friend, like we can... We, like, bond, like, a lot. Cause like she has, like, a few similar issues. Um, and like sometimes we can talk too much and not pay attention to the teacher. So she like, moved me across to a different table. Uh, cause it's an Art class and she moved me across to a different table, but I still walk over and talk to her or like we talk across the classroom. [Laughs] So moving me doesn't usually help very much because I still talk to my friends! [Laughs] **Interviewer:** Okay. So if they move you, you'll just, you'll just go over to your friends over and start talking anyway! **AM:** Yeah, or I'll just like, I'll just like talk to them across the table or they usually come over to me. **Interviewer:** Yeah? Okay. So basically moving, you doesn't necessarily help, but I'm just thinking like if, if they were to move you somewhere where you weren't... where you were next to somebody who you didn't know very well, let's say... Does that happen much at this school? I'm not too sure how big it is. **AM:** Umm, not necessarily because usually the people in my class, I do know. If it's English or Maths... Because English and Maths, we both have, like, we will have like separate classrooms. Cause we're in different stages for English and Maths. All of our other classes we're in, like, our teaching group. Um, but like in English, for example, there's only a couple of people that are actually in my teaching group. So I mean, they don't sit next to me because I sit on my own in English because I like sitting on my own sometimes because it's easier to concentrate. Um, plus then I don't, like, in case if I end up sitting next to someone that I don't know, it's better to sit on my own, then to sit next to someone I don't know. Um or someone I don't like, or don't want to sit next to. Um, and then like Maths I sit on my own. But I sit in front of one of my friends from Year 7, Year 8 and from Primary. Um, but I sit behind one of the people that I don't like. So I guess it kind of depends. Uh, sometimes it happens, but usually I sit on my own in English and Maths. Um, I'm still near my friends, but I don't sit next to them because then we mess around too much, the teachers get a bit annoyed. **Interviewer:** Okay. Yeah. So it is quite... it is actually quite important for you to sit next to people who you get on well with. **AM: Yeah.** Because otherwise I won't really talk very much and I'll just try and figure it out for myself. **Interviewer:** Okay. So, right. So school is confusing because sometimes you're not understanding the instructions and sometimes you need a bit of like, I would call it like, prompting from a teacher? Do you know what that word means? **AM:** No. **Interviewer:** So it basically means when somebody tells you what you need to be doing and they can kind of break things down a lot, a lot... kind of smaller, into little chunks for you.	disruption. Teachers making changes in classroom to mandate repression of traits doesn't always work. Friendships and ethos of rule breaking is shared by friend. Two-way friendship. Sitting by herself, *when this is a choice*, this is helpful because it's easier to concentrate. Avoidance of new social situations – would rather sit by self. There are people in her school who she doesn't like – why not? Is that reciprocal dislike? Teachers get annoyed when she messes around with her friends – being off task? Or talking about work? In a very small English class – is this a class where she has more access to the teacher and is a form of additional support? If she doesn't get on with the people sat with her she'll keep any difficulties to herself – doesn't want to disclose difficulties to un-trusted people. *"figure it out for myself" – we are talking generally about classes, her mentioning this suggests that not being able to figure it out is normal for her.*

Self-regulation for ADHD = sitting by herself Sitting in front of teacher =easier to ask for help Avoids putting up hand Teacher initiated support = helpful Teacher relationship = important Friends = supportive but distracting ADHD differs based on environment Friends nearby = helpful Understands what support is helpful/not helpful and is able to explain this Noisy classrooms = distracting Social classroom = distracting Intrinsic motivation = important for learning Pre-conceived ideas about lesson = whether AM will listen or not Paying attention is challenging but can be somewhat self-regulated Teacher relationship = important	AM Yeah. **Interviewer:** So when you sit by yourself in English or Maths, you say that makes it easier to concentrate sometimes? **AM:** Yeah because I don't get tempted to get distracted. **Interviewer:** Yeah? **AM:** Um, I mean, I still sometimes get distracted cause I still talk to my friends, but um in English I sit on my own in front of the teacher. Um, so sitting on my own if I'm in front of the teacher, it's easier to ask them questions without me having to put my hand up. Um, and in Maths, I sit by the door, um, second from, like, being right next to the door because you've got it in rows. Um, I don't sit next to the teacher, but like she always walks around and comes over anyways. Um, cause I have Ms. Newton. Uh, I had her in Year 7... No, I had her in Year 8, I had Ms. Stands, in Year 7. Um, cause she, like, knows what I'm like from Year 8. So she always comes over anyways and double checks if I understand sometimes. Um, but yeah, sitting on my own, it usually helps me concentrate. Uh, cause I'm not sitting next to one of my friends, which then doesn't get me tempted to talk to them, um, or get me distracted. Um, I mean I still do talk to them, but sitting on my own, it's less like...Wanting to talk to them, because like they're on the other side of, uh, like the room or something, so it's harder to talk to them. So therefore I get on with my work a bit better. **Interviewer:** Okay. So things that kind of distract you in class, are your friends being near you, are there any other things? **AM:** Uh, usually a lot of noise distracts me. **Interviewer:** Yeah? **AM:** Um, or if there's a big conversation going on, then I can just get really distracted, then end up being in the conversation. Um, so I don't know, it depends. It's like, sometimes it can be quite noisy, so that distracts me, um, sitting next to one of my best friends can distract me, cause then I talk to them or mess around with them. Um, and then, uh, sometimes if it's like a boring lesson, like French, then I can get distracted easily and that, cause I don't really pay attention. **Interviewer:** Okay. So if it's kind of like, if, if it's a subject that you don't like as much... **AM:** If it's a subject I don't like as much, I don't usually pay attention that much. If it's a subject I do like, and it's like, it's with a teacher that I like then I'll pay attention. Because I like the subject and the teacher is nice. So I'll concentrate more. So I'll put more effort into the lessons I like than the lessons I don't. **Interviewer:** I think that makes sense doesn't it? **AM:** Yeah. [Laughs]	Sitting by herself is a way of managing her ADHD – self regulation. Sitting in front of the teacher makes it easier to ask for support. Putting hand up is avoided. Teachers who circulate and check in on pupils is helpful – teacher-initiated support is helpful. Teachers who know her better over several years are preferred, they know how she works. Teacher relationship is important. Teachers know to ask whether she understands and this is helpful. While friends are important support they can also be distracting. If they are not part of routine in the class then maybe this makes it easier not to talk to them so much? AM understands that her friends can be distracting and has taken self-initiated steps to minimise this. Noisy classrooms are distracting. Class conversations are distracting – AM wants to join in rather than do work. *"Boring lesson" unmotivating subject is less attended to.* Reputation of lesson creates routines. ADHD is varied in different settings and classes. *"I don't usually pay attention that much" – said confidently. These are routines she knows well.* Teacher relationship important and can results in internalised motivation to remain attentive. *"I'll put in more effort" – suggests that she is able to regulate her own ADHD, is putting in more effort tiring?*

Active engagement in lesson = less negative impact of ADHD traits Unexpected stimuli = fight or flight Low stimuli environments = less ability to concentrate Engaging teaching methods = important Varied sensory activities = important Teacher relationship = predictor of engagement Tangential speech Excessive talking Placement in class = by self but near to peer support Motivated by own interests Positive teacher relationship out-trumps subject interest	**Interviewer:** So, getting distracted by noise. I mean, like, I have ADHD as well. I'm very aware that there's like a chair scraping that way. There's kids screaming that way... I can hear some conversations from there as well... It's very difficult, isn't it? Are you getting just distracted by the same things in here or is it okay when you're kind of like, actively talking? **AM:** It's okay at the moment because like, I'm doing something so it like kind of blocks out some of them noises, but like, if we're just like sitting still or something or just like quiet or something, then I'll get really distracted because I'm not doing something at that moment in time. So like, I'm not blocking the noises out, so then I can hear them and then I get distracted trying to figure out what the hell is going on, or something. So it depends if I'm doing something. **Interviewer:** Okay. So you're like... If you're doing something in the class, then it makes it easier to not get distracted? IM: Yeah. **Interviewer:** Rather than when you're just sitting there listening to people? **AM:** Yeah because I'm like, focused on what I'm doing. **Interviewer:** Okay. So there's some classes where... Do you, do you... put up your hand and stuff in class to answer questions? **AM:** Uh some classes... I have two Science classes. I have one with Mr. Geller and one with Ms Green, I like Ms. Green cause I had her in Year 8 and she's really nice. She's one of the youngest teachers as well. Um, and then Mr. Geller, I don't like him. He's very strict and he moves me and Janice around a lot. Um, cause there's two Janice's in my class. One of them I know from Primary, one of them I met in here, um... And basically I sit next to the one that I was with in Primary. And like, we get along really well. So sometimes he moves us or like always moans at us to shut up. I mean, sometimes we do be quiet so we don't get moved. Um, but like sitting next to her or something, sometimes I can get distracted... Um, but if it's like with Ms. Green, I sit... I don't sit next to [Janice], but like [Janice] sits on the table next to me. Um, so I still talk to her, but like, I focus more in that lesson because I like the lesson and I like the teacher, so I concentrate more and try my best to focus. Whereas with the Science lesson with Mr. Geller who I don't like, I don't necessarily focus more on that one cause I don't like it. **Interviewer:** Okay... And so do you reckon that's more to do with the teacher or the subject? **AM:** I guess it's more to do with the teacher cause like, I used to enjoy French in Year 7 because I liked the teacher. Um, and then Year 8 and Year 9 I don't like the teacher so I don't really like the lesson... Although I'm leaning more towards liking Japanese. Um, yeah, because with me watching a lot of anime, I've got into a lot of Japanese, so I quite like Japanese.	Active engagement in an activity lessens impact of distracting noises. *"trying to figure out what the hell is going on" when related to noises, anxiety and ADHD comorbidity – on alert, fight or flight?* Quiet environments where nothing is being asked of her are more difficult to cope with. I wonder whether if she was asked a question to answer before teacher talk that could improve her ability to concentrate as she would be trying to problem-solve using presented information? Needs engaging teaching methods and varied sensory activities. Clear likes/dislikes of teachers – relationship is important for engagement in class. Mentions information which might not be helpful for others to know, does this impact her ability to explain herself to teachers? Excessive talking. *"Moans at us to shut up" – teachers asking for reduction in low level disruption is annoying.* If teacher is less liked, AM is less likely to care when they request quiet. Class AM likes more, she doesn't sit next to her friend but does sit near her. Maybe best placement in class is by self but still near to peer support? Teacher relationships can turn an unliked class into a liked class. Has started learning Japanese because she likes anime – motivated by own interests.

Friendship issues = confusing		**Interviewer:** That's so cool! So, um, maybe we'll talk about that in a bit. So, right. So back to 'school is confusing'... So we talked around that subject quite a bit. Is there anything else that you can think of that you find confusing in school? So it's a way that things are worded sometimes...	
		AM: I don't know. I think mostly it's like what's going on in the lesson can confuse me sometimes.	Repetition of what she has said earlier. Has she forgotten?
		Interviewer: Yeah?	Friendship drama can be confusing. Keeping track of who is friends and who is not.
		AM: Um, so I guess it's usually like, the way the teachers explain it is confusing.	
Teacher talk is irrelevant		**Interviewer:** Yeah.	
Struggles to access teacher talk		**AM:** Um, or if there's like a big drama that's going on in the school, that can be confusing! [Laughs] Because sometimes there's a lot of drama in between my friends so it can get a bit confusing on what the hell's going on, especially if it's like with people who are friends, and they're not friends, and then they're friends... I get confused if they're friends or not! [Laughs]. Um, but other than a little bit of drama with my friends and then like... The teacher's explaining things... Confusing is all right except for that.	
Dismissive to protect self-esteem			*"Going on about" like teacher talk is an annoying irrelevant thing in her life. Minimisation of importance because she struggles to access it so it is seen as unimportant to protect self-esteem?*
		Interviewer: Okay.	
		AM: But I think mostly it's just I don't always understand what the teachers are going on about.	
Homework deadlines are stressful		**Interviewer:** Okay. So it's more about how things are worded really?	
Motivated by deadlines		**AM:** Yeah.	
High teacher expectations cause anxiety		**Interviewer:** Okay. Do you want to choose another word?	
		AM: Um... [Looks at word cards]	
Short deadlines = anxiety		**Interviewer:** Let me know if there's any that you don't know what they mean, as well. Because I can help you with that.	Homework deadlines are overwhelming. Does work last minute – motivated by deadlines. Suggests that she is concerned about rules and getting in trouble.
Planning ahead difficult		**AM:** It can be a little overwhelming.	
Inter-teacher communication		**Interviewer:** Hm?	Teacher pressure causes AM to feel anxious. *"a bit anxious" – playing down? or is anxiety over deadlines insignificant?* When homework requirements lessen anxiety lessens. Deadlines can be short and AM isn't able to plan ahead to know how much work she will have. Teachers don't share with each other how much homework they're giving out and this can lead to clashes – more homework = more stress.
Quantity of work = stress		**AM:** Because sometimes I can get overwhelmed when, um, like, there's homework to do and haven't done it. Because I, I do things last minute. I don't do it in between my time. I do it last minute. Um, so like if I haven't done it and then the teacher starts moaning at me and like telling me I need to do it, or like they could say like, I have one more chance or they're going to give me detention or something. Then I can get a bit overwhelmed and a bit stressed, and then I can get a bit anxious. So, I guess usually overwhelmed is more to do with homework, but lately I haven't been that bothered about it, because lately the only homework I've got was a Maths one and that's due tomorrow. Um, because I double checked with the teacher this morning...	
Home – school divide = forgetfulness			Forgetfulness is a problem and she can forget that homework needs to be done – external locus of control.
External locus of control			
Technology useful			

Manages own coping strategies Environmental prompting useful Worries impact sleep Inconsistent times between homework deadlines Working from home difficult Self-regulation is a journey Support cannot only be internal Extensions helpful Flexibility helpful Immediate sanction not helpful Teacher support to create reminders = helpful Teacher relationship important for managing stress Punishment for additional needs Heritability of ADHD means home = distracting ADHD is dependent on environment Transitions difficult "getting in the zone" difficult		Um, but I think the most thing about 'overwhelming' as well, homework... Or when you've been set like, you've had like, what, like the lessons in a day... At the end of the day, you've got like multiple homework's from that, like, uh, multiple conversations of like lessons. It can be a bit overwhelming because I've got so much to do and, like, it can be due like, really quickly. Or sometimes the teachers don't leave like, a wide enough gap between the homework. Because, um... There's a few lessons where, uh, like they give us homework and it's due in like the next like two days or something. Um, well I can get a bit overwhelmed then because like, sometimes I forget a lot of things, so I forget about the homework. Um, cause I have to put reminders on my phone to remind me about my homework. Um, and then... Basically I can get a bit overwhelmed then, cause I haven't done it and I've only got like one more day to do it, but then when I go home, I'll completely forget about it. So then I'll have to do it in school, but then I can get a little bit overwhelmed because I'll like usually remember when I'm in bed and I'm trying to sleep but then everything then just comes back and I remember everything at the worst time, so I could get a bit overwhelmed then... Um, but I think that's usually when they just don't give us like a wide enough gap of homework... Um, I mean they usually do, but there is a couple of lessons where they don't. **Interviewer:** Okay. So homework and like the **amount** that you're getting and **when** you're getting it is quite overwhelming? **AM:** I don't get a lot of homework, but I did last year, I think that was mostly because of COVID... Um, but I had like, a lot of homework then. So I've got a bit overwhelmed last year, it hasn't been that bad this year, but I still get a little overwhelmed if I haven't done it... Um, and I'm going to get detention by the teacher... Um, one of my geography teachers gave me detention for my homework, they haven't actually gave it me yet. So I'm happy about that. Um, but, um... I get a little overwhelmed if it's like, it's one of them teachers that don't let you have, like an extra day or something to do it. Then I get overwhelmed because it's the fact of I **know** I'm going to get detention and I **know** that it's... they're not going to like, give me like a free pass to then let me have another day of being able to do it. Um, so that usually makes me a bit overwhelmed. **Interviewer:** So when they give you like, that extra day to do it, do you tend to actually be able to do that homework? IM: Yeah. Cause then I'll put like, the reminder on my phone, or I like, keep on saying it, so it reminds me, um... Because they give it like an extra day then I don't usually get that overwhelmed because it's easier because then I remember it. Um, and like, it gives me like, an extra day to do it. So I won't be overwhelmed because I know that I have like another day to be able to do it. Um, so like, I know that I've got like another chance to be able to do it before it's handed in. **Interviewer:** Okay. So it sounds like it's helpful to have like, that extra day sometimes, but you'll **know** which teachers are not going to give you the extra day I imagine? IM: [Laughs] Yeah!	Uses phone to set reminders – coping strategy. No indication of whether is works or not. AM is very aware of deadlines and what is required of her but she forgets when she is not directly engaging with that topic. Being reminded of work when she is trying to fall asleep impacts her sleeping. *"I remember everything at the worst time" – self-prompting worries? Difficult to put worried back in the box for later?* Teachers often do give a long enough time to do homework but this is inconsistent. Over Covid the requirements to work at home increased and this was difficult – AM felt overwhelmed. *"I still get a little overwhelmed" – still suggests that she has made some progress towards being able to cope with her workload and is able to cope better this year than she did previously.* Teachers allowing extra days for homework is helpful. Teachers who give immediate detentions for missing homework are not helpful. Teacher support to organise reminders is helpful. Coping strategies seem inconsistent and she may need prompting to use phone reminders. Less stressed about homework which is given by teachers who have the ethos that extra time is okay. Being punished for her additional needs by those who don't allow her extra time - assume that she can just do it like neurotypical peers. Doing work at home is difficult because of distractions. Because people with ADHD are likely to have family

Third environment – not home or school = helpful in completing homework Seeks environment away from home to complete homework Family are proactive in giving support Family reputation in similarity of needs Medication = improved academic outcomes Negative feelings about academic abilities before diagnosis Limited understanding of negative implications of medication Adult discourse about medication = it will fix everything, it is dangerous Medication = control Medication = adult's choice	**Interviewer:** So, um, oh! I had a question now it's gone... This is something that happens a lot. Do you have this? When you have a question and it just, 'boop!'... Nope! Not there! Um, oh yeah. So, right. So when you, you said that sometimes when you were at home and you're doing your homework, you find it more difficult to do homework at home. Is that...? **AM:** Um, it depends... Because if my brother's annoying me, then sometimes it can be very difficult. Um, but if he leaves me alone and I'm in my bedroom and I'm able to do it, then it's not like, that difficult because I can do it in peace. Um, so usually like when I have homework, I like, shut the door and everything. And then he usually like just messes around on whatever he's doing. And then he like, goes downstairs and watches TV with Mum. So then I'll have peace and quiet to be able to do it... Um, sometimes I do go over to my Nan's and do it cause it's a lot quieter there. Um, so I guess I go to Nan's house to do homework because it's quieter. Plus then sometimes depending on what it is, she always wants to help. Um, so I guess going to my Nan's is easier. **Interviewer:** Yeah? IM: But it doesn't always, it's not always that... like hard to do it at home. It just depends if my brother's annoying me or not. **Interviewer:** So if he's... how old is he? **AM:** Um, 10... **Interviewer:** He's, 10. **AM:** Yeah, he turned 10 on the 14th October. **Interviewer:** Does he have ADHD as well? **AM:** Uh, he is being tested... Uh I don't know if he's been tested for it, but it's going to be tested for it, because, uh, my Primary school... Because he goes to Primary school as me... Um, and they said that they, they see, they see the same things with **me** in **him**. So when I wasn't on my meds, before I had my medication for it, um, like they say that he reminds them of me when I wasn't on my meds, so he is going to get tested for it. I don't know if he is being tested for it, but I know that he is going to get it. I'm guessing it's going to be like sometime soon, uh because he can get quite annoying. So I guess I guess Mum wants to make it a bit quick so then before it gets like really bad and like his education goes down, then he can get the meds beforehand so that his education goes up, because I got my meds quite late... Um, so my education wasn't that good. Um, it was only like Year 5 and Year 6 that got better. **Interviewer:** Yeah? **AM:** Um, so I think mom wants to get him tested like before, like that. I mean he's in Year 5 now so I'm guessing it might be tested just before Year 6 or something... But he, he possibly does have it because like, the school says he's a lot like me in ways... Um, so he might have it, he is going to be tested.	members with ADHD (AM's brother may have some traits given her description) home might not be a quiet and peaceful place to work. In addition to this, the impact of transition and environment as a block on 'getting in the zone' may also make learning at home more difficult. Extended family help is useful where home life is busy and noisy. AM's Nan is a useful support. Having somewhere away from home and school to work reduces distractions. AM is being proactive in her own support by seeking a quiet place to work at her Nan's house. *"She always wants to help" – Nan initiates support rather than AM having to ask.* *Family reputation is placed on brother "they see the same things with me in him" – this would be difficult for YP with ADHD who have an older sibling with the same condition.* Belief that medication will improve academic outcomes. *AM was given medication late "my education wasn't that good" – feels she is on the back foot already even though she started on medication in late primary school years which is relatively early for girls.* Wishing that she could have had it sooner? Belief that her education will repeat for her brother. Understanding that medication is strong – controlled drug. Awareness of side effects? Does she feel okay about the idea of having side effects or does this add to her anxiety? Adult discourse is two ways about medication 1) it will fix everything and 2) it is dangerous – no nuance.

	Interviewer: Yeah. So it sounds like medication is like, a really, really big part of being diagnosed for you is that I think it's change that happened?	
	AM: Yeah I have... It was the biggest change because I wasn't on medication... I got like... I had a medication that wasn't that strong, but it didn't work very well. So I have to have like, really strong medication to help it. So I don't think I've got like the ADHD that isn't that severe because I have to take really strong medication. Um, cause it used to make me really sleepy, but obviously my body's got used to it now, so it doesn't make me very sleepy.	*"My Mum lets me have like, a break from it" – is medication her choice or is it a choice mum / school has made to control her traits? Is this ethical? "she makes me take it because I can be a bit annoying in the shop" – parent belief it is a way of controlling/ fixing problem. "I can like, wander off or I can just like, not pay attention to her" – safety is a problem when she is not on her medication, which adds to ethical debate for medication.*
	Interviewer: Do you take it every single day or do you have breaks?	
ADHD is a jumbled up puzzle Medication brings order and control ADHD confusion = uncomfortable Medication = positive	**AM:** Um I take it almost every single day, if it's weekends then my Mum lets me have like, a break from it... Um, because like, the doctor said that it's best to have like, a little break from it because otherwise my body might get too used to it and then it might not work as well. Um, so I get a break from it on the weekends or like if I'm not at school or... If I'm not necessarily going out anywhere then I get a break from it... Um, because otherwise I'm on it, because like, when Mum goes shop or something, and I'm with her, if I don't stay home, then sometimes she makes me take it because I can be a bit annoying in the shop [Laughs] and I can like, wander off or I can just like, not pay attention to her... Um, so usually she makes me take it if I'm like not in the house... Um, but if I'm at home, I get break from it. So it kind of depends from going to go out or not.	Understanding of side effects "my body might get too used to it" – actually this is not the reason why CYP are encouraged to have a break from the medication, it is due to worries about growth and physical side effects e.g., heart problems. Therefore CYP are more likely to feel the 'coming up' on the medication and the crash at the end of the day = more behavioural side effects and more feelings of anxiety than if she were to take the medication every single day. Belief that over time her body gets used to it may result in end of the week medication not working and less positive effects in school.
	Interviewer: Yeah okay. Uh, like, how do you feel about taking it? Is it something that you... when you're not on it, you're kind of, almost like, looking forward to being on it? Does it give you that kind of feeling or..?	
Dichotomy of personality on/off medication Off medication = childish On medication = sensible Fleeting intense interests	**AM:** Um, the way that I understand how it works, it's basically like... It's like a puzzle. When I'm on my medication, like it puts all the pieces together, but like when I'm not on it, like all the pieces are jumbled up, which makes me, like, not pay attention and just, wander off and all of them things... But when I'm not on it I can be more childish than I am when I am on it. So I guess... I don't know... Cause when I'm on it, I always feel a bit like... I don't know how to explain it. It's just like, I'm not like, the childish type, but then when I am on it, I'm like really mostly sensible. Um, I'm not **always** sensible when I'm on it. Because like, if I'm with my friends or something I won't be sensible... Um, but like, when I am on my medication I can be sensible but if I want to, or if I'm not on it, I don't necessarily have to be. So I kind of mess around and be annoying because then, like, I play games with my brother because obviously I'm not on my medication, so I act a bit more childish. So I play games with my brother lately. I'm playing on the roller skates a lot lately.	*"When I'm on my medication, like it puts all the pieces together, but like when I'm not on it, like all the pieces are jumbled up" ADHD brain is jumbled up like a puzzle. She knows that there is a way that the puzzle can be put back together. Suggests that neurotypicality is 'correct'. However, suggests that the confusion she feels is uncomfortable, she is pleased there is a solution to feeling jumbled up. Is this her own analogy or is it something she has heard adults say? A way of understanding herself.* *Dichotomy of personality on and off mediation. Off medication = "jumbled up, childish", on medication "sensible if I want to" – medication gives her control in her life.* *"a lot lately" – fleeting intense interests. Hurt ankle – more likely to engage in impulsive behaviour.*
Family is important support On medication = wants to be alone Off medication = sociable	**Interviewer:** Yeah. Got any bumps? [Laughs]	
	AM: Umm... I did hurt my ankle, because I don't fall over, because I've got, like, a lot of practice on them. Uh, cause I went to an ice skating party in Primary...	Family is important and she appears to enjoy spending time with brother.
	Interviewer: Yeah?	

	AM: Um, and I really enjoyed that cause I really like ice skating. Um, because I really like roller skating as well. Um, and basically my brother fell over and as he fell, he like kicked his leg into my leg. So he hurt my ankle, but it wasn't even me that hurt myself because I didn't even fall. It was his fall!	When she is not on medication enjoys spending time with brother, but when she is on medication she wants to be alone. – how does she reconcile the differences in her personality?
	Interviewer: Oh!	
	AM: So I haven't played on them yet this week. Uh, we, we will do it uh, on Friday I think because he wants to watch this thingy with me, uh... My Hero Academia. It's one of the anime things. Um, and basically... I've already watched it. So I know he's allowed to watch it because my mum's got this whole rule where he's not allowed to watch things like 15... Um, just in case it has too much violence in it. Well, for me, I don't think it does because I've already watched it before. Um, so he's watching it with me and he keeps moaning that he wants to watch it again. Cause there's like, there's only one season on Netflix, but there is five or six seasons because there's another one coming out next year. Because I've like, looked it up on Google and like asked when there's another season because I really enjoyed it. Um, but he, he... I do things with him, like playing and then usually we watch some programs together... Um, uh, like when I'm not on my meds I'm a bit more childish, like, I want to do them things more whereas if I am on my meds, I just like, want to be left alone sometimes... Um, if I not on them sometimes depending on my mood, I do want to be left alone, but I'm a bit more childish so like, I'll interact with my brother a bit more.	
Medication = useful strategies and routines which persevere when off medication	**Interviewer:** Okay. So, do you know what the name of the medication is that you're on? Because they're all quite different.	
Medication = better academic work	**AM:** No, but I know it's like a beigey pinky colour.	
Medication = homework is easier	**Interviewer:** It's a beigy pinky colour? Is it one of the ones where you take one in the morning and you don't have to take any more? Or is it one of the ones where you have to take one every four hours?	
Difficulties managing routine around medication	**AM:** No I only take it in the morning.	Medication has given her use of coping strategies like trying to get homework in on time, whether or not she is on her medication – routine.
Medication = better receptive processing	**Interviewer:** Okay. So do you, can you tell when it's wearing off in the evening?	
Medication = less distracted	**AM:** Sometimes, yeah.	Medication makes academic work easier because she is less distracted. Preference for doing homework when she is on medication. Plans to do homework when she is on her medication but routine is inconsistent so this doesn't always happen.
Medication = better concentration	**Interviewer:** And so, do you try and do your homework before then? Or like,	
Difficulties controlling hyperfixation	**AM:** I don't know, It depends sometimes I still try and do my do my homework when I'm off my meds.	Medication helps with understanding, helps to filter out distracting noises, helps with concentration.
Shame regarding use of time	[Interrupted by staff member entering room]	
	AM: Um, sometimes I do my homework when I am on my meds and sometimes I don't, it kind of depends. Like if it's the last day to do it, then I might do it depending on if I'm doing something with [unclear] or not. Um, but otherwise, um, it kind of depends. I usually do try and do it before my medication wears off because otherwise I'll get distracted and then I might not understand the question very much because then I'll lose like, concentration. Whereas if I am on my meds, I understand it a bit	*"I'm busy doing something else and I really want to stop doing that" – "busy" suggests that what she is doing is important for her. But she wants to stop doing it – frustration, feels she cannot but will try to control*

Overwhelmed in multiple environments		more and I'll try and block out the noise of my brother messing around. Um, so I'll try and understand it a bit more. Um, so I do usually try and do it before it wears off, but sometimes it doesn't always work out that way cause I'm busy doing something else and I really want to stop doing that. Um, so I don't know, it kind of depends.	*it. Positive outlook on her ability to control her behaviour.*
	480		
		Interviewer: Okay. So it just depends on the day then?	
	485		
		AM: Yeah.	
Comorbidity of anxiety and ADHD			
Overwhelmed = over stimulation of sensory		**Interviewer:** Okay. So, um, yeah. Do you want to see if there's another one that you'd like... Or is there anything else that is 'overwhelming' in school that you want to mention?	Feels overwhelmed in lots of different environments, not just at school. Wide-ranging.
Overwhelmed = external pressure	490		
		[AM looks at the word cards]	
		Interviewer: I'm interested to know... This is another question! [Laughs] I'm interested to know what that feels like, being 'overwhelmed' in school.	
Overwhelmed = being trapped			
Fight, flight, freeze – wants to flight but can't	495	**AM:** Umm I don't know, I get overwhelmed quite often it's not always in school. Um, but it's basically like... loads of things like, pile up and then...	Being overwhelmed feels like a panic attack. Comorbidity – *over stimulation of sensory or external pressure "loads of things like, pile up".*
		[Interrupted by staff member entering room]	
Describing difficulties are difficult – use of metaphors			
Being taught about ADHD language would be useful	500	**Interviewer:** what was the question that I... Oh, yes, what does it feel like when you're feeling 'overwhelmed'?	
		AM: Uh, so basically, like, it's kind of like a panic attack, because like, I've had a panic attack before... um, I also have asthma so I've also had an asthma attack with a panic attack before, so it wasn't very good!	*"loads of things like pile on", "feel like a bit trapped and stuck" – being crushed? Unable to move? Fight and flight response, unable to cope with environmental perceived threats.*
	505		
		Interviewer: Oh no!	
Aware of needs and their impact			
Reflective of how needs have changed over time		**AM:** Um, but it kind of feels like that because like, you get like, really overwhelmed and then you get really anxious and then sometimes you can get a bit stressed then because you get **that** overwhelmed. Um, and then like you... like, I don't know, it's hard to explain... It's like you, just like, loads of things like pile on and then you get like, really overwhelmed and like, you kind of feel like a bit trapped and stuck because you've got that much that's overwhelming. Um, so I don't know... It's hard to explain! [Laughs]	Being overwhelmed is hard to explain, but she does a good job of explaining through metaphors – underconfident in her ability to explain her difficulties?
She is more able to cope now than in the past	510		
Worries about family			
	515	**Interviewer:** I think I know what you mean when you say you feel trapped and stuck, is it like your brain's not quite, like, working properly? It's not, um, you're not able to find solutions to get out of it?	"anger issues" – she is aware of her needs and how the relate to her social functioning.
Labelling = easier to understand needs			
		AM: Yeah.	*Reflective of past needs and how these have changed: "I was really bad, like in Year 7 and Year 8, because I used to take it out on my Mum and brother. I don't do that now"*
Worries about hurting others	520		
		Interviewer: Okay. Yeah. I know what that feels like, definitely. And like, do you ever... kind of, do you ever take that out on other people? Or like... what do you do?	
Worries about consequences of behaviour			
Unable to control behaviour		**AM:** Sometimes I do get... I've got a couple of anger issues, so sometimes I do take it out on other people. Um, usually I try not to, um... So I mean, sometimes I do. Um, I was really bad, like in Year 7 and Year 8, because I used to take it out on my Mum	Concerns about family health – relates also to comments about brothers additional needs earlier.
	525		

	and brother. I don't do that now because there was like, a big consequence of me doing that with my Mum. Because like she got this voice problem, uh, where like there was a risk of her voice box popping and all that, and then she wouldn't be able to talk. Um, so I don't know, I used to take it out on my mum and my brother... I don't necessarily anymore. I mean, I guess sometimes I still feel like I'm a bit harsh to my brother... but then again, all siblings usually are, cause like sometimes your siblings can annoy you that much. You like loose a bit of control and then you get really annoyed at them. Um, but I'm not... I don't necessarily take it out on other people, I try my best not to anymore. Um, if it's like with my friends or something, like we can joke around and have like a fight or something. Uh, just like a friend fight, it's not like physical one... uh, because I've got like one of my friends the one that I'm like really similar with, uh, she's got some anger issues as well, So like sometimes we take our anger out on each other but like it doesn't usually affect each other sometimes we can be a bit rough and accidentally hurt each other without realizing, um, usually it's me! [Laughs] Um, but, I don't know... usually I try and take like my anger out on something else that's not like a friend or family, um, or it's myself because like, I personally feel like it's easier taking my anger out on myself than it is my friends or family because then I'm not necessarily hurting them. Um, but no, I try my best not to... but sometimes I can get too angry and overwhelmed and then it kind of happens and I take it out on someone else. So I guess it kind of depends. **Interviewer:** Yeah. Uh, it depends on the situation then to like... who's around you and how you're feeling and yeah... Okay. Are there any other words that you wanted to..? **AM:** Um... **Interviewer:** We're about halfway through now, so if you did want to have a break, you know, you're very welcome to have a little five minute wander off to the loo to get a drink or something and come back, if you want? **AM:** Um, I mean I have a drink in my bag **Interviewer:** Yeah? **AM:** So I could always just have that. **Interviewer:** So you don't want to have a break right now? You let me know if you do in a bit. Yeah? Um, shall we see if there's another word? **AM:** I don't know... um... [AM looks at the word cards] **AM:** Um... It can be a little 'frustrating'. **Interviewer:** Hm? **AM:** Um, I mean, it could be multiple things, but I guess it can be more frustrating than anything. Cause like, I guess that also comes in with it being confusing and overwhelming.	Understanding about what is 'normal' and what is specific to her life e.g., fighting with brother is normal. "Anger issues" are labelled and therefore easy to understand that section of her needs. Coping method for anger – taking it out on herself = is this helpful? What does she mean by this? Worries about hurting people, worried about the consequences of this. *Unable to control behaviour sometimes "sometimes I can get too angry and overwhelmed and then it kind of happens" – happens to her. External locus of control.* Frustrating is linked to the words confusing and overwhelming. Work in the class can be frustrating.

	575	**Interviewer:** Yeah.	
Self-directed frustration		**AM:** Um, I don't know anymore, I guess like, sometimes depending on the work that we're doing I get frustrated. Um, I don't know, sometimes it's just usually the work	
Internal locus of control	580	that can get a bit frustrating, otherwise it's okay.	
Understanding of own differences = bad		**Interviewer:** Yeah?	
ADHD is a barrier		**AM:** Um, but I guess usually that comes under it being 'overwhelming'.	
School is not 'designed' with her needs in mind	585	**Interviewer:** They're quite similar words aren't they? 'Frustrating' and 'overwhelming'. I always think of 'overwhelming' as being that there's something going on, like in your environment, around you, that is **making** you feel overwhelmed - there's too much going on. And then I think 'frustrating', is more, um... It's more about how you feel on the inside. So... you know, like I get frustrated when	
	590	at the end of the day and my medication has worn off, because I take medication as well, and I need to do... you know, I'm looking at other people that are doing the same, the same course as me who are learning the same stuff, but they're able to go and read in the evening and I just can't physically do that. And I get frustrated at myself for being like that. If that makes sense?	Feeling frustration towards herself when her peers can do tasks but she can't. Observing perceived 'normality' and being jealous of their ability?
	595	**AM:** Yeah.	
Medication leads to rumination of negative traits		**Interviewer:** Um, and you were saying earlier that when you're not on your medication, you're quite childish. And then when you are on your medication, you're more kind of, sort of grown up and doing things sort of in a controlled way, and	*"I can't do it like that" – understanding of own needs? Understanding that ADHD is a barrier to her being able to do everything in school. School is not suited for people who are neurodiverse?*
Dismissive of own needs when not on medication	600	things make more sense. I'm wondering if like, are either of those frustrating to you?	
		AM: Uh, I mean, I think mostly it is like sometimes, like you said, where you can get like frustrated with yourself, um, that can happen sometimes. Uh, because like if my	
Motivation = important for engaging with academic work		friends are doing something and they totally understand it, and like I'm trying to do it,	
Academic ability higher than demonstrated through academic work	605	and like, I don't understand it, or like I do it wrong... Then I can get frustrated with the work, and then also with myself, cause like I haven't done it correct... Um, so I guess usually it is like more like if my friends can do something and like, I can't do it like that or I do it wrong, then I can get frustrated with myself because I didn't do it the correct way or something. So... usually it's frustrating with myself but... I don't know.	
	610	I think usually it is like that.	
Values differ when on/off medication		**Interviewer:** Mm.	
		AM: Um...	Surface level reflection when she is not on medication. Medication = a need to engage in things that bother her. Feeling free-er? Unable to engage in difficult thoughts when she is not on her medication?
	615	**Interviewer:** Do you remember before you got diagnosed, like, did you ever feel frustrated? It was quite a while ago now wasn't it? But do you ever remember feeling frustrated at, at yourself for how you were in class or whatever? Um, or you just can't remember?	
	620	**AM:** No, I think I was all... I wasn't really that bothered when I wasn't on my medication... It's like, nothing really like, bothers me that much... Um, cause like when I'm not on my medication, it's like, I don't need to worry about anything. So it's kind of like, I'm not really that bothered.	When not on medication she doesn't engage with what she has to do, so isn't aware of it and so can't get stressed. When she is on it she pays more attention to

ADHD label = support Support = positive Confusion = personality with/without ADHD Everyone has ADHD traits ADHD = explanation of difficulties Label = adjustments in school Sanctions are differentiated in school Receptive communication difficulties ADHD = explanation Label = easier to describe difficulties to others ADHD is under control but still impacts her ADHD is easier to manage than anxiety Acceptance of label is important in feelings of control Medication = feelings of control	**Interviewer:** Yeah. **AM:** Um, so like I don't worry and I don't stress and all that because like, I'm not bothered. So I guess, being on my medication, like... It doesn't make me stressed or bothered about whatever I've got to do or being off my medication don't make me bothered or stressed about whatever I've got to do? Or if I am on it, I'm like more understanding of what I need to do so I can get a bit stressed and overwhelmed. Cause then I know I need to do it, but like, I don't want to, or I won't do it. Um, so then I can get a bit stressed or frustrated at myself because I haven't like, I know what to do, but I don't want to do it. Or... if I'm not on my meds, I know what to do, but I don't want to do it, so I'm not really that bothered so I won't do it. **Interviewer:** You can kind of let go of [frustration] a lot quicker, when you're off your meds? But when you are [on your meds], you sort of hold onto that? **AM:** Yeah. **Interviewer:** Okay. Yeah, that does sound frustrating! [Laughs] Okay. So I'm wondering about like, are there any **good** things about having ADHD? That you wouldn't be, if you didn't have ADHD? **AM:** I mean, I guess with having a bit more help. So I guess that's good, because I mean even if I didn't have [ADHD], I think I probably would still get a bit confused. Um, so I guess having it is good, cause then I get a bit of help plus like... I guess like if I don't understand it or something, and like my friends understand it, and the teacher tries to explain it to me then I guess I've got like a reason why I don't understand it. So it's not like, just... I don't know... because like sometimes like, with my Mum, if like I'm doing something... I mean, it doesn't necessarily relate to having ADHD, but like, I'm doing something and then she gets annoyed at me because she doesn't even know why I'm doing it and I'm like doing something that's like, not useful then I don't necessarily have a reason on why I'm doing that. But like, if I don't understand it at school or something and like, my friends understand it, then I guess I have got a bit of a reason on why I don't understand it. So then the teachers can't necessarily get annoyed at me because I don't understand it, because like, half the reason why I don't understand it is because I don't understand like the way they said it. So I guess most of it is just, I get a bit more help with having it. So I guess that's the best thing. **Interviewer:** Yeah, so it kind of explains why you might be finding things difficult to understand sometimes. **AM:** Yeah I mean, I don't necessarily use it as an excuse, but like, it's an easier way to explain on why I don't understand it. **Interviewer:** Yeah. I think that's something that some people struggle with is the idea that people might think that you're using it as an excuse. Like I used to not want to mention ADHD at all, like, uh, at work and at uni and stuff, I was only diagnosed when I was, like, 21. So it was really late... But, um, I didn't tell anybody about it for ages. And then, because I was worried that people would **think** that I was using it as	stressful things and this makes her "a bit stressed and overwhelmed" *Off medication: "I know what to do, but I don't want to do it, so I'm not really that bothered so I won't do it." Motivation is important for inspiring academic work.* Dichotomy of personality / values when on/off medication. Lets go of frustration quicker when she is not on her medication. Having ADHD is a route to getting more support. She gets support which she is thankful for. *"Even if I didn't have [ADHD], I think I probably would still get a bit confused." – where does ADHD end and she begins? She seems to have an idea – how does this work? I find this confusing to speculate on. Is she generalising to her friends who don't have ADHD – maybe she has seen that everyone gets confused sometimes?* Mum gets frustrated by AM's ADHD sometimes when she is not doing the right thing. *"I guess I have got a bit of a reason on why I don't understand it."* – ADHD is an explanation as to why she doesn't understand things other people do. having the label is useful. Having the label is useful because then teachers can't *"get annoyed at me"* – worried about getting into trouble but likes that she has ADHD as a reason as to why she shouldn't be told off. *"Half the reason why I don't understand it is because I don't understand like the way they said it." – receptive communication difficulties.* ADHD isn't an excuse it's an explanation of additional needs. Labelling is helpful. She finds the label helpful in showing the differences between herself and her friends, to help other people understand her differences.

		an excuse. But it's like, when I noticed that it could be an explanation for why I'm doing what I'm doing and that it is important for people to know. That was helpful.	
Time important factor in coming to terms with label		**AM:** Yeah. Yeah. Because I don't want to use as an excuse, but it's like, as you said, an explanation... So I don't know, I don't use it like as an excuse for like, everything... But it explains why I don't always understand things that like, my friends who don't have [ADHD] do understand. So I guess it kind of explains why I **don't** and my friends **do**.	*"There's more things that affect me more than ADHD does" – she feels she has her ADHD under some control, rather than some of her other comorbid needs are not under control.*
Celebrates her ADHD		**Interviewer:** Do you talk to your friends about ADHD?	"I like, already accepted that part. So it doesn't bother me anymore that I have it" Accepting her diagnostic label was important for her to feel like she has control of her ADHD. She can do things about her ADHD to help her cope. Internal locus of control.
ADHD = part of who she is		**AM:** I mean, they know I have it, so... sometimes. I mean, most of the things I talk to them about necessarily doesn't always come to ADHD, it is usually about my other problems. Um, cause I guess like, there's more things that affect me more than ADHD does. Um, cause like, with me being diagnosed with it, like years ago... like Year 5 or Year 4... Um, I like, already accepted that part. So it doesn't bother me anymore that I have it cause like I don't get annoyed at myself because I have something... Where like with other things, like how I can get stressed and anxiety and all that. I mean, I can't do anything about my anxiety so I don't necessarily get annoyed that I have that. But like with other things I can get annoyed that I have that type of thing because like I haven't had time to like, embrace it and like, accept it. Whereas like having the ADHD, cause I've had it for a while now, and like, it's helped me, um, like having the meds I've kind of already had the time to accept it, and like, understand like, what it means and how I have it and that type of thing. So... I forgot what the question was! [Laughs]	Medication has helped her to feel in control of her ADHD.
Accepting of ADHD			Having time to adjust to the idea of ADHD means that she feels she knows what it is and how it impacts her.
New diagnosis = worries due to lack of understanding			She accepts her ADHD and "embraces it" – she works with it, not against it?
Self-acceptance is important			
Understands that not everyone accepts their ADHD		**Interviewer:** [Laughs] Well, I've kind of forgotten as well, to be honest! But it was about, um... about whether you, well, how you feel about having ADHD I suppose, isn't it?	*"if I did have the chance to get rid of it, I don't think I would want to. Cause I'm fine with it." – ADHD is normal and part of who she is. Acceptance of the label is important.*
ADHD = intrinsic part of personality and identity			
ADHD = trait-based			
Sense of self develops over time		**AM:** Oh, well I feel fine about having it. I guess, as I said, I've already kind of accepted it. I've already had the time to like, embrace that part of me. So I don't deny it... But like with other things, I don't necessarily accept them things. So I try and deny them, but I know that obviously won't get rid of them, but like, I try and deny them rather than accepting them whereas with ADHD, I've already had the time to accept it, so I feel fine having it. I don't necessarily like **want** to get rid of it. Because I've, I've already accepted that part, so I'm used to it. So if I wanted to get rid of it, and for example, I had the chance, which I don't think I would, like, if I did have the chance to get rid of it, I don't think I would want to. Cause I'm fine with it. So I feel fine having it cause like. I don't know, it doesn't... it doesn't worry me or upset me anymore about having it. Well, at first when I was diagnosed with it I got a bit worried... Um and a little bit upset because like, I didn't know what it was and I wasn't a hundred percent sure if it would affect me anymore. Um, where... Now that I know it doesn't and I've already like... I take the meds and everything, and I know that they help and like, I've already had time to accept it and I don't worry about it anymore, so I'm fine with it. So like if I ever did get the chance where like I could have like the opportunity to not have it anymore, I wouldn't really want to, because I feel fine with having it.	When the diagnosis was new she felt worried and she didn't know what it meant. Self-acceptance is important.
Lack of understanding of other theories of ADHD which are not discrepancy-based			As she is repeating that she feels fine about having it, this suggests that she understands that not everyone with ADHD feels fine about having it. This may be a reflection on her past experience of not accepting or understanding the diagnosis.
If there was no support = would not want ADHD			I wouldn't be **me** if I didn't have ADHD. ADHD is normality, not abnormality. It is trait-based.
Open to other diagnoses as ADHD has been helpful		**Interviewer:** Yeah. It's strange as well. Isn't it? Like if there was a magic wand and you could just get rid of ADHD, I worry that... like, who would I be? [Laughs]	*"I don't necessarily know who I am" – understanding that our sense of self develops over time. She has already seen this with her acceptance of ADHD.*

Communication off-topic Small details important   Chronological sequence is difficult Changes to routine = challenging   <

Hypervigilant = ADHD sensory awareness + anxiety fight/flight Environment major cause of anxiety Time differs based on activity motivating / not Hyperfocus = wishes she could stay on motivational tasks longer Motivational activities important in school Loses track of time = late / difficulties completing tasks Interaction with friends = coping strategy for feeling trapped Repetitive language ADHD trapped = easier to cope with than anxiety trapped	**AM:** Yeah. because like, I don't know how long the test was, but basically with the test it didn't feel like it was that long. Um, I think it was around about an hour and a half to two hours because it was meant to be two hours. Mostly we played some games and she was basically, um like, looking on like how I acted and like, how I explain things. Because she asked me like, questions of like my problems and like, how I deal with them, and like, what makes me happy and what doesn't and what makes me feel comfortable and what I like and what I don't and all that. Um, so basically she was like... Like watching on how I reacted to them. Um, and how, like I was coping, like when I first went in the room, because basically my Mum had to sit outside so I went in there on my own. Um, and basically like, she was basically seeing how I'd react like, playing with the toys with her and all that. Um, I wasn't on my meds that day, so she could actually see how I was, um, cause she had to record it as well, but I think that was mainly to see so she could go over it and see how I was. Um, because she had to record me... **Interviewer:** Did she do a video? **AM:** Yeah. Because the first time, I walked in the room and she went up to the camera switched it on and held up the paper right in front of it. But basically that was like supposed to be like an hour and a half to two hours. But it didn't feel like an hour and a half to two hours. Uh, I think it was actually two hours, I'm not entirely sure, but it didn't feel like two hours. **Interviewer:** Did it feel longer or shorter? **AM:** It felt a bit shorter than that. But I guess in the beginning of it, I wasn't that sure because I couldn't stop shaking. Um, I got really anxious but then like towards the end of it, I felt a bit more comfortable... because I can get like, really uncomfortable, which then causes me to get like a bit of an... not exactly an anxiety attack but kind of like an anxiety attack. Um, cause then like I get like really shaky and fidgety and then I can't like concentrate because I get like, really anxious and then I watch the whole room and everything, because when I was waiting for her to go in, I got like that and I couldn't just be comfortable. I wasn't in my comfort zone because I just kept watching everything, I went really anxious. **Interviewer:** Yeah? **AM:** Um, but like I can sometimes get it where time feels like it's just like, sped up, or where it just feels like, it's going like, really slow... because like, in school, if it's like, a day that I'm enjoying and I've got like, all the fun lessons, it feels like the day has gone really quick. But like, if it's a lesson that I don't enjoy or something, it can feel like, it's going on for ages and ages. It just feels like it's going on longer than an hour or something. But then sometimes if it's a lesson I enjoy it feels like it's gone quicker than an hour. So I like sometimes lose track of time and it either goes longer or it... I lose track of it and I don't know what time it is because it's basically gone past the time that was meant to do whatever I was doing. **Interviewer:** Yeah. So it's like, sometimes time just feels like, really slow and sometimes it feels like, really fast?	Time passing feels different based on her environment. Anxiety also impacts her concentration. Anxiety heightens ADHD symptoms. *"I watch the whole room and everything" "I just kept watching everything"– anxiety = fight or flight, but also ADHD means that sensory awareness is higher. Both together must be difficult to cope with.* "I went really anxious" – environment caused anxiety. Motivating activities result in time feeling short. Non-motivating activities result in time moving slowly. Hyperfocus "But then sometimes if it's a lesson I enjoy it feels like it's gone quicker than an hour" – could continue longer, sounds disappointed. Would like to do more motivating activities in school. "I lose track of time" either because it feels like to goes to fast or too slow – causes difficulties with lateness and task completion.

	815	**AM:** Yeah! It doesn't feel like the actual normal time it is. It's either faster than that or slower.	Coping strategy for feeling trapped/ stuck is to mess around with her friends in an attempt to make time feel faster.
		Interviewer: So what does it feel like when you're in like, a boring class and the time feels like it's going really slowly... What do you do, how'd you cope with that?	Repetitive language – not noticing that she has already said it? Feeling awkward? Enjoying time to talk about her feelings? Trying to ensure that I understand? Maybe adults don't always understand her so she has changed her language to ensure that they will?
Feeling trapped is temporary	820	**AM:** I usually just mess around with my friends because like, when I'm with my friends, like time can go really fast. So I guess messing around with my friends and all that, it like speeds up time a little bit, because like, I'm messing around with my friends, which is fun... So then I don't concentrate on the work. I concentrate on	
Changes in school day = positive	825	messing around with them. So then obviously the time goes a bit quicker because I'm enjoying myself... Or if I'm just bored out of my mind or something and I'm just sitting there doing nothing and I'm just bored... Um, I can, like, it just feels like time's going on forever.... So I don't know, it depends, because if I'm doing something and I don't like what I'm doing, sometimes it could take forever, but if I'm messing around	Messing around with friends is a choice and a way of coping.
ADHD trapped = annoying	830	with my friends or something, it can go on like really quick. So if I'm in a lesson I don't enjoy or I'm in a lesson that's just boring... Um, then usually I just mess around with my friends or something because then it like, kind of like, speeds up the time because I'm doing something that's fun... Um, or if I'm already in a fun lesson if I mess around with my friends, it just like makes time go quicker than it already is,	
	835	because it's a lesson that I like, and I mess around my friends as well so it's like, it's like, gone past, like, really quick!	
		Interviewer: Yeah. I mean earlier you mentioned that, um, like, sometimes you feel like, a bit trapped?	Is she suggesting a difference in feeling between being trapped due to being bored and being trapped due to anxiety? She can compare ADHD bored with anxiety attacks – they are different. Has the anxiety given her some perspective on feeling uncomfortable that perhaps the other participants might not have?
	840	**AM:** Yeah.	
		Interviewer: Is that the same kind of feeling as when you're in like, a boring lesson? Or is it a different feeling?	
Masking – asks to go to toilet when she needs brain break, socially acceptable	845	**AM:** Um, not necessarily, I guess when I'm in a boring lesson than I just feel... I mean, sometimes if the lesson takes forever... And it just feels like its going on for ages and it's never going to end, then I sometimes feel a bit trapped... because it's like, I can't leave the room until that lesson's over... Um, but then when it's like, I get	The pattern and structure of the school day is helpful in ensuring that feelings of being trapped due to ADHD is temporary.
Leaving classroom gives sense of freedom	850	overwhelmed and I feel trapped... It's like a different kind of trapped... because being overwhelmed and feeling trapped, it's like, I can't get out of that situation where it's like, the time is going like, really slow and I'm stuck in the room. I just, basically... I know the time is going to eventually end soon. So I know I'm going to be able to get	
Preferred teachers understand her needs		out of the room. I mean, I still feel a little bit trapped, but I know that eventually I'll be able to like, leave the room... Whereas if I'm overwhelmed, I don't necessarily	Anxiety trapped is far more all-encompassing than ADHD trapped. ADHD trapped sounds just more annoying rather than horrible.
Differing rules dependant on class teachers	855	know if I'm able to get out of that situation. So I feel more trapped and stuck than I would if I'm in a classroom.	
		Interviewer: Yeah?	
	860	**AM:** I mean, if I'm in a classroom and I'm getting overwhelmed, I can still feel like I can't get out of the situation, but if I'm overwhelmed and I'm **that** type of trapped, then I don't know if I'm going to be able to get out of the situation, so I just feel trapped no matter what. Um, but whereas in the classroom and the time is just going	

Anxiety = need for longer brain breaks		really slow. I know that eventually the lesson's going to be over, so I know that I'm going to be able to get out of the room.	
	865	**Interviewer:** So you've got that... like, you're ready for it.	
Motivated to attend some classes		**AM:** Yeah. I like, know I'm going to be able to get out, whereas if I'm overwhelmed then I don't necessarily know that.	Asks to go to the toilet when she needs an ADHD break. Is this instead of asking if she can have a brain break? Masking – not wanting to let teachers know why she needs to leave the classroom. will they not 'get' it?
Worries about missing class time for brain break			
	870	**Interviewer:** So like, are you allowed to leave the classroom... do you have like a learning break pass or anything like that?	
Asking to go to the toilet is easier than explaining difficulties			*"Sense of freedom" – classroom is obligatory. Prison metaphor.*
Would prefer not to attend some lessons		**AM:** No, sometimes we're allowed to go to the toilet in the classroom. Uh, so if I get a bit overwhelmed, in the classroom. I usually ask if I can go [to the] toilet, um,	
	875	because it's like, a bit of a break from that room... So it gives me a little bit like a sense of freedom, if you understand? Um, I mean it depends on the teacher because some teachers have like, the rule where you can't go to the toilet in the classroom, you have to wait until it's like, break or lunch... Um, but then some of the, like, the nice	Different teachers have different rules regarding going to the toilet. *'Nice teachers' are those who allow some freedom and who understand individual differences in the classroom.* But not all teachers are like that. Classes she prefers are those with nice teachers and nice teachers let her go to have a learning break, therefore nice teachers understand her needs.
Future planning is emerging		teachers they're like, they let us go out. Because there's one of the teachers, Ms.	
Family opinions important to her	880	Buffay, she's really nice. Uh, she kind of like, treats us like Primary children, which I really like! [Laughs] Um, basically she lets us leave if we need to... but yeah, like,	
		her, if I like, ask if I can go toilet or something... like, she lets multiple people go toilet at one time if like, they need to. I mean, usually she doesn't because sometimes	
	885	then they usually mess around, which is why teachers don't let two people go [to the] toilet at once and then you have to wait until the other person comes back because like there's been multiple things where like two people go [to the] toilet and they just like, mess around in the bathroom and then come back like 10... 20 minutes later! [Laughs] Um, but like, some teachers can be like, really nice and they let us go [to	Toilet breaks are fine for lessons where she just feels a bit ADHD tired, but when she feels anxious too then she might benefit from having longer breaks.
		the] toilet if we need to. Um, which then usually helps me cause it's like a break from	
	890	that room. Um, but depending on the teacher, usually you just have to wait until the end of the lesson.	She is worried about missing out on class content for lessons she likes. Toilet breaks are long enough for her to feel recharged and refreshed. Maybe using the toilet method is better for her – less drama?
		Interviewer: Okay. I mean, would it... Would it help if you could just like, go out the lesson without having to say... or does the toilet thing kind of work to be honest?	For lessons she doesn't like, even leaving the lesson and not coming back sits okay with her – she had no motivation for them.
	895	**AM:** I mean, if I could just leave the room for a little bit, that would help! [Laughs] But then like, I'd miss out on that lesson. So, I mean, I guess depending on the lesson	
Patience is context-dependant		I'd be quite happy with just leaving. But... If it's like a lesson that I like but I'm getting overwhelmed, then I'd be fine with just going to the toilet and then coming back,	
		because I don't miss too much of the lesson that I like... Because if I like the lesson, I	
Empathetic towards others	900	won't really want to miss it. Uh, but if I don't like the lesson, I'd be fine with just walking out and not coming back to the lesson. [Laughs]	Emerging ideas of what she would like to do in the future.
		Interviewer: [Laughs] Fair enough! In which case you might never come back! [Laughs] Okay. So, um, we're kind of coming to the end of the time that we've got today. Um, so I would like to ask you about how do you see... kind of, your future	Not sure about the future. Mum's opinion is important to her.
	905	being with ADHD?	
		AM: Um, I'm not a hundred percent sure, because like, I usually get asked questions of like, 'what would I want to be in the future?' and all that... I don't always know how to answer them because I'm not sure... I mean, I'm really good with kids, and Mum	
ADHD is a consideration when planning future	910	says that I'd be like, quite good as like, a babysitter or something... Um, so like, one	

	of the jobs I would want to do is like nursery... Um, cause like I really like little children I'm really good with them because I've like, babysit one of Mum's friend's before.	
	Interviewer: Yeah? So you've, you babysat one of your Mum's friends before.	
	AM: Uh, one of my Mum's friend's child before... Um, and like, I'm really good with him... because basically, they went outside to talk about something, um... And basically I wasn't allowed to hear their conversations so I don't know what it was about. Um, and I was in the room with, um Ross... Um, I don't know how old he was, but I think it was around about like, five... four... something like that? Um, I mean, he might have been three, I don't know... [Laughs]	Patience is variable based on the situation.
	Interviewer: [Laughs] But he was little.	
Understanding ADHD = protective factor in her future	**AM:** Um, yeah! And basically, I was in the room with him and we like was messing around with the little keyboard thing that Mum had... Um, I don't know if she still has it... Um, and we was messing around with that and like, um, he was really good! And then once his Dad came back in, and my Mum came back in... Because they was friends when they was younger... And um, once they came back in, he like, started messing around and playing up because he didn't want to go... Um, and then he kept coming back up to me when they had to leave... Um, so I'm quite good with like, young children because I... I mean, I don't necessarily have like, a lot of patience but like I do have patience when I'm with them... Um, because like, I know that they can't always just pay attention because they are little... So like, you **have** to have patience with like young children... Um, but I'd honestly like to do that when I'm older... Um, Mum has said that it would be a good thing for me to do because like, um, like, I'm good with it. So I think that would kind of help... Um, plus I'm not working with like...Um I did want to be a teacher when I was younger, but I don't think I'd want to do that anymore because like with me being overwhelmed, I'd probably get really annoyed and overwhelmed with them... So I'd probably be like, a really strict teacher because I'd get really annoyed, but with being younger children... I mean, you can get a little overwhelmed if they're not listening, but I mean, they're young, so they don't necessarily listen anyways... But like, it wouldn't be that, like, stressful because you're not working with like older children where like, they **have** to do something... With younger children they don't necessarily **have** to do something, cause like, nursery and that... they don't really do anything. It's just they colour and whatever they do... So it's not [as] stressful as trying to get them to work and like, do writing and all that... But yeah, uh, Mum says that I am quite good with like, little children, so I'd be quite good as like, a babysitter or something... Um, and I do quite enjoy it... But like, uh, I don't necessarily know where I would want to go with my future.	Understanding of other people's needs.
ADHD doesn't put barriers in her future but does create preferences		
Mandated rules = bad		
Wants creativity and flexibility in her future		ADHD and patience is a consideration when thinking about the future.
Goes above and beyond when motivated		Is able to plan for the future.
		The idea of forcing a child to have to do a task, like she is made to "older children" does not sound like a nice thing to have to do for her.
		Appears measured in her understanding of what she would like to do in the future – thoughtful.
Wants to be led by own motivations in the future		
Wants agency and control		
Pressure = less interest		She feels that accepting ADHD already will be helpful for her in going into her future. She doesn't feel that it will stop her from doing anything she'd like to. However, above she says that she wouldn't want to be a teacher because there are too many rules and she wouldn't have enough patience.
Avoids demonstrating strengths in school as this would = more pressure	**Interviewer:** Yeah?	
	AM: I mean, I think my future with being ADHD is quite all right because, as I said, I've already accepted that part of me. So I don't really think it's going to, like, stop me from wanting to do anything I like... I mean, one other thing I would love to do is like, be an artist... Because I do like drawing... But at the moment, um, I don't like drawing 3D things... Um, I can only do a... Like, because I watch a lot of anime I draw a lot of the anime characters that I like... um, and I am like, really good at it. Because like, my brother wanted me to draw Pikachu... Um, and Charmander from	Wants to do careers without (in her perception) pressure to do things a certain way. Wants flexibility. Naive understanding of different jobs – careers advice may help or work experience.
High self-initiated motivation		Complex plans in her ideas about what she would like to do in her hobbies – her brother has asked her to draw

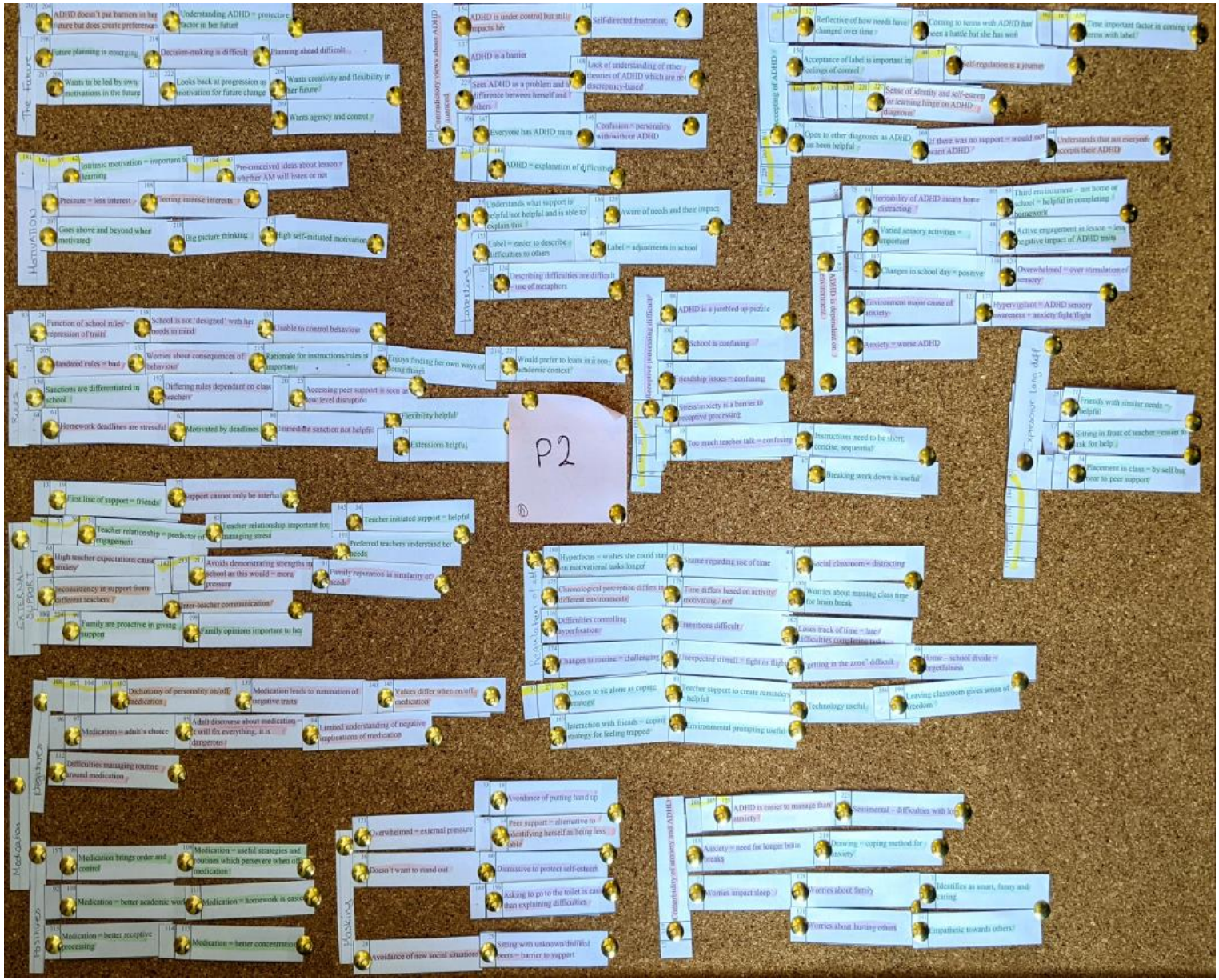
Avoids pressure from others Decision-making is difficult Rationale for instructions/rules is important	960 965 970 975 980 985 990 995 1000 1005	Pokémon... Um, I have drawn them, I haven't gave him it yet though... Because I was meant to give it [to] him, but I wanted to keep it in my art book so I was going to draw it on a canvas and then like, colour it in because I don't like using paints because it's too messy... And plus then you can't always blend it that well... Um, so I'm going to draw him another one because I'm going to keep the original one in my book and then I'm going to give him another one that he can have on his wall because he keeps moaning that he wants it... Um, but obviously with my old one, I've got like, the colours of the shading, so how I've done, like, the pencils and I've checked they're the right colour... Um, and then I've got like, the date I did it and the time that I finished and started and all that... Um, so he said that he wanted that cut off it... I was like 'no!, I'm not doing that!' [Laughs] **Interviewer:** [Laughs] **AM:** Um, so he said to me, can I do another one? And I said, 'yeah, sure'... So, um, uh, I do like doing art, but I don't like being told what to draw... I mean, like, my brother requesting that he wanted Pokémon was fine because it's easy, I know I can draw that... But like, if I'm like, in Art, if I'm being requested to like, draw something that I don't want to draw, then I don't do it that well, because I don't want to do it, plus I don't want to find I get pressured... because like, my Mum and my Nan always keep saying that I should bring my Art books in and show the teachers, but I don't necessarily want to... Because then I don't want to find that the teacher expects **more** from me in the Art lesson. Because she knows that I can draw, but my best drawing standards is like, uh, characters from like, TV shows and all that. **Interviewer:** Yeah. **AM:** Um, I mean, I might be able to draw like, real people but like, I prefer drawing characters because it's easier... And like, it's characters that I like and because I like a few characters from like, some of the animated shows... So I draw some of them because I like the character and I like the show... And then, plus, I like the drawing, so obviously I'll put more effort into it. Whereas if I'm drawing something that I don't really like, like in Art and we're drawing like, flowers or something... I'm not that good at drawing flowers. because my skills are more characters. So I don't necessarily pay that much stuff... In there. So I'd like to be an artist, but I don't think I'd enjoy being told **what** to draw. Because then it kind of ruins the fun from it because like, in an Art lesson, when the teacher tells you need to draw a certain thing, it like, ruins a bit of the fun. Um, whereas like, if I'm just wanting to draw, then it's more fun because I **want** to draw, but if I'm being told that I **need** to draw then it's not that much fun... It's like, pulling the funness out of it! [Laughs]... So I guess I'd want to be an artist, but being like a nursery teacher or like a babysitter would be quite fun as well, because I'm quite good at it. So like, one of them two things, that's like one of my top things I'd like to do... Um, mostly an artist at the moment, but I'm not a hundred percent sure on that one. **Interviewer:** You don't have to be a hundred percent sure at the moment, but I think that sounds really cool! So, maybe you could choose like, Art when you do your GCSE choices... Or have you already done them? **AM:** Not yet.	a cartoon. Instead of just drawing it and giving it to him, she wants to draw it on a canvas and colour it in. talks about hobbies in a very formal way "I was meant to", she dated the picture and added a key – structured. Likes art when she can be flexible about what she is drawing, doesn't like to be told – led by motivations. Avoids feeling pressured, doesn't like feeling obligated to do things, this reduces her interest in it. Doesn't want the teacher to know her ability in art so won't bring book in so as to avoid pressure of reputation as being good at art. Multi-interest hobbies – likes show and therefore draws the characters. High self-initiated motivation. Being told she has to do something makes activities less interesting. Avoids pressure coming from other people. Finds it difficult to make decisions?

	Interviewer: Not yet? Yeah. So that might be a good idea.	
Academisation of subjects is not in line with schema = less interested	**AM:** I know we're choosing like... because we have like Textiles, Computer Science, Drama, Graphics, all that... [counts on her fingers] Textiles, Computer Science, Drama, Graphics... Uh... there's another one, um... because there's five... Oh! And Cooking! I do like Cooking as well, so I am going to choose Cooking for my like, Tech stuff... Um, and then for my GCSE's I might choose Art... but I do like Cooking and I do like, a lot of like, baking cookies and all that... Because like, Mum gets me the ingredients and I basically like, follow the instructions and I cook like, really nice cookies because then by the time I'm able to sit down and eat some after washing it all up, there's only a couple left! [Laughs] Because like, my Mum and my Nan and my brother came over and nicked some! [Laughs]	In some circumstances she doesn't mind being told what to do – e.g., cooking – is this because it makes sense to follow the instructions, she understands why. Rather than for more abstract subjects e.g., art, she doesn't understand why she needs to be told what to do?
	Interviewer: Ooh! They always smell so good, right? [Laughs]	
Applies strengths and interests to plan for future	**AM:** [Laughs] So I don't always get some... Um, but then I usually cook some more so that I can actually have some... Um, so I do want to do cooking as well, because I do enjoy doing that... Um, but I think I am leaning more towards like, doing Art than Cooking. Um, because it's like one of the actual lessons that I do enjoy, because I did Cooking twice, because I did it in Year 7 and Year 8... Um, and I did actually enjoy it, but I think I enjoy doing... Like, I don't like necessarily being told what to do... So, as I said, with the Art I don't like being told what to draw, but I like drawing what I want to draw... Whereas with like, Cooking. I mean, I'm all right with being told what to cook because I'm still **cooking** and it's still **fun**, but I prefer cooking what I want to cook.	
Big picture thinking		
Drawing = coping method for anxiety		
Enjoys finding her own ways of doing things	**Interviewer:** Yeah?	What is the point of the activities – art = to be creative and think independently. For cooking it's to produce food. Her experience of cooking is along her schema for cooking, but for art, the way the lessons are structured means that it may be at odds with her expectations.
	AM: But with the Art, if I've been told what to draw, I don't like doing it then... Whereas it's different with Cooking, because if I've been told what to cook, I'm still fine with doing that...	
Likes to see progression	**Interviewer:** Yeah... because you can follow the instructions.	
Looks back at progression as motivation for future change	**AM:** Yeah. So it's still technically doing something that I like. But then again, with Cooking, you're necessarily being told what to do anyway, because you have to follow the instructions... Um, but I don't like being told what to do in like, certain lessons. Um, mainly Art because like I don't like being told it... Because then it kind of ruins the fun from it. But with Cooking, I'm not that bothered because as long as I get to cook, I'm fine. [Laughs] Um, but I do like Cooking and I do like Art, so I guess I'm leaning towards them kind of things, but with being an Artist... Like I said, I don't like being told what to draw.	
Sentimental – difficulties with loss		Thinking to the future – detail based. Applying abilities and strengths to a plan for the future. Big picture thinking – jumping ahead in time. Use of drawing as a coping method for anxiety. Had created her own rules regarding hobbies. Comorbidity with potential ASD?
	Interviewer: Sure.	
Family = important support	**AM:** So I guess with being an Artist... I might just like draw something and kind of like, sell that drawing rather than actually be a **proper** Artist... Because like, then you'd have to like, do certain drawings at certain times and I don't do it like, everyday... I do get them days where I do it, like, everyday and I carry it on for a while... But then I take a break from it and then I do it again. Because sometimes I	

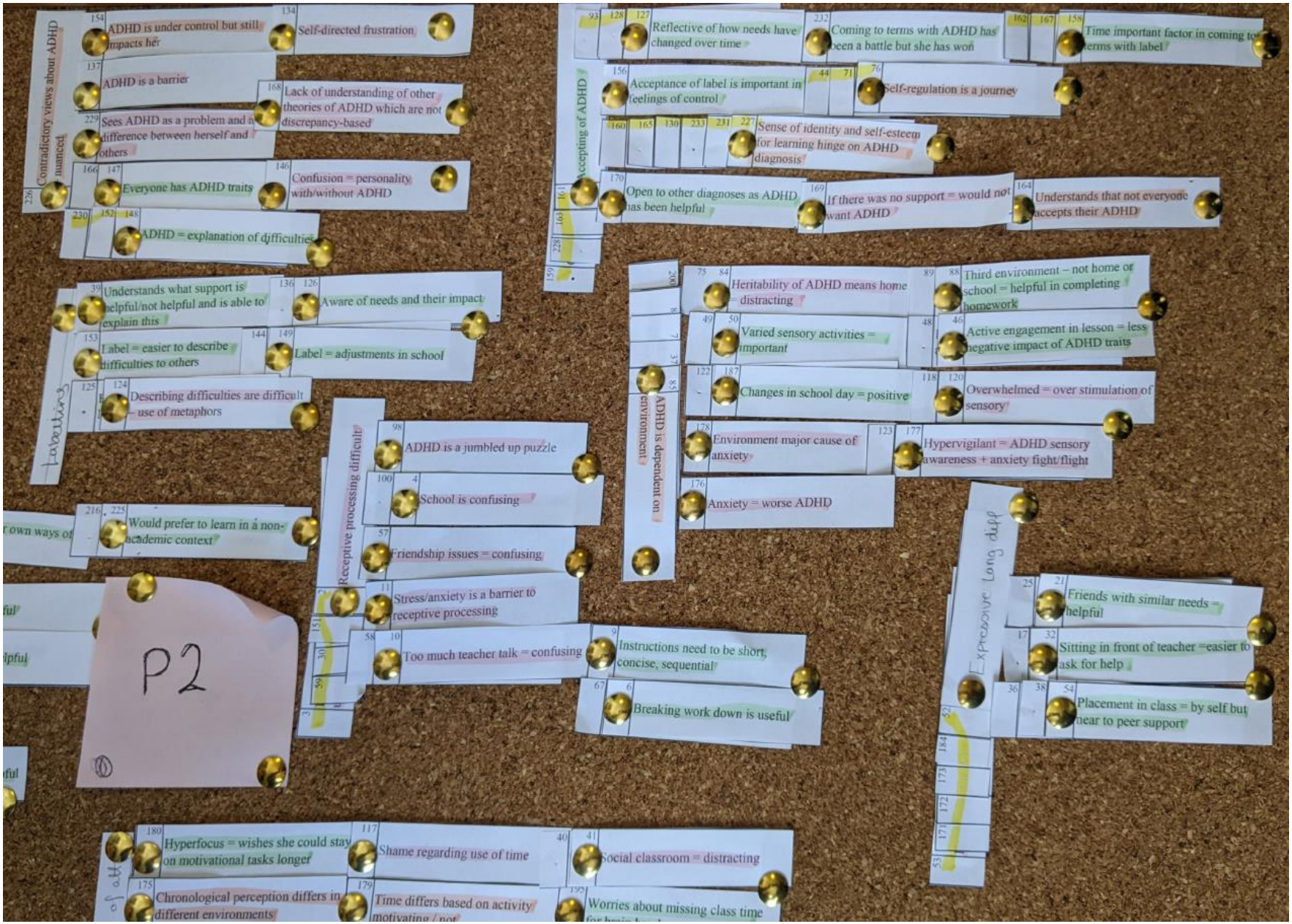
	1055	draw that much, I don't know what to draw anymore. So then I'll wait a while until then I have an idea and I know what to do... Uh, because I struggle with feelings, so sometimes I draw what I feel, because I've got like a 'depressing' book where I draw, like, what I feel... And then I've got like my actual two art books. Because I've already finished one of my art books... Um, where I basically just draw like,	Positive outlook on her skill as an artist. Likes to reflect and look back and see progression. Is this because she has seen progression from when she was diagnosed with ADHD – perhaps she had a positive view of change because of this?
	1060	characters and all that... Um, and then I've got the other book where I draw basically what I feel... Because the drawings where I draw what I feel I won't necessarily sell them or anything, because they're basically my personal things...	
		Interviewer: Yeah, they're quite personal...	Coping method for self-esteem – using independently, looking back at progression as a motivator for future change.
	1065	**AM:** Yeah. But if it's like, the drawings I've done of like, characters, and all that, as long as I've got two of them, then I'll sell it... Because like, if it's my original one, I won't really want to sell it... Because it's like, I can look back like, when I'm older... I can look back on like, my drawing from what I've done and see how much I have improved, because I used to do drawings in Primary as well, but I wasn't that good at	Finds it difficult to throw things away, sentimental.
	1070	it... Um, and then in Year 7 and Year 8, I've got a lot better. So like, I like looking back on like, my Year 7 and [Year] 8 drawings, and then seeing how much I've improved from them... Because then, I guess, it makes me feel good about myself because I've improved on something that I liked doing. So it... I like keeping them,	
Would prefer to learn in a non-academic context		but I like keeping a lot of things. Because Mum gets a bit annoyed at it... Because	Family and Nan are a big motivator – she is keen to do things with them and impress them. This is an important support. I wonder if her mum's support has changed since AM had her diagnosis? She was diagnosed early so it is possible that mum doesn't have ADHD – organised and able to identify difference in behaviour between herself and her daughter. It is possible that some parents who do have ADHD may feel that their daughter's traits are normal if they are similar to theirs and they have not been diagnosed.
	1075	like, if we're sorting out our rooms or something, um, and we're getting rid of some stuff... I don't like getting rid of things, I keeping a lot of things! [Laughs] Um, but yeah, I'm leaning towards being like, an Artist, but I do like Cooking as well. So I am doing Cooking for my, uh, Tech stuff and all that.	
		Interviewer: Okay.	
Contradictory views about ADHD – nuanced	1080	**AM:** Cause it's not like Textiles, I've done it three times... So, I don't really enjoy it... I do like sewing and I'll do it at home... But I don't mind doing it in school cause like, we're making this monster thing... Um, it's all right but I don't like my one... But like, if I'm doing it at home and like, Mum has something for me to sew then I'll do it...	
Sense of identity and self-esteem for learning hinge on ADHD diagnosis	1085	But I guess, I also like sewing because I do it with my Nan, because my Nan does sewing... So if I have sewing stuff, I either do it **for** my Nan or I do it **with** my Nan. Uh, so it's like, more fun that way... Rather than doing it in a classroom... So I don't know, I like Cooking, I like doing Art, I like doing like, the babysitter type of stuff, and if I'm with my Nan and I'll do sewing, with her, because I do enjoy doing it with	
ADHD = comfort	1090	her. Because it's like, bonding time with my Nan. Because I guess I bond with my Nan more than I do with my Mum, because like, my Nan says I'm like, a mini one of my Mum, so we clash a lot... Um, but like, I do like, a lot of things with my Nan. Um, because like, I used to go over there like, everyday... I mean I still do now and then... but obviously sometimes I'm a bit busy with like, my friends and all that and	
Sees ADHD as a problem and a difference between herself and others	1095	homework and other stuff... So I don't always get to go over everyday... But I always go over on the weekends now then. Um, because she used to have a cat and the cat went missing in June or July... Uh, so that took a big, a big impact on me... Um, but like, I like bonding with like my Nan and that... I do like bonding with my Mum and my brother... My Mum don't like cooking... She doesn't do it...But I do... I think I'd	Some subjects she would prefer to learn about outside of class in a non-academic context.
ADHD = explanation	1100	rather like, be like an Artist or do Cooking or something.	*"it doesn't affect me" ... "I mean, it does affect the way I work and all that" contrasting statements.* Maybe in comparison to where she was at with it before
		Interviewer: So it's Art, Cookery, babysitting... And you do quite like sewing but more like, with your Nan.	

Sees herself through lens of ADHD Coming to terms with ADHD has been a battle but she has won Understands herself better because of ADHD diagnosis		**AM:** Yeah. I like doing it more with my family than my class! [Laughs] **Interviewer:** [Laughs] So.. is there anything else about ADHD that you **haven't** told me that you would **like** to tell me before we finish up for the day? **AM:** Um, I don't know... Because I've like, been at peace with my ADHD for a while now, so it doesn't affect me. I mean, it does affect the way I work and all that, but I'm fine with it. I feel comfortable with knowing that I have it, and the medication I take, I feel comfortable with it. **Interviewer:** Yeah? **AM:** Like... I don't feel like, awkward having it, I feel fine. Like, I'm in my comfort zone, knowing that I have it, I'm fine with it, I wouldn't really want to get rid of it or anything. So I don't know... I guess I feel comfortable with having ADHD because now I know what was like, so... like what was the... like, the problem with me, in like, Primary and all that... and why I couldn't do whatever I was told and why I couldn't understand multiple things. It like, explains why I couldn't do them things... So I guess, I'm a bit more like, grateful that I know **now** why I couldn't do them things. So I don't necessarily like, deny that side of me. I'm at peace with it. I understand it. So I get it. **Interviewer:** That's good. So you understand ADHD, and then you're kind of at peace with it because of that? **AM:** Yeah. The first time I heard it though I didn't really understand it so I was a bit worried. Well, now that I understand it, I'm fine with it... I'm in my comfort zone, knowing that I have it. **Interviewer:** Okay. Right. Shall we... shall we call it a day there then? **AM:** Yeah. **Interviewer:** Anything else? **AM:** Um, I don't think so! **Interviewer:** Cool.	medication and having coping strategies, she now feels it is manageable? Her understanding and adjustment to being okay about having ADHD seems to be important to her. Sense of identity and self-esteem for learning. She used to feel awkward about having it but doesn't anymore. *"I'm in my comfort zone" knowing about her ADHD is an important support for her. It explains why she is the way she is.* *"now I know what the problem was with me" she understands her weaknesses and now that is her strength. Problem suggests society expectations which she has placed on herself.* ADHD explains why she wasn't able to do things so well before. With support and coping methods she feels that it is an important part of her identity. She is grateful to know more about herself and to understand herself through the lens of ADHD. *Short sentences "I'm at peace with it. I understand it. So I get it." – reinforcing idea that she is comfortable that she has ADHD.*

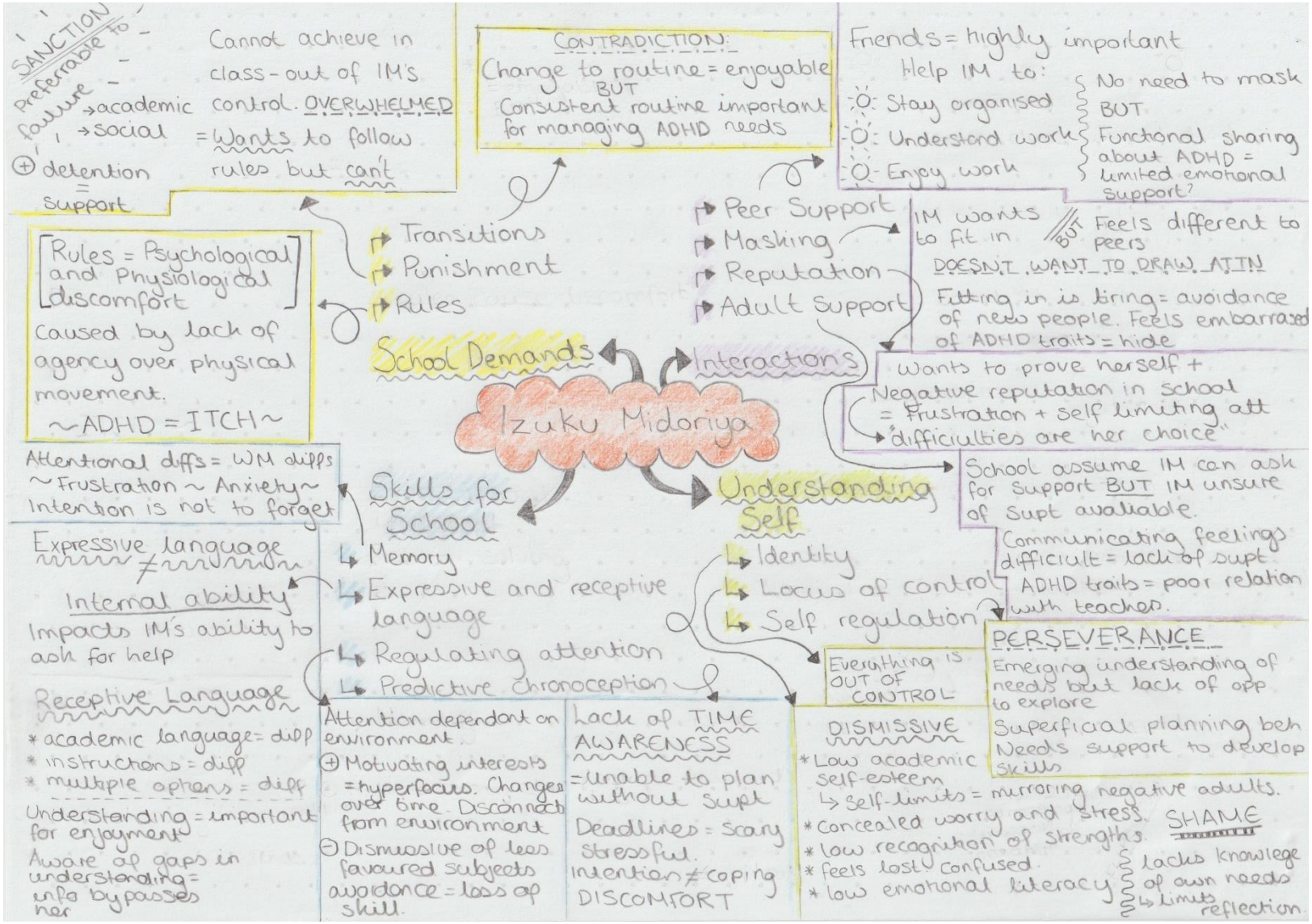
Appendix N: *Organisation of emergent themes into superordinate themes.*

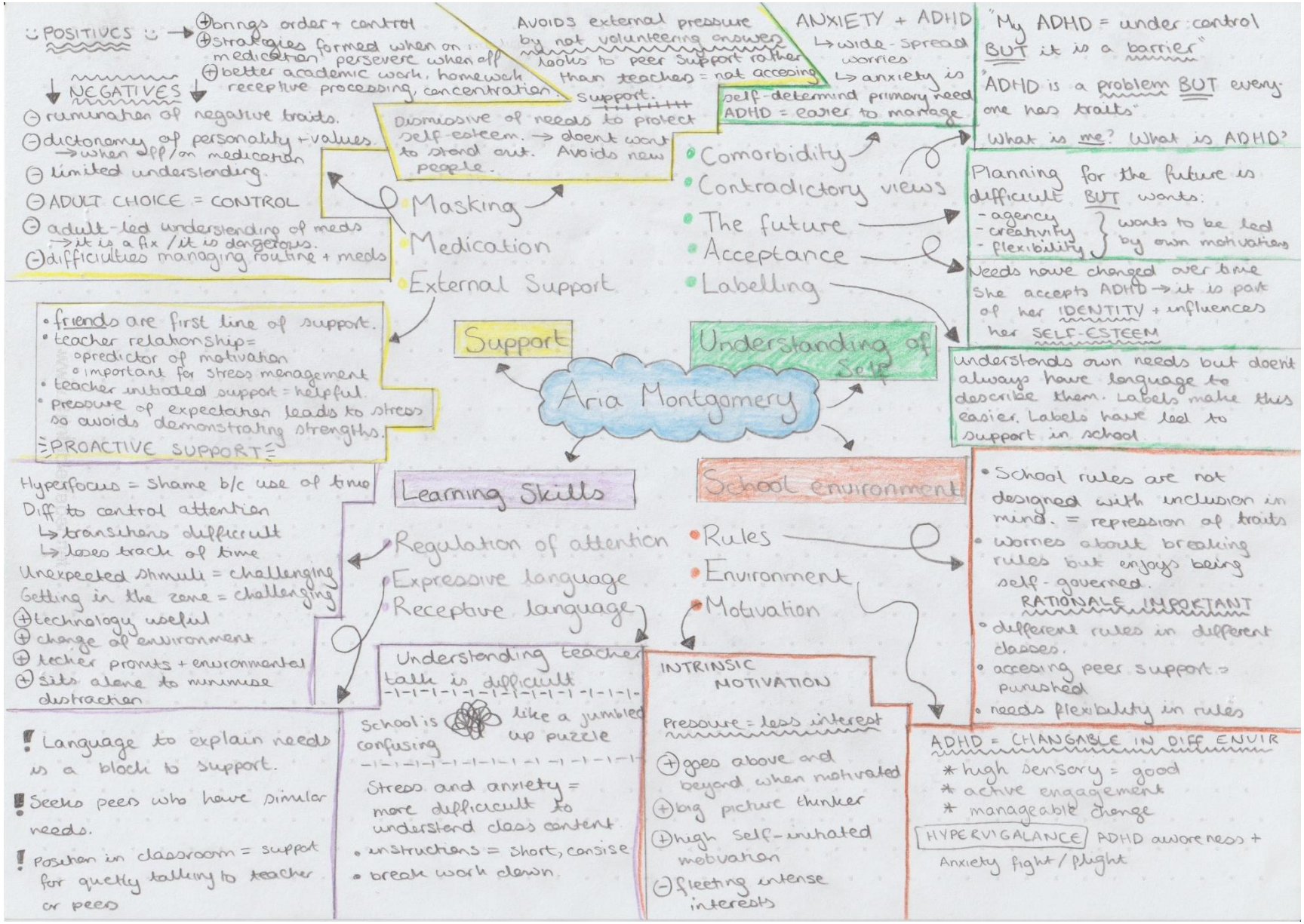


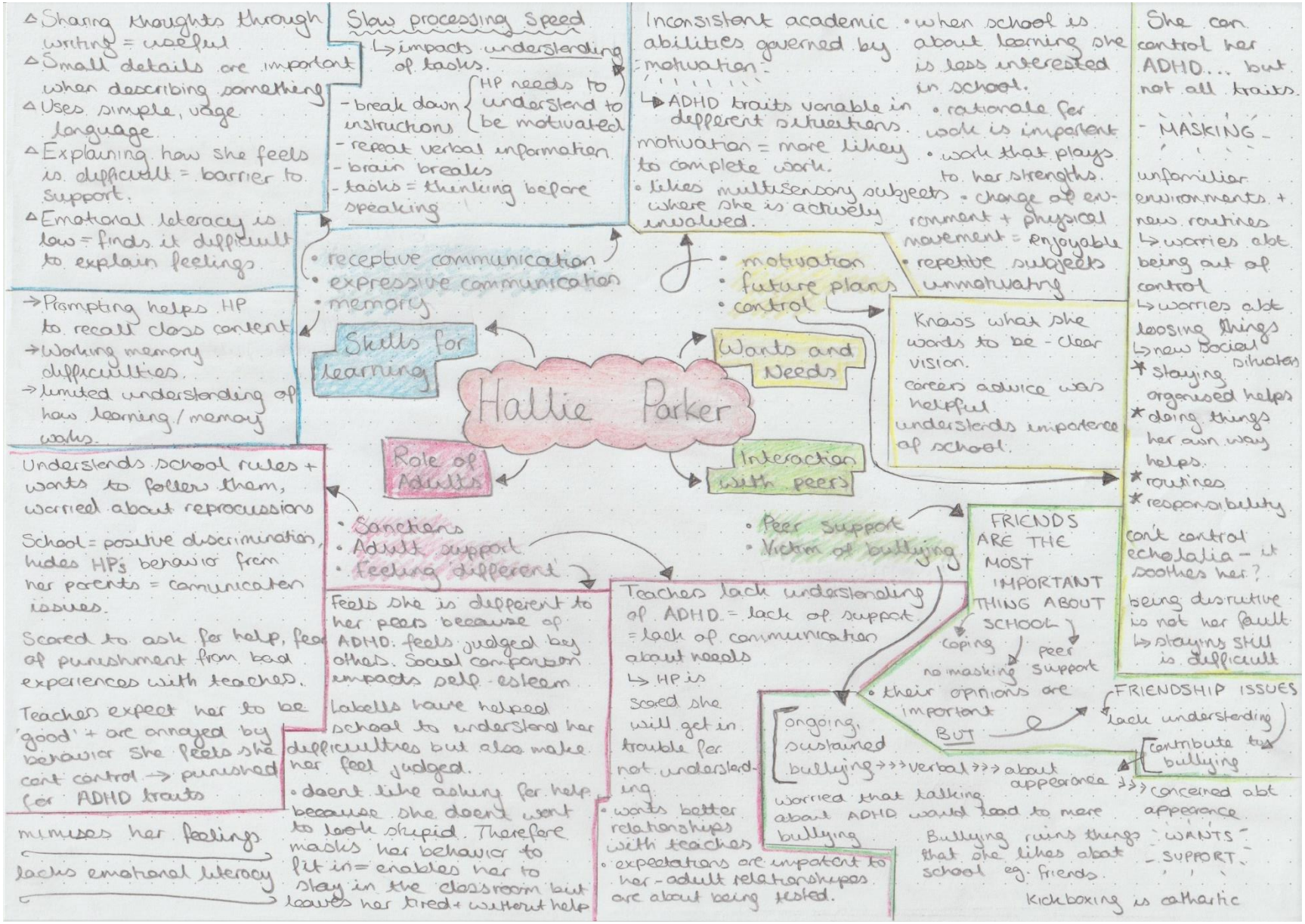
Example section of emergent themes into superordinate themes.



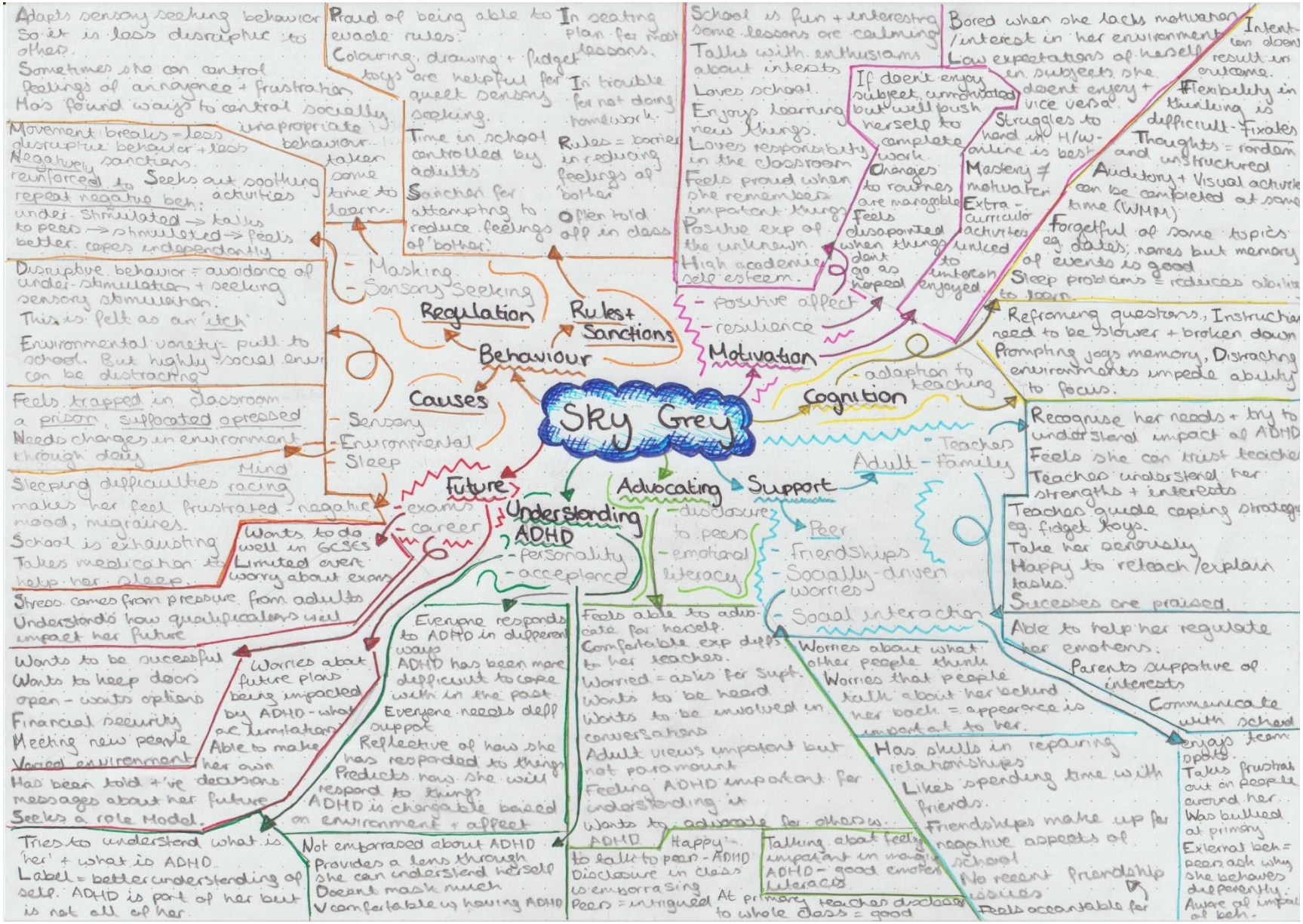
Appendix O: *Graphics to represent the structure of the emergent themes for each participant.*




POSITIVES
⊕ brings order + control
⊕ strategies formed when on medication persevere when off
⊕ better academic work, homework
⊕ receptive processing, concentration
NEGATIVES
⊖ rumination of negative traits.
⊖ dichotomy of personality + values. → when off/on medication
⊖ limited understanding.
⊖ ADULT CHOICE = CONTROL
⊖ adult-led understanding of meds → it is a fix / it is dangerous.
⊖ difficulties managing routine + meds
Masking
Medication
External Support
Avoids external pressure by not volunteering answers looks to peer support rather than teacher = not accepting support.
Dismissive of needs to protect self-esteem. → doesn't want to stand out. Avoids new people.
ANXIETY + ADHD
↳ wide-spread worries
↳ anxiety is self-determind primary need
ADHD = easier to manage
Comorbidity
Contradictory views
The future
Acceptance
Labelling
"My ADHD = under control BUT it is a barrier"
"ADHD is a problem BUT everyone has traits"
What is me? What is ADHD?
Planning for the future is difficult BUT wants:
- agency
- creativity
- flexibility
} wants to be led by own motivations
Needs have changed over time
She accepts ADHD → it is part of her IDENTITY + influences her SELF-ESTEEM
Support
Understanding of Self
Aria Montgomery
• friends are first line of support.
• teacher relationship=
◦ predictor of motivation
◦ important for stress management
• teacher initiated support = helpful.
• pressure of expectation leads to stress so avoids demonstrating strengths.
PROACTIVE SUPPORT
understands own needs but doesn't always have language to describe them. Labels make this easier. Labels have lead to support in school
Learning Skills
School environment
Regulation of attention
Expressive language
Receptive language
Rules
Environment
Motivation
Hyperfocus = shame b/c use of time
Diff to control attention
↳ transitions difficult
↳ loses track of time
Unexpected stimuli = challenging
Getting in the zone = challenging
⊕ technology useful
⊕ change of environment
⊕ teacher prompts + environmental
⊕ sits alone to minimise distraction
Understanding teacher talk is difficult
like a jumbled up puzzle
School is confusing
Stress and anxiety = more difficult to understand class content
• instructions = short, consise
• break work down.
INTRINSIC MOTIVATION
Pressure = less interest
⊕ goes above and beyond when motivated
⊕ big picture thinker
⊕ high self-initiated motivation
⊖ fleeting intense interests
• School rules are not designed with inclusion in mind. = repression of traits
• worries about breaking rules but enjoys being self-governed.
RATIONALE IMPORTANT
◦ different rules in different classes.
◦ accessing peer support = punished
◦ needs flexibility in rules
ADHD = CHANGABLE IN DIFF ENVIR
* high sensory = good
* active engagement
* manageable change
HYPERVIGALANCE ADHD awareness + Anxiety fight / flight
! Language to explain needs is a block to support.
! Seeks peers who have similar needs.
! Position in classroom = support for quietly talking to teacher or peers


Hallie Parker
Skills for learning
Wants and Needs
Role of Adults
Interaction with peers
Slow processing speed
↳impacts understanding of tasks.
- break down instructions { HP needs to understand to be motivated
- repeat verbal information
- brain breaks
- tasks = thinking before speaking
• receptive communication
• expressive communication
• memory
Inconsistent academic abilities governed by motivation
↳ADHD traits variable in different situations.
motivation = more likely to complete work.
• likes multisensory subjects where she is actively involved.
• when school is about learning she is less interested in school.
• rationale for work is important
• work that plays to her strengths.
• change of environment + physical movement = enjoyable
• repetitive subjects unmotivating
• motivation
• future plans
• control
Knows what she wants to be - clear vision.
careers advice was helpful
understands importance of school.
She can control her ADHD... but not all traits.
- MASKING -
unfamiliar environments + new routines
↳worries abt being out of control
↳worries abt loosing things
↳new social situations
* staying organised helps
* doing things her own way helps.
* routines
* responsibility
can't control echolalia - it soothes her?
being disruptive is not her fault
↳staying still is difficult
△Sharing thoughts through writing = useful
△Small details are important when describing something
△Uses simple, vage language
△Explaining how she feels is difficult = barrier to support.
△Emotional literacy is low = finds it difficult to explain feelings
→Prompting helps HP to recall class content
→Working memory difficulties.
→limited understanding of how learning / memory works.
Understands school rules + wants to follow them, worried about reprocussions
School = positive discrimination, hides HPs behavior from her parents = communication issues.
Scared to ask for help, fear of punishment from bad experiences with teachers.
Teachers expect her to be 'good' + are annoyed by behavior she feels she can't control → punished for ADHD traits
misuses her feelings
lacks emotional literacy
• Sanctions
• Adult support
• Feeling different
Feels she is different to her peers because of ADHD. feels judged by others. Social comparison impacts self-esteem
Labells have helped school to understand her difficulties but also make her feel judged.
• doesn't like asking for help because she doesn't want to look stupid. Therefore masks her behavior to fit in = enables her to stay in the classroom but leaves her tired + without help
• Peer support
• Victim of bullying
Teachers lack understanding of ADHD = lack of support = lack of communication about needs
↳HP is scared she will get in trouble for not understanding
• wants better relationships with teachers
• expectations are important to her - adult relationships are about being tested.
FRIENDS ARE THE MOST IMPORTANT THING ABOUT SCHOOL
coping
peer support
no masking
• their opinions are important
BUT
FRIENDSHIP ISSUES
lack understanding
contribute to bullying
ongoing, sustained bullying →→→ verbal →→→ about appearance →→→ concerned abt appearance
worried that talking about ADHD would lead to more bullying
Bullying ruins things that she likes about school eg. friends.
- WANTS -
- SUPPORT -
Kickboxing is cathartic


STRESS + ANXIETY = OVERWHELMING
has asked for support → adults dismiss her needs. "Attention seeking"
Suggests lack of understanding of MH.
NO VOICE → needs adult to advocate for her, will only listen to an adult.
Support is decided for her, not with her
lack of control over narrative
Support is promised but not given
FEELS LIKE GIVING UP.
misunderstood
worried about teacher discourse
"Teachers dont like me" lack of voice
minimises needs (I dont deserve support)
(I dont want to) (make a fuss) low self-esteem
would like trusting relationships with adults
wants to be talked about with dignity
wants confidential support
TIME, AVALIABILITY
PATIENCE
safe space
adults do what they say they will
PUNITIVE SYSTEM
→ understands reprocussions of beh
→ rules limit access to support
→ feels she deesn't deserve flexiable sanctions - recognises own behavior
→ on trouble freq
→ detentions dont hold weight
misbehavior = comm
"I can't cope"
school = feeling trapped negative self-directed feelings.
Adults expect her to act like peers.
Sanction = reward
better than going to class.
NEGATIVE FEELINGS
low expectations
GCSEs predict her whole future
↳ imminent
↳ chronological perception
worries about future employment
Sucess = taking meds
Future is in the hands of adults
MOTIVATION = drives future
Current Support
Feelings about support
Preffered support
Adult influence on learning
Home
understanding
cause of beh
Preferred beh management
Sanction
Future
Accessing Support
Scooby Doo
Interaction with peers
Understanding ADHD
Factors effecting learning
affect
motivation
memory
learning skills
Responsibility
don't enforce H/W
individualised rules.
recognition of +ve change
• Teachers lack understanding of ADHD + think she uses it as an excuse
• Teachers have low expectations of her abilities → would like these to be higher, likes feedback
• School ethos values academia but safety is needed if SD is to learn.
• guilt → taking time away from rest of the class = school values equality not equity.
• Teaches assume medication is an ADHD fix - no need to support.
social worries
social skills
maintaining relationships is challenging
friendship issues
anxiety = being around too many people
ISOLATED
defines herself by how others see her
feels different to her peers.
worries about being judged or bullied
[wants to be authentic]
LACK CF PARENTAL SUPPORT → dismissive parenting.
Worries about info being relayed to home
lacks support system
Would like more friends
worries about being too intense/ distant
tries to predict how others feel
limits interaction with others
Doesn't know how to manage behaviour in relationships
lacks understanding of +'ve - 've friendships
lack of repair skills
control
medication
traits change day to day.
understands language around ADHD
seeks to explain diff through diagnoses
environment changes ADHD
likes to do things her own way.
low social/sensory environments = learning
academic ability changes day to day
seeks out comfortable environments
transference of attn
• high academic self esteem for subjects she enjoys.
• worries about appearing too academically able / unable
• diff with work = push factor from school
CLASSROOM IS A TRAP = STUCK
• +'ve mood = more able to learn
• Motivation drives academic interests
• INTRINSIC
• time moves diff when she is motivated
• enjoys lessons that snowball learning
• intention ≠ applicat
• self efficacy important for completing wrk
• high academic self-esteem in some subjects
• Prompts = helpful
• repetition
• breaking down task
• revision = diff. memory better when motivated
names + numbers = difficult
Teachers don't understand that medication can cause challenge
Medication takes time to develop resistance = side effects + missed school
lacks understanding of how to manage meds routine + side effects
Makes her feel like a diff person = sensible/mature.
Makes her more able to concentrate + motivated
Adult suppt needed to manage medication.
Enjoys routine
disorganised
written comm easier than verbal
new environments worries about expressive comm
grades dont reflect abilities.
academic work = difficult
prefers to learn in seperate room
receptive processing
repetition for understa


Sky Grey
Behaviour
Regulation
Rules + Sanctions
- Masking
- Sensory Seeking
Causes
- Sensory
- Environmental
- Sleep
Motivation
- positive affect
- resilience
Cognition
- adaption to teaching
Future
- exams
- career
Understanding ADHD
- personality
- acceptance
Advocating
- disclosure
- to peers
- emotional literacy
Support
Adult - family
- Teacher
Peer
- Friendships
- Socially-driven worries
- Social interaction
Adapts sensory seeking behavior So it is less disruptive to others.
Sometimes she can control feelings of annoyance + frustration
Has found ways to control socially inappropriate behaviour
Proud of being able to evade rules.
Colouring, drawing + fidget toys are helpful for quiet sensory seeking.
Time in school controlled by adults
Snitches for attempting to reduce feelings of 'bother'
In seating plan for most lessons.
In trouble for not doing homework.
Rules = barrier in reducing feelings of 'bother'
Often told off in class
Movement breaks = less disruptive behavior + less Negatively sanctions.
reinforced to repeat negative beh: under-stimulated → talks to peers → stimulated → feels better. copes independantly
Seeks out soothing activities
taken some time to learn.
Disruptive behavior = avoidance of under-stimulation + seeking sensory stimulation.
This is felt as an 'itch'
Environmental variety = pull to school. But highly social env can be distracting
Feels trapped in classroom a prison, suffocated opressed
Needs changes in environment through daily
Sleeping difficulties racing Mind makes her feel frustrated - negative mood, migraines.
School is exhausting
Takes medication to help her sleep.
Stress comes from pressure from adults
Understands how qualifications will impact her future
Wants to do well in GCSEs
Limited overt worry about exams
Wants to be successful
Wants to keep doors open - wants options
Financial security
Meeting new people
Varied environment
Has been told +'ve decisions messages about her future
Seeks a role Model.
Worries about future plans being impacted by ADHD - what are limitations
Able to make her own decisions
Everyone responds to ADHD in different ways
ADHD has been more difficult to cope with in the past
Everyone needs diff support
Reflective of how she has responded to things
Predicts how she will respond to things
ADHD is changable based on environment + affect
Tries to understand what is 'her' + what is ADHD
Label = better understanding of self. ADHD is part of her but is not all of her
Not embarrassed about ADHD
Provides a lens through she can understand herself
Doesn't mask much
V comfortable w having ADHD
Feels able to advocate for herself.
Comfortable exp diffs to her teachers.
Worried = asks for supt.
Wants to be heard
Wants to be involved in conversations
Adult views important but not paramount
Feeling ADHD important for understanding it
Wants to advocate for others w. ADHD
Happy to talk to peer - ADHD
Disclosure in class is embarrasing
Peers = intrigued
Talking about feelings important in managing ADHD - good emotional Literacy
At primary teacher disclosure to whole class = good
School is fun + interesting
Some lessons are calming
Talks with enthusiasm about interests
Loves school
Enjoys learning new things.
Loves responsibility in the classroom
Feels proud when she remembers important things
Positive exp of the unknown
High academic self esteem.
If doesn't enjoy subject unmotivated but will push herself to complete work
Changes to routines are manageable
Feels disappointed when things don't go as hoped
Bored when she lacks motivation /interest in her environment
Low expectations of herself in subjects she doesn't enjoy + vice versa.
Struggles to hand in H/W - online is best
Mastery ≠ motivation
Extra-curricular activities linked to interests enjoyed
Intent can doesn't result in outcome.
Flexibility in thinking is difficult - Fixates
Thoughts = random and unstructured
Auditory + Visual activities can be completed at same time (WMPP)
Forgetful of some topics eg. dates, names but memory of events is good
Sleep problems = reduces ability to learn
Reframing questions, Instructions need to be slower + broken down
Prompting jogs memory, Distracting environments impede ability to focus.
Recognise her needs + try to understand impact of ADHD
Feels she can trust teacher
Teacher understand her strengths + interests
Teacher guide coping strategies eg. fidget toys.
Take her seriously
Happy to reteach/explain tasks.
Successes are praised.
Able to help her regulate her emotions.
Parents supportive of interests
Communicate with school
Worries about what other people think
Worries that people talk about her behind her back = appearance is important to her.
Has skills in repairing relationships
Likes spending time with friends.
Friendships make up for negative aspects of school
No recent friendship issues
Feels accountable for
enjoys team sports.
Takes frustrations out on people around her.
Was bullied at primary
External beh = peers ask why she behaves differently.
Aware of impact of beh.

Appendix P: *Participant debrief and feedback, a summary of findings and recommendations.*

Dear [NAME],

Hello again! I wonder if you remember an interview you took part in on [DATE] about the school experiences of teenage girls who have ADHD? I'm Ella Mansfield – the researcher who interviewed you. I really enjoyed speaking with you and you did an amazing job, telling me all about what school is like for you. I'm writing to you to say a HUGE thank you, here it is:

THANK YOU SO MUCH!!!!!

Over the last seven months I've been writing up an enormous essay (called a thesis) about teenage girls who have ADHD. The title of the thesis is "**Adolescent Females With ADHD: An Interpretive Phenomenological Analysis of School Experience**". I've spent a lot of time thinking about what you and the other participants have told me, and now I have some conclusions which your interview has helped me to understand. I would really like to share these conclusions with you.

What were the conclusions of the research?

My main conclusion is that not all teenage girls who have ADHD are the same. You and my other participants described lots of different experiences at school, you are all different people with different backgrounds.

However, there were some similarities in what you and the other participants told me which I hope will be useful for you (and maybe your parents and your teachers), to understand some of the differences that having ADHD can bring. You'll find a double-sided summary sheet of the research conclusions in this envelope.

What happens next?

I felt that a lot of you weren't getting the support that you needed in school. I wonder if this is because teachers don't really know how ADHD impacts you. Because of this, I have written a list of ideas that I feel might help you in school, you'll find this in the envelope too. I hope that some of these ideas might already be happening in your school. If you like, you can share these ideas with a teacher or your parents so that adults have a better idea of how to support you. You don't have to share them if you don't want to.

It is important for you to know that because you have a diagnosis of ADHD you have a 'right to reasonable adjustments' in school. That means that by law your school has to make changes to how they support you (if you feel you need it). However, some schools might not be able to put all of these ideas into place - different schools have different amounts of money, teachers and time available to support their pupils. I would say that it is always worth asking though.

How to get in touch:

I hope that you enjoyed taking part in this research and that you feel that the information included with this feedback letter is helpful. If you have any questions or comments about this research please let me know, my email address is: [redacted]

Best wishes,

Ella Mansfield

Trainee Educational Psychologist

Birmingham City Council

Changes in School: Ideas to Support [NAME]

- I recommend that you should have an individualised support plan which is written by your teachers but is based on your views and your parents views (*this is called being 'co-constructed'*). This plan should outline:
    - Details of any support you are getting in school.
    - How teachers should respond to your behaviour (*particularly if you get in trouble a lot at school).*
    - How best to teach you so that you can understand what is expected of you, pay attention and show your learning.
    - Any alternative exam arrangements (*e.g., doing exams in a smaller room, having some extra time*).
    - Your medication plan (*if applicable*).
    - Any support that you might need to help you to develop and maintain friendships.
    - Any support that you might need to support your mental health and wellbeing.
- Your teachers should try to have positive relationships with your parents/carers and they should update each other about how things are going.
- All conversations about you should involve you (*you should be at the table, not on the menu!*).
- Teachers should support you to be able to advocate for yourself (*speak up for yourself*) through:
    - Encouraging supportive, trusting relationships with teachers.
    - Helping you to learn about ADHD, grounded in accurate sources of information.
    - Teachers should let you know what support is/isn't available for you so that you can have a say in what you think would be helpful.
    - Teachers should help you to develop leadership skills through roles of responsibility (*e.g., school council, prefect*).
    - Teachers should create opportunities for you to develop your communication skills and communicate your opinions, thoughts and feelings in lots of different ways in the classroom (*e.g., traffic light system for understanding of the topic, writing down thoughts and feelings*).

How can teachers support me with making and keeping friends?

- Your teachers should give you opportunities to develop friendships with other pupils. This might include structured social time (*e.g., clubs, where you're given activities to do*) or social skill interventions (*e.g., small group classes where pupils are taught about how to develop and maintain friendships*).

- Teachers should create opportunities for you to support and be supported by peers in the classroom.
- Your teachers should think carefully about seating plans and speak with you to find out if you would like to sit apart from your friends (*so you don't get distracted*) or if you'd like to sit with/near your friends (*so you can reach out to friends for help*).
- Teachers should teach all of their pupils about 'neurodivergence' (*how people can be different*). They should make sure that all pupils are aware of adult role models who are neurodivergent from a variety of different professions. Teachers and school staff should try to develop a school ethos which is grounded in appreciates and values difference.
- Your teachers should try to increase gender equality and decrease stereotypes of females in school, as this may help you to feel more confident in being yourself (*showing less 'masking' of your ADHD-traits*).

How can teachers help me to stay out of trouble?

- Your teachers should learn about how sensory differences impact pupils with ADHD (*sensory differences means that your senses – hearing, seeing, touch etc.- might be more or less intense than other peoples'*). This includes how people with ADHD may crave stimulation from multiple senses (*e.g., fiddling with a fidget toy [touch] while listening to the teacher [hearing]*) than other pupils, and how people with ADHD can sometimes feel overwhelmed in new, busy or loud places (*e.g., when using the canteen at busy times it might be difficult for them to work out what they would like to eat*). They should learn about how these sensory differences might impact you as an individual.
- Your teachers should help you find sensory activities so that you can adapt unhelpful or distracting behaviour into less disruptive activities so that you are less likely to disturb your peers or upset the teacher (*e.g., colouring, fidget toys*).
- Teachers should plan multi-sensory, engaging lessons for all pupils.
- You should be allowed to have pre-planned movement breaks (*also known as 'brain breaks'*) so that you can leave the classroom without getting into trouble if you need to.
- Teachers should be aware that you may need to be prompted in lessons. This might just be through spoken reminders to help you stay on-task, or it could be through sentence starters or other prompts to help you understand or become engaged in the classroom activity.
- Teachers should allow you to have some choice over where you would like to learn (*e.g., to learn in the classroom for part of the lesson and then move to the school library to complete quiet, independent work*). This should be agreed with your teacher based on your individual needs.
- Your teachers should carefully think about the school behaviour policy as it is not reasonable or right to punish you for your ADHD behaviours (*e.g., excessive talking*) if you feel you have no control over them. Also, your teachers should be aware that low-sensory environments (*places that don't give us much to see, hear or do*) such as those used for detentions and in-school fixed-term exclusions are likely to be more uncomfortable for you to stay in, than it is for other pupils due to your ADHD traits (*specifically, your 'hypo-sensitivity needs'*). Here are some ideas that your teachers could use as alternatives to punishing you:

- Help you to understand your ADHD better through teaching you about your diagnosis (*psychoeducation*).
- Encorage positive, supportive pupil-teacher relationships with regular contact with an adult you feel comfortable speaking to about your feelings.
- Allow you to have self-control over the environment you learn in.
- Help you to find sensory activities so that you can change unhelpful or distracting behaviour into less disruptive activities so that you are less likely to disturb your peers or upset the teacher (*e.g., colouring, fidget toys*).

How can teachers help me to learn?

- Teachers could use strengths- or inquiry-based learning to improve your motivation for learning and help you feel better about your ability to learn.
  - '*Strength-based learning' is where teachers change lessons so that the activities are based on ways of learning that you are good at. The topic area might be changed so that it relates to things your are interested in or motivated by.*
  - *'Enquiry-based learning' is where you are given a question and then you are allowed to research the topic in a way that you would like, usually bringing your ideas back to the class to teach your peers about what you have found.*
- Your teachers should try to have positive relationships with you as this is thought to increase pupil's motivation for learning.
- Teachers should encourage and support you to use timers and IT methods both inside and outside of the classroom to help you to keep track of time (*e.g., using the pomodoro method*).
- Your teachers should encorage and support you to use visual timetables and 'to do' lists to help you to organise you time.
- Teachers could support you to structure your time to complete homework or revision during or after school, rather than at home. This could be in a place with a supportive teacher close by for support if needed. Where this is not possible, teachers could speak with your parents/carers to find out if there are any locations at home/outside of school that could be used for a designated low-distraction workspace.

How can teachers help me to understand myself?

- Your teachers should work with your parents/carers and health care professionals (*where relevant*) to ensure that there is consistent messaging about what ADHD is and how it impacts you.
- Your teachers should ask you about how you would like information about your ADHD diagnosis to be shared (*e.g., you may like it to be noted on the register, you may like to speak to your teachers about it yourself, or you may like a trusted adult to speak to your teachers for you*).
- Your teachers should handle information about your ADHD diagnosis in line with your wishes.

- Your school should provide you with a consistent, reliable key adult who meets with you regularly for emotional support, and who advocates for you where needed.
- You could create a short letter or 'one-page profile' outlining your ADHD diagnosis and what things help you or don't help you. This could be shared with your teachers. You might want to give out copies of this to teachers of your choosing so that you have control over what is being said about your ADHD-related difficulties and who this information is being shared with.
- All staff at your school should have awareness training on the topic of ADHD by a responsible provider.
- Staff at your school should challenge misinformation about ADHD where possible and promote knowledge based on accurate sources of information.

How can teachers support me to use my ADHD medication safely? (*This may or may not be applicable for you*)

- Your teachers should be in contact with healthcare professionals involved with your care to make sure that any changes in your behaviour and/or mood are relayed back accurately and can therefore be taken into consideration in conversations about whether medication is suitable for the pupil.
- Any demands that teachers place on you outside of school time should be carefully considered. Teachers should take into account the impact of medication on your focus and concentration. For example, if you take slow-release tablets, will these still 'work' after school hours? Do you and your parents report a 'dip' in your ability to concentrate after a certain time? Your school could seek recommendations from healthcare professions for guidance about how your medication works through the school day.
- You should have an individualised ADHD management plan which is co-constructed with the pupil, parents, teachers and healthcare professionals. This plan should include a medication plan which includes information about: who is responsible for making sure medication is taken? What time is medication taken? What time does medication wear off? Where is medication taken (*at home or at school*)? What are the common side effects of the medication and do these usually effect you?

How can your school support you in planning for a future with ADHD?

- Your school should give you access to individualised careers advice which should be informed by your strengths.

A brief note for [NAME's] parents/carers and/or teachers:

This document is informed by research from Eleanor Mansfield's doctoral thesis, entitled "**Adolescent Females With ADHD: An Interpretive Phenomenological Analysis of School Experience**", which was written as part of the Child and Educational Psychology Doctorate at the University of Birmingham.

If you would like to discuss how these ideas could be implemented into [NAME's] in-school support, please get in touch with me at: eleanor.mansfield@birmingham.gov.uk.

Research Conclusions

Getting support from teachers

All of the participants talked about how ADHD traits make them feel different from other people at school. Lots of participants described how they try to 'mask' (hide) their ADHD-traits so that they can blend in with the other pupils.

Some participants knew when they were 'masking', they did this so that they could avoid attention from people around them for showing behaviour which wasn't 'normal'. Some participants described hiding their ADHD-traits because they didn't want to be told off by teachers. Participants who hid their ADHD-traits in school often told me that at home they felt upset or stressed.

There were differences in how much support participants were given in school. Some participants told me about having positive relationships with teachers at school, they felt that they could trust them and talk to them about their feelings. However, some participants felt that they couldn't speak up when they needed support because adults wouldn't listen to them.

Participants talked about how they wanted teachers to listen to them, take them seriously and make changes in school based on what they needed as an individual. Some participants were already really good at asking for help, whilst others found asking for help really difficult.

Quite a few participants didn't know that they could ask for more support or didn't know what kind of support they might need.







Social support

For lots of participants, friendships were really important for your enjoyment of school. Friends were able to help in class if you weren't sure what to do and could explain things in a way that teachers couldn't. Some participants talked about having difficulties with friendships.

Getting in trouble

Lots of participants told me about feeling like they were 'itchy' or 'trapped' in boring classes and described really wanting to leave or find something interesting to do. This feeling was described as being very difficult to cope with. Participants told me about dealing with this feeling by looking for other things to do (e.g., doodling, chatting to friends, walking around the classroom). It seems that teachers don't usually understand that unmotivating activities are difficult for participants to stay focused on - lots of participants told me about getting told off when they were just trying to reduce the negative feelings of being 'trapped' in the classroom.





Good days and bad days

Lots of participants talked about having good days and bad days with their ADHD traits. On bad days participants described not being able to show their learning or engage with lessons fully and feeling frustrated by this. Lots of participants told me that teachers expected them to be quiet, still and calm which can be really difficult sometimes. Lots of participants described how the environment (e.g., the classroom) they are in seems to have a big influence on how ADHD-traits impact their learning. If it's noisy and there's lots of interesting conversations going on, they can sometimes get distracted and want to join in rather than doing the class work. Lots of participants talked about finding it difficult to concentrate on lessons if they're not motivated by what the teacher would like them to do.







Executive function (skills that impact learning)

Lots of participants told me about finding it difficult to manage their time. This sometimes means that participants found themselves scrolling on their phones for hours or getting really sucked into computer games or binge-watching TV. For some participants this meant that things like getting ready for school in the morning, or working out when they can do homework can be really difficult.

Participants found that remembering things could be difficult. This was difficult at school when teachers gave a lot of instructions in one go and expected them to remember them all. It also caused some difficulties in school when participants had been asked to do something important (like homework) but they forgot when they were at home.

Identity

Lots of participants talked about their 'ADHD personality' as if it was separate from their own personality. Despite this, most participants said that they would not want to get rid of their ADHD traits if they had the option, because it was part of what made them unique.

Participants generally saw having the 'label' of ADHD as a good thing as this helped them to understand themselves and explain their behaviour to others. However, lots of participants told me that they did not want everyone to know that they have ADHD because it might lead to other people seeing them as being different. Participants told me about their worries about being treated differently or bullied. Some participants only told their close friends and teachers about their diagnosis.





ADHD Medication

Most participants did not take medication for ADHD. Those that did talked about how there were both positives and negatives to taking it. A positive of the medication is that it helped participants to feel like they could concentrate in classes. A negative of the medication is that it was difficult for some participants to remember to take it independently, and taking it incorrectly led to side effects such as feeling tired or sick.