The Stories of Children with a Diagnosis of Attention Deficit Hyperactivity Disorder:

A Narrative Analysis

Michelle Oakey
University of East London

A thesis submitted in partial fulfilment of the requirements of the School of Psychology, University of East London for the degree of Doctorate in Educational and Child Psychology

April 2021

Abstract

The aim of this research is to explore the stories of children who have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) through an exploratory, narrative approach. This research was conducted using a relativist, social constructivist paradigm. Three participants were recruited and asked to share their stories through unstructured interviews. These stories were restoryed using Clandinin and Connelly's (2000) Three-Dimensional Structure of Human Experience. These restoryed narratives then provided the basis for a commentary of the narrative themes and sub-themes found across the stories. The underlying theoretical framework of positioning theory considered how children position themselves, addressing references to power imbalances in relation to Foucauldian theories. This research aims to inform Educational Psychologist practice by highlighting the voice of the individual behind a diagnosis.

Declaration

University of East London

School of Psychology

I declare that while registered as a research degree student at UEL, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution.

I declare that no material contained in the thesis formed part of a submission for an academic award.

I declare that my research required ethical approval from the University Ethics Committee (UREC) and confirmation of approval is embedded within the thesis.

Signed: M. Oakey

Date: 23rd April 2021

Acknowledgments

Firstly, I would like to thank the three children who shared their stories with me. Without their input, this research would not have been possible.

Thank you to all the school staff who generously gave their time during my research.

Thank you to all of the tutor team at UEL and especially Dr Mary Robinson, my academic supervisor and Director of Studies. I am very grateful for your support and guidance.

I have been incredibly lucky to have been a part of Cohort 13 at UEL. A wonderful group of people who have helped me through all stages of this doctorate. Thank you to you all!

To Katie and Amy, I could not have done this without you! Thank you for your friendships and never-ending humour.

A special thank you to Mike who has supported me during every part of this journey.

Finally, my children Max and Hal. I hope I have made you proud!

Table of Contents

Word count: 35, 303

List of Tables

List of Figures

List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
BPS	British Psychological Society
CYP	Children and Young People
DSM V	Diagnostic and Statistical Manual of Mental Disorders, 5th edition
EHCP	Educational, Health and Care Plan
EP	Education Psychologist
EPS	Educational Psychology Service
GP	General Practitioner
HKD	Hyperkinetic Disorder
ICD	International Classification of Mental and Behavioural Disorders
LA	Local Authority
NICE	National Institute for Health and Care Excellence
SEMH	Social, Emotional and Mental Health
SENCo	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disability
TEP	Trainee Educational Psychologist
UK	United Kingdom
WHO	World Health Organisation

Chapter One: Introduction

1.1 Overview of Chapter

This chapter outlines the origin of the current research, giving a definition of Attention Deficit Hyperactivity Disorder (ADHD) along with an understanding of the debates surrounding diagnosis within a historical, political and social context. Further thought is given to the place of this research in both a national and local context, with a detailed description of the researcher's position and motivations. It ends with a rationale for the relevance of this research within Educational Psychology (EP) practice, and a summary of the chapter.

1.2 Medical Discourse Surrounding ADHD

ADHD diagnosis is embedded with debate over causation, origin and validity all rooted within a social, historical and political context. The story of Fidgety Philipp, created by Heinrich Hoffmann (1809-1894), describes a young boy who is unable to sit still at the dinner table. The symptoms and behaviours listed could today be classified as ADHD (Lange et al., 2010). Sir George Still (1868-1941) was a British paediatrician viewed as one of the first to discuss a group of symptoms, which today would be classified as ADHD from a biological viewpoint. Using a case study of children, he presented lectures that discussed their impulsive and problematic behaviours, which were viewed as 'abnormal defects of moral control' (Still, 1902, p.1079). Considering the context of Still's observations is important. The 1880 Education Act first introduced compulsory schooling for children and young people (CYP) up to the age of 10. Just twenty years later, Still was discussing the abnormal defects of moral control in CYP. These children were often from poor families, with no prior historical experience of education and now expected to conform to the rigidities of a Victorian classroom.

Historically, ADHD has had several name changes and classifications. Laufer et al. (1957) described Hyperkinetic Impulse Disorder, which was an early classification of the symptoms of ADHD. The second edition of the Diagnostic and Statistical Manual of

Mental Disorders or DSM (1968) named the symptoms Hyperkinetic Reaction of Childhood, which can be viewed as an attempt to suggest an environmental causation. This was later changed to Attention Deficit Disorder in the DSM-III (1980) edition. In 1987, the term Attention Deficit Hyperactivity Disorder appeared in the revised DSM-IV edition and has been used in all further publications.

1.2.1 Current Diagnosis of ADHD

The DSM-5 (APA, 2013) defines ADHD as a neurodevelopmental disorder that presents as a persistent pattern of inattention (e.g., has trouble staying organised) and/or hyperactivity (e.g., excessive talking). This inattention and/or hyperactivity needs to interfere with child functioning and/or development and has to be present in two or more settings. The ICD 11th Revision (WHO, 2018) characterises ADHD as a neurodevelopmental disorder with a persistent pattern of at least six months of inattention and/or hyperactivity-impulsivity in more than one setting.

National Institute for Health and Care Excellence (NICE) guidelines, published in March 2018 and further updated in September 2019, underpin the diagnosis and treatment of ADHD in England. The aim of these guidelines is to advance recognition of the disorder and diagnosis, and to improve the quality of care and support for both children and adults with a diagnosis of ADHD. The definition, as given above using the DSM-5, is the recommended guideline for diagnostic purposes in England (NICE, 2019).

1.2.2 Prevalence

Current statistics suggest that ADHD affects 3-5% of CYP in the UK and 2% of adults (NHS, 2018). However, ADHD can have a high rate of co-morbidity with other disorders. Efron et al. (2016) found that 77% of their sample who had been diagnosed with ADHD also presented with one or more co-morbidities. The characteristics used to diagnose ADHD may also present similarly to other conditions. This suggests that current prevalence figures may not always provide a clear picture.

1.2.3 A Biological Causation

The National Health Service (NHS, 2018) proposes that ADHD is due to a combination of factors including a possible genetic link, brain function and structure, with certain groups identified as being more ‘at risk’, including those with epilepsy and those who were born before the thirty-seventh week of pregnancy or with brain damage. Several theories build upon the medical rise of the condition we know as ADHD today to present a biological causation. Johnson et al. (2009) discussed how research into ADHD has mainly focused on genetics and the behavioural symptoms of the disorder. Given that ADHD classification is based around symptoms across three subtypes (impulsive-hyperactive, inattentive and combined), a range of theories (Executive Dysfunction Theory; State Regulation Model; Dynamic Developmental Theory of ADHD and Delay Aversion & Dual Pathways Theories) have been developed to try and explain the behaviour of those diagnosed with ADHD (Johnson et al., 2009). Faraone and Doyle (2001) suggested that ADHD is genetically inherited. Similarly, Visser and Jehan (2009) discussed how much of the research using twin and adoption studies, genome scan studies, and a focus on molecular genetics suggests that ADHD is caused by dysfunctional genes. Barkley (1997a) proposed a theory of executive function and an incapacity to inhibit responses as a key deficit in ADHD. He claimed that deficits in the frontal region of the brain can be associated with ADHD. This can be used to provide explanations for impulsivity and inattention, but not hyperactivity. A meta-analysis by Willcutt et al. (2005) suggested that a reduction or difficulties in the function of executive control appear to be only one important component when considering the neuropsychology of ADHD.

Despite the prevalence of a dominant biomedical discourse, there has never been ‘one’ biological causation that can be attributed to ADHD (Baumeister & Hawkins, 2001). This is one aspect to the many controversies that surround a diagnosis of

ADHD. A solely biological causation and subsequent medical treatment ignores the social and political context in which ADHD developed as a disorder.

1.2.4 The Medicalisation of Children

Visser and Jehan (2009) explored the phenomenon of ADHD and how it is dominated by a biomedical discourse. Medication such as methylphenidate is often prescribed in the first instance of a diagnosis to ‘treat’ the disease and is seen as an effective intervention (Travell & Visser, 2006). When looking at a biological causation, Biederman and Faraone (2005) provided an overview of twin studies that suggested a diagnosis of ADHD is heritable to 75%. Interestingly, when looking at this paper, an authors’ note is given stating that it was funded by a known pharmaceutical company based in the United States. Research suggesting that ADHD is due to a biological causation and funded by a pharmaceutical company could perhaps be considered an ethical conflict of interest. Harris and Carey (2008) discussed the issue of drug trials being conducted by researchers who had failed to disclose additional personal payments in the United States. They highlighted the need for research to not be potentially biased towards companies and organisations that stand to make substantial profits from medication usage for ADHD. An essay titled ‘The construction of psychiatric diagnoses: The rise of adult ADHD’ by Moncrieff et al. (2014) suggests that the increase of ADHD diagnoses appears to have been influenced by the pharmaceutical industry.

1.2.5 The Neurodiversity Perspective

An added view is that of the neurodiversity perspective. This is gaining increasing popularity today and takes the view that conditions such as ADHD might represent biological difference rather than biological deficit. The ADHD Foundation (2021) discussed the need for major employers (such as Google or Amazon) to recognise the benefits of actively recruiting neuro diverse individuals. The hope is that by reducing the stigma of ‘disorders’ and ‘labels’, neurodiversity will be seen as a positive influence in the classroom and in future professions, therefore raising confidence and self-esteem of all individuals.

1.3 Social Context of ADHD

Timimi (2010) described the ‘Mcdonaldisation of Childhood’ as part of the increase in prevalence of ADHD. He questioned whether this was due to diagnostic and scientific advances, or changing perceptions of childhood due to the economic success of industrial capitalism. Timimi linked increasing distress in childhood to changes in working patterns, economic migration and the emergence of a ‘blame’ culture. Instead of asking questions about the role of educators and parents and wider society, a biological causation allows a reason for undesirable behaviours. He submitted that a medical explanation provided a quick solution in the form of medical treatment.

An additional part of the debate surrounding ADHD is a possible link between economic levels and the extent to which CYP behaviours are an understandable response to environmental factors. Smith (2014) discussed the links found between an ADHD diagnosis and environmental factors stereotypically associated with lower socio-economic backgrounds, such as lack of exposure to the outdoors and malnutrition. Smith’s paper questioned the role of environmental distress and the potential for corresponding (and understandable) behaviours being classified as mental illness in children. This is particularly pertinent now with rising austerity and an uncertain political climate leading to often-challenging environments for CYP and their families. The short and long-term impacts of the COVID-19 pandemic on the mental health of CYP has not yet been fully seen.

1.4 ADHD and Education

Smith (2014) was interested in how an issue typically raised within educational classrooms had been transformed into a medical one. He discussed the rise of American psychiatry in the 1950s onwards, which was dominated by biological causations. In his essay titled ‘The Hyperactive State: ADHD in Historical Perspective’, Smith urged medical interventions for childhood ‘misbehaviour’ to be carefully considered. He outlined the political context in which the medicalisation of ADHD and the construction of the disorder we know today developed. Prominent research into ADHD was conducted in the United States during the Cold War era. The launch of the Sputnik satellite by the then-USSR in 1957 led to concerns that the American educational system was unable to compete with scientists and engineers in the USSR (Smith, 2014). This began an education reform and subsequent legislation that targeted behaviours now commonly regarded as symptoms of ADHD. The list of behaviours that need to be present for a diagnosis of ADHD include symptoms such as fidgeting or forgetfulness, which are not uncommon within a classroom.

The UK ADHD Foundation (2016) outlined the potential impact of a diagnosis of ADHD for CYP in their later life. They suggested that CYP with a diagnosis of ADHD have a 100% greater risk of being excluded from an educational setting. An exclusion from school can be a risk factor for later antisocial or criminal behaviour. The UK ADHD foundation research found that 49% of male and 33% of female prisoners had previously been excluded from school. The impact of a diagnosis should not be underestimated. School and professionals need to support CYP with a diagnosis of ADHD to remain in school. This can help to decrease the potential negative impact of an ADHD diagnosis in their future life.

1.5 Individual Perceptions and Experiences

Within the debates surrounding causation, it is important to consider the impact for individuals. A diagnosis of ADHD can come with certain connotations, with expectations of behaviour or conforming from CYP. Positioning Theory, as outlined by Harré et al. (2009), considered how individuals position themselves and are positioned by others. The result of this is that individuals are positioned to act in certain ways. A position can be associated with particular perceived or attributed rights or ways of behaving (Frigerio et al., 2013). Part of the debate surrounding ADHD suggests that a diagnosis potentially pathologizes those who do not conform to desired and culturally expected norms. Foucault (2003) discussed the notion of ‘governmentality’ and the consideration that governmental practices and policies inform certain practices such as educational institutions. Although not a psychologist, he argued that classification and ordering of people as ‘normal’ or ‘abnormal’ is a form of social control. Freire (2013) highlighted the role of educational practice and institutions along with how their structure serves to maintain an oppressive society. The idea of governmentality links to how CYP who are given labels (such as ADHD) position themselves within an educational institution and society as a whole.

1.6 Context of this Research

1.6.1 Research within a National Context

The Special Educational Needs and Disability or SEND Code of Practice (Department for Education, 2015) and the introduction of Educational, Health and Care plans (EHCPs) aimed to make CYP’s voices central when working towards the best outcomes. Eliciting the views of CYP and their families is a key principle underpinning the Code of Practice. This should not be tokenistic exercise. Instead, it should be used to incorporate the opinions, experience and wishes of individual CYP. Within the SEND Code of Practice (2015), there are four broad areas of need: communication and interaction; cognition and learning; social, emotional, and mental health (SEMH); and sensory and/or physical. ADHD is placed within the SEMH category as a recognised disorder. The purpose of these categories is not to find a ‘best fit’ for CYP but to provide a guide that can enable the best support and provision. This should be done on an individual basis.

1.6.2 Research within a Local Context

Throughout the course of this research, the researcher was placed as a Trainee Educational Psychologist (TEP) in a large local authority (LA) in the southeast of

England. This LA covers a large area with varying levels of social deprivation. The area in which the researcher was placed as a TEP was an urban and more socially deprived part of the county. Work within this LA follows a systemic principle and aims to support organisational structures to help promote change for CYP. An ADHD diagnosis with this LA involves several professionals. Referrals are made through the CYP's school or a general practitioner. A specialist ADHD nurse service works alongside paediatricians in diagnosing ADHD. If a diagnosis is given, support is provided to families and CYP. This is typically given as support through the assessment process and a five-week ADHD parenting programme after diagnosis. This is designed to provide information about ADHD and how best to support CYP aged 3-18 years old. To access the ADHD nurse service, families need to have been referred to by their paediatrician.

There are several factors within the current UK context which could have an impact on ADHD diagnoses. Pandemic related restrictions have meant that many children have received 'home-learning' over the past year. For some families, this has been a new experience and may have increased concerns about their child's behaviours. Similarly, the 'return' to school-based learning has seen some settings and families seek an 'explanation' for certain undesired behaviours. These complex factors exist within a political context where rising austerity measures have meant reductions in funding across many areas of support.

1.7 The Current Research

The purpose of this research was to explore the stories of CYP with a diagnosis of ADHD. It aimed to seek new insights and assess the phenomena in a new light (Robson & McCartan, 2016). In line with the social constructivist stance of this research, it aimed to gain an understanding of the individual, subjective meanings that individual CYP constructed through their experiences and perceptions. These stories were used to provide new insights exploring how CYP with a diagnosis of ADHD could best be supported within the practice of education psychology. The research aimed to develop as the study did and a qualitative, flexible strategy was the most suitable for exploratory work (Robson & McCartan, 2016).

1.7.1 The Researcher's Motivation

As the researcher, it is important that I give an understanding of my motivation for this research. I have a professional background in teaching within primary schools with CYP aged 4-11. Having spent over a decade working within inner London schools, I noticed that I was increasingly seeing diagnoses of ADHD for CYP which were seemingly undertaken due to CYP difficulties linked to SEMH. Families were often part of groups that were at risk of social exclusion and faced a high level of social injustice. With some families, I noticed that diagnosis provided a 'justification' for unwanted behaviours with their child now having no 'control' over their behaviours. For others, it seemed to me that the ADHD diagnosis was just that: a diagnosis; a label. The family did not consider a diagnosis as an adequate 'excuse' for behaviours and rejected a biological causation. Their CYP were seen as being 'let down' by their environment and the subsequent challenges faced. The families did not want the school to 'accept' diagnosis and wanted systemic change to help shift the circumstances that they felt were helping to cause the diagnosis. Having direct contact with these individuals and their families, led me to reflect on the challenges faced by all individuals who were 'given' a diagnosis of ADHD. I have reflected on my own position in the debate over ADHD diagnosis. My views are heavily influenced by the work of Timimi, thoughts on the medicalisation of children and my underlying social justice beliefs and values. It is important to state that I consider myself to view psychology through a somewhat critical lens, and I have an interest in community psychology. I am interested in how behaviours of individuals are classified and the historical conception of disorders. This is particularly in the context of the oppressed, socially marginalised, impoverished and excluded, and the role that discrimination plays in the social construction of disorders. My position is that the diagnosis of ADHD in children needs to look beyond a solely biological causation. It needs to address the social, historical, political and social context in which the disorder was constructed. Throughout this research, I refer to CYP with this diagnosis as ‘CYP who have a diagnosis of ADHD’ as opposed to ‘CYP with ADHD’. I see that as an important distinction and a way to begin looking at the role of language, positioning (Fox, 2015) and the balance of power within diagnosis.

I have reflected on how my beliefs impact on my professional judgement. As an education psychologist (EP), I have several roles and responsibilities as a practitioner. Regardless of my thoughts or position on the historical, political or social context of ADHD, CYP are receiving diagnoses. As an EP and a researcher, I question how I place myself with a view to positioning and the balance of power. How I interact with CYP and their families comes with an element of ‘support’ for diagnosis. If I were to give ‘support’ for a biological causation of a diagnosis of ADHD, would I also be giving support to the perceived social control and expectations of individual’s behaviour? Is this promoting the use of medication to conform children’s behaviour? These ideas are further explored in Chapter Three of this research. At times within my professional experiences, CYP seemed to be ‘given’ a diagnosis without an understanding of their views or perceptions of what ADHD means. This aim of this research is not to give further interpretations to the debates and controversies surrounding ADHD. Instead, the purpose is to give a voice and gain insights into the stories of the CYP who have a diagnosis of ADHD.

1.7.2 Relevance to Professional Practice

The role of an EP has many dimensions. At its core, the purpose of EP involvement is to support CYP and their families. As discussed previously in this chapter, the SEND Code of Practice (2015) is underpinned with the principle that the views of CYP and their families should be elicited when working with them. A diagnosis of ADHD seldom involves EPs in the process. However, their role is well placed to help provide greater understanding of the contextual factors in the behaviour of CYP and supporting them to receive access to personalised, psychological interventions (Hill & Turner, 2016). Fox (2015) advocated that EPs should reflect on the Code of Practice (DfE, 2014) “to consider repositioning themselves to consider the importance of the four moral principles (beneficence, non-maleficence, autonomy and social justice) that underpin our position” (Fox, 2015 p. 383). This reflected the values of the researcher and aligned with that of their university’s ethos. It is the aim to give a voice to those who are underrepresented and provide a way for them and others to recognise and re-frame potentially negative narratives. This can provide a way to empower and promote change for CYP.

1.8 Conclusion of Chapter One

This chapter introduced the current research to provide a definition of ADHD and an overview of its diagnosis and treatment for CYP in England. It also outlined the key debates and controversies surrounding ADHD diagnosis and detailed the context for this research along with the researcher’s motivations and position.

Chapter Two: Literature Review

2.1 Overview of Chapter

The aim of this chapter is to outline the systematic literature review conducted in order for the researcher to critically engage with the current and relevant research into CYP stories or experiences of receiving and living with a diagnosis of ADHD. It details the development of the review along with the researcher's rationale for each step of the process along with the questions it aimed to answer. All research is presented with a critical review of its relevance. The synthesis of the literature review is discussed and presented along with the four dominant themes that emerged. These themes are then used to answer the questions posed for this review. This chapter concludes by identifying a gap in the literature and the implications for this current research.

2.2 Systematic Literature Review

This section will give an overview of the methodology used for the literature review. The aim was to critically review the literature in order to determine its potential significance. In addition to this, attention was given to the types of data collection and analysis that were used within the literature. This was to explore the use of narrative approaches within this field and the potential implications for the research design of this study. As part of the literature review, the researcher's aims were to critically discuss current literature and to consider the following questions:

a. What is currently known about the lived experiences of children and young people with a diagnosis of ADHD?
b. How does the current research answer this question in terms of relevance and quality of the research?

2.2.1 Beginning the Search

A scoping review was conducted by the researcher on 4 July 2020 to assess the availability of literature and to establish a brief overview of the research in this area.

It was also used to consider the search terms and inclusion and exclusion criteria that would be most useful. The initial stage of the search began with the researcher familiarising themselves with potential search terms.

Table 1

Initial scoping review of the literature

Database 04.07.20	**Search term**	**No. of articles identified**	**Filter**	**No. of articles identified for potential review**
EBSCO (Academic Research Complete, Education research complete, ERIC, APA PsychINFO)	ADHD and (children OR young people) AND (experiences OR stories)	3,671	2010-2020 English language Academic journal	1,847

The 1,847 articles found was not conducive to a realistic or sustainable literature review due to the time constraints of this current study. The researcher sought guidance from the School of Psychology librarian and used the thesaurus function of the search engine in order to account for all possible variations of the search term “ADHD”. As previously mentioned in Chapter One, ADHD has a history of name and diagnostical changes. The subject term DE ″Attention-deficit hyperactivity disorder” was used to incorporate a variety of terms including “ADHD”, “Attention-deficit hyperactivity disorder”, “ADD”, “attention-deficit disorder” and “hyperkinesia”. The researcher investigated the most efficient way to search using the database with these filters. There were age terms for CYP that could have been used to filter results including “child”, “young person”, “pupil”, “adolescent” and “teenager”. When using the result refining function of the database filters, it became apparent that it would limit the results found. In light of this, the researcher decided to use several variations for CYP in the search terms.

2.2.2 Inclusion and Exclusion Criteria

The initial scoping review was used to consider the most relevant parameters and inclusion and exclusion criteria.

Table 2

Summary of Inclusion and Exclusion criteria

Timespan	**2010-2020**
Search Language	English language
Parameters	2010-2020 Academic journal English language
Exclusion Criteria	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.
Inclusion Criteria	Papers that seek the views or experiences of children or young people with a diagnosis of ADHD.

Table 2 outlines a summary of the inclusion and exclusion criteria used for the literature review. To reflect current research and thinking in terms of the discourse and current socio-political perspectives on ADHD, the literature was limited to that since 2010. As discussed in Chapter One, there is an evolving discourse surrounding the diagnosis of ADHD and a time frame on the research helped to support a review of the literature in its most recent context. The researcher placed value on the need to look at research with an awareness of the social, historical and political context in which it developed. One exception to this time scale was a paper (Travell & Visser, 2006), which was identified by the researcher through a hand search. It was deemed relevant to include by the researcher as within a topic area with a seeming lack of CYP voice, this paper was found several times through hand searches which suggested its relevance in this area. Upon reading, it provided additional and worthwhile insight. To ensure the research was relevant to the research area and accessible through the university database system, papers were limited to those published through academic journals. In terms of location of studies, the researcher considered the impact of including or excluding research that was conducted outside of the UK. On one hand, it could be argued that different cultural perspectives have the potential to dominate discourse surrounding ADHD and this could influence or impact the research. There are considerable differences in educational systems across cultures and this may be reflected in the research and understanding of what is to be diagnosed with ADHD. After much thought, the decision was taken by researcher to include research and studies from countries and cultures other than the UK. This current research is interested in the lived experiences and views of CYP on their diagnosis of ADHD. Regardless of its country of origin or differences in diagnosis, all the potential CYP have the same label – that of a diagnosis of ADHD. It is the experiences of this label that interested the researcher. To enable ease of access for the researcher, research was limited to that which was written in the English language. The researcher was aware that this potentially gives the literature a Western cultural focus (in terms of CYP views of ADHD) and this was kept in mind when reviewing the literature. Central to this research is the voice of CYP and their stories or experiences. The researcher decided to limit research involving only a parent, family or school view of diagnosis as this was neither the primary interest of the research nor does it directly draw upon or seek the experiences or views of CYP with a diagnosis of ADHD. The title and abstracts of all papers with a medical focus were read in order to determine whether the papers aimed to seek the lived experiences of CYP (as opposed to being limited on their views of medication only). If they did not, they were not included in the articles identified for review.

2.2.3 Methodology of the Systematic Literature Review

To start the literature review, electronic databases were used by the researcher due to their academic relevance and the use of the English language. EBSCO was used and included Academic Search Complete, Education Research Complete and PsychINFO. The researcher did not deem it necessary to use Psych ARTICLES as all information included in this is also found within PsychINFO. For each search term, the electronic database SCOPUS was used in case anything was missed on the EBSCO search to ensure that that all relevant literature within the U.K was reviewed. Lastly, each search term was put into Google Scholar to confirm a final check for literature. Due to the nature of Google Scholar, results were limited to the first two pages to ensure relevance. Detailed below in Table 3 is an outline of the search terms used and the number of results found (please see Appendix 1 for a full breakdown of the searches).

Table 3

Search terms and number of results found

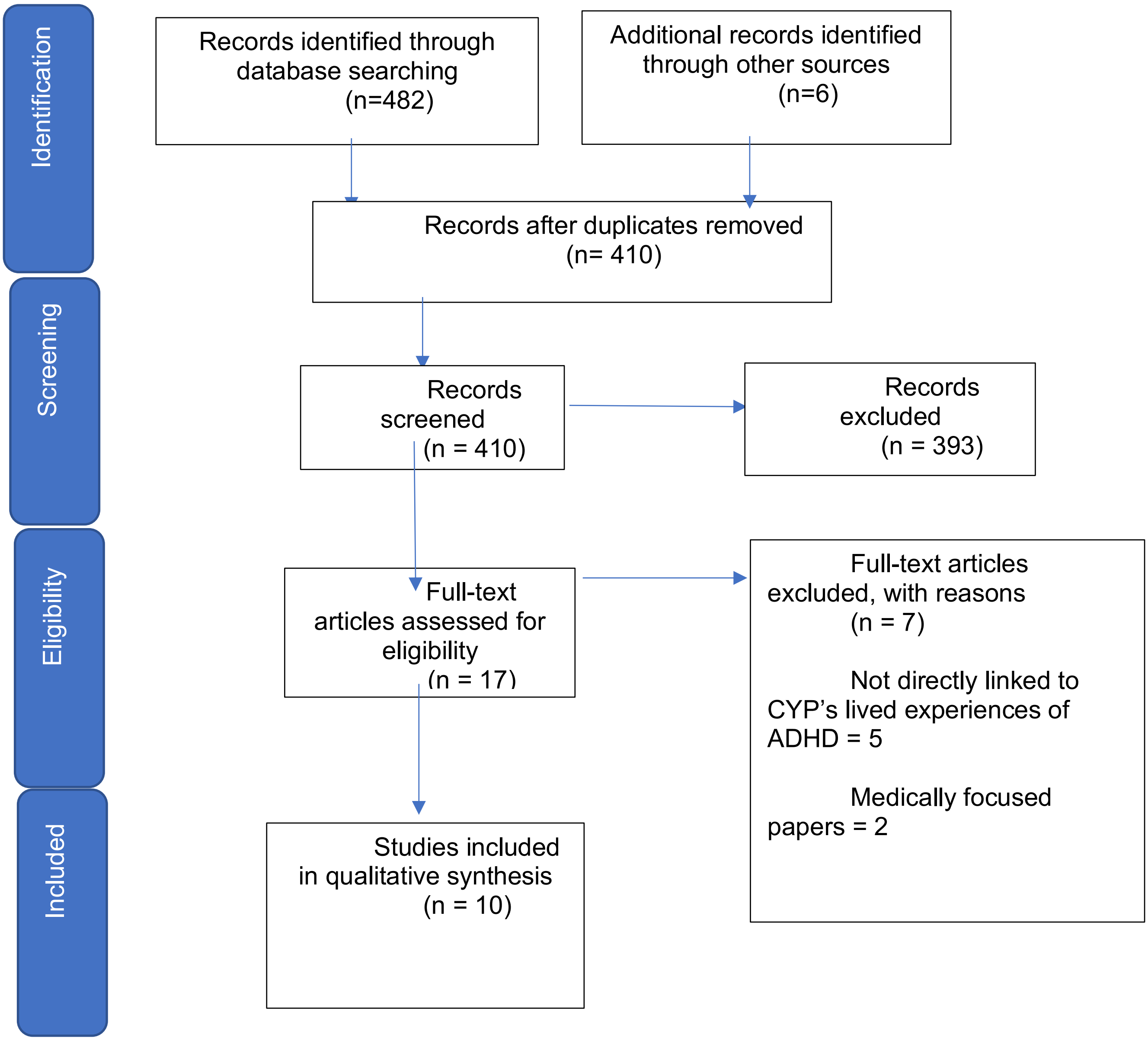
Search Term 1	DE "Attention Deficit Disorder with Hyperactivity" AND stories AND (child or "young person" or pupil or student or adolescent)		
Search Engine	No. of papers Initially found after applying parameters	No. of abstracts read after applying inclusion criteria	Total no. of articles selected to be read in full
EBSCO	187	54+ 2 hand-searched papers	5
SCOPUS	127	35	0
Google Scholar	20	15+ 2 hand-searched papers	4
Total	334	108	9
Search Term 2	DE "Attention Deficit Disorder with Hyperactivity" AND narrative		
Search Engine	No. of papers Initially found after applying parameters	No. of abstracts read after applying and inclusion criteria	Total no. of articles selected to be read in full
EBSCO	211	91+ 2 hand-searched papers	5

SCOPUS	213	47	0
Google Scholar	20	20	0
Total	444	160	5
Search Term 3	DE "Attention Deficit Disorder with Hyperactivity" AND (child or “young person” or pupil or student or adolescent) AND (experiences or perception or voice or beliefs or view) AND diagnosis AND (school or education)		
Search Engine	No. of papers Initially found after applying parameters	No. of abstracts read after applying and inclusion criteria	Total no. of articles selected to be read in full
EBSCO	432	153	3
SCOPUS	354	59	0
Google Scholar	20	8	0
Total	806	220	3

In total, 17 articles were identified for review. Each paper was read in full to determine its relevance to the current research using the Critical Appraisal Skills Programme (CASP) UK as an appraisal tool. This enabled the researcher to consider several factors for each paper including the validity of the results, the appropriateness of data collection methods and ethical considerations (please refer to Appendix 2 for an assessment of each full-text article read). At this stage, seven articles were removed. Five articles were not directly linked to CYP lived experiences of ADHD. The additional two articles were not deemed relevant to EP practice as they had a medical focus. Figure 1 below demonstrates, through a PRISMA flow diagram, the process of the systematic literature review.

Figure 1

PRISMA Flow Diagram



2.2.4 Weight of Evidence

The aim of this literature review was to answer the following questions:

1. What is currently known about the lived experiences of children and young people with a diagnosis of ADHD?
2. How does the current research answer this question in terms of relevance and quality of the research?

This section of the review is focused on part 2; determining the relevance and quality of the research. The ten remaining articles found were appraised using the Weight of Evidence (WoE) framework as detailed by Gough (2007). The papers included were appraised to not just consider the quality and how rigorously they were implemented, but also the extent to which they support answering the questions of this systematic literature review (Gough, 2007). The criteria used was as follows:

A: Generic appraisal of quality of execution of study, using the CASP UK (2018) as an appraisal tool. Studies were read in order to appraise transparency accuracy, accessibility and specificity (please refer to Appendix 3 for the summary of the papers included in the final ten articles identified for the literature review).

B: Review specific on appropriateness of method. Each article was assessed as to the appropriateness of the research design and analysis employed to answer the current review question.

C: Review specific on relevance of the focus/approach of study to review question. Each article was assessed to determine the relevance to the current review questions.

D: Overall WoE score. Each paper received an overall WoE score based upon the A, B & C ratings. Table 4 below gives the weighting and overall WoE for each study included in the final literature review.

Table 4

Weight of Evidence

Study	**A: Generic appraisal of quality of execution of study.**	**B: Review specific on appropriateness of method for current review question.**	**C: Review specific on relevance of the focus/approach of study to current review question.**	**D: Overall WoE score in regard to answering current literature review question**
Newlove-Delgado et.al. (2018).	Medium	High	High	Medium High

Study	**A: Generic appraisal of quality of execution of study.**	**B: Review specific on appropriateness of method for current review question.**	**C: Review specific on relevance of the focus/approach of study to current review question.**	**D: Overall WoE score in regard to answering current literature review question**
Avisar & Lavie-Ajayi. (2014).	Medium	High	High	Medium/High
Dunne & Moore, (2011).	High	High	High	High
Travell & Visser. (2006)	Medium	High	Medium	Medium
Charach et.al. (2014).	High	High	Medium	Medium
Padilla-Petry et.al. (2018)	High	High	Medium	High Medium/High
Rasmussen et.al. (2018).	High	High	High	High
Honkasilta et.al. (2016)	Medium	Medium	Medium	Medium
Gibbs et.al. (2016)	Medium	Medium	Medium	Medium
Kendall (2016)	High	High	High	High

2.2.5 Characteristics of the Papers Found

The final ten papers included within the literature review were analysed by the researcher to establish the general, overall characteristics of the studies (please refer to Appendix 4 for a full list of the characteristics). Four of the papers were researched within the UK, three in Europe and the additional three in Israel, Canada and Australia. Four of the papers were based within a clinical setting, five with an educational context and one was a lived experience case study. All of the papers were of a qualitative design and aimed to elicit the experiences, views or perceptions of CYP. Six of the papers were solely focused on CYP views and the other four included views from parents and/or teachers. All data across the papers was collected by interviews which included eight papers using semi-structured interviews, one paper using both semi-structured interviews with a focus group and attainment information and the final paper using an unstructured interview for a case study. There were several variations of data analysis used including narrative and discourse analysis. Thematic analysis was the most commonly used form of data analysis with three papers using it. Three of the papers (Travell & Visser, 2006; Honkasilta et al., 2016; Gibbs et.al., 2016) were given a 'medium' WoE rating due to a lack of full clarity over participant characteristics. After appraisal using CASP and with the overall WoE weighting, it was deemed appropriate by the researcher that all ten final critically analysed papers were relevant for the literature review and to support the identification of relevant themes.

2.3 Key Themes from the Literature Review

Using the papers deemed most relevant, key themes were established by the researcher in order to answer the questions of this review:

1. What is currently known about the lived experiences of children and young people with a diagnosis of ADHD?
2. How does the current research answer this question in terms of relevance and quality of the research?

Each of the ten identified papers were re-read by the researcher to the determine the key themes throughout each one. Once the themes from each paper were identified, the researcher colour-coded them into groups in order to establish the dominant themes from the literature review (please refer to the outline in Appendix 5 for further information). The four dominant themes will be discussed in turn below and are as follows:

- Medical discourse
- The role of professionals.
- Psychological impact of a diagnosis of ADHD.
- Sense of control and a need for independence and individuality.

2.3.1 Medical Discourse

As discussed in Chapter One, the dominant discourse surrounding ADHD is that of a medical model. This is compounded by the fact that diagnosis is typically given by a medical professional. During the initial stages of the scoping review, a generic search of the term “ADHD AND Children” led to multiple pages of results that were dominated by research on the use of medication and a medical perspective of ADHD. All ten papers within the literature review also referenced medical discourse or the use of medication. For eight of the papers reviewed, the majority of participants were taking medication prescribed to treat their symptoms of ADHD. When exploring the views of CYP with a diagnosis of ADHD, views on medication was a common theme across all papers.

2.3.1.1 Complexities Surrounding Diagnosis and Treatment. Travell and Visser (2006) aimed to explore the experiences of CYP and their parents of the longer term outcomes of a diagnosis and treatment of ADHD. The qualitative design used semi-structured interviews with CYP (n = 17) aged 11-16 and their parents (n = 16, 1 parent declined to engage). The data was analysed using constant comparative analysis. Being based in the UK where criteria for diagnosing medication can vary across local authorities, the researchers identified that this could make it difficult to reflect the results of the study for all CYP with a diagnosis of ADHD. They found that participants and parents had mixed experiences of the diagnostic process and there was no ‘one’ way in which CYP were diagnosed. Once a diagnosis had been received, a medically focused intervention was the next typical pathway with very few references made to psychological or social interventions. The CYP participants had varying personal explanations of their diagnosis. Whilst some found the thought of having a brain ‘disorder’ unhelpful, the dominant explanation of causation, held both by CYP and parents, was biological. Medication was seen as the only way of providing treatment for a condition that was viewed as having reduced CYP’s ability for self-control. Travell and Visser (2006) questioned the value and validity of the short-term benefit of medication versus the potential longer-term psychological impact. The CYP interviewed suggested that they would like greater input into the treatment options available to them. In terms of the study, little information was provided regarding the researchers' views, recruitment process or the potential bias of one of them working as an EP. This small-scale study aimed to explore the experiences of CYP who receive a diagnosis of ADHD and their parents. It suggested that there needs to be clearer guidelines and research into the diagnosis and treatment process which currently holds a heavy medical discourse. Medication was viewed to be potentially disempowering to CYP as they were not able to draw upon their own individual resources.

A Finnish study into CYP accounts of their ADHD-related behaviour in an educational context by Honkasilta et al. (2016) aimed to analyse the complexities surrounding the discursive construction of ADHD. Data from semi-structured interviews with participants (n = 13) aged 11-16 years old was analysed using discourse analysis. Participants were recruited through a Finnish ADHD association, therefore representing a group already engaged with services. The aim was to explore the ways CYP diagnosed with ADHD account for their perceived challenging behaviour and if there was a sense of moral responsibility for these behaviours. Discourse analysis was viewed as being appropriate to allow an insight into cultural constructs and the meanings attributed by CYP. The researchers collaborated when coding in order to minimise potential bias. The results found that CYP attributed or accounted for their behaviours as either due to an externalising medical condition, an internalised personal responsibility, or a socially imposed stereotype. These were labelled as self-pathologizing, self-condemning, or self-liberating. Within the self-pathologizing label, behaviours were seen as being an uncontrollable impulse with the diagnosis of ADHD providing a reason and justification for particular behaviours. CYP who viewed ADHD with self-condemnation positioned themselves more often through first person singular forms in that they ‘took’ responsibility for their ADHD associated behaviours and viewed it as something that they needed to take ‘control’ of. The third theme of self-liberating emerged from participants who had attempted to distance themselves from an ADHD label by either hiding their diagnosis from peers or not adhering to the given ‘stereotypes’ of the ADHD-related behaviours. The researchers discussed the potential impact of the culture of blame within Finnish society and how this may have potentially influenced the participants individual perceptions. The data was also translated into English for analysis and may have ‘lost’ meanings through translation. Nevertheless, the research provides an insight into how individual perceptions can challenge the main medical discourse surrounding ADHD and how it is constructed by CYP living with a diagnosis.

2.3.1.2 The Impact of Medication. Newlove-Delgado et al. (2018) aimed to explore the experiences of CYP with a diagnosis of ADHD in the transition from child to adult services. Part of the rationale for the study was a lack of research in the UK that explored perspectives of CYP in this area. This qualitative study used semi-structured interviews with CYP (n = 7) aged between 17-18 years old who were in the process of this transition. Using thematic analysis, they identified four themes including the role of ADHD medication. This identified a strong link between medication and education. Participants discussed how medication usage enabled them to concentrate in order to access the curriculum. Although medication was viewed as being used for schooling purposes and as having several side effects, there were benefits for some CYP, such as support with peer social interactions and the development of social relationships. The researchers found there was little reference to non-pharmacological interventions, with medication and its effects being the dominant reference. They advocated the need to listen to CYP concerns surrounding medication and how their perceptions and experiences should be used to inform polices regarding medication usage. All the researchers from this paper were from a clinical or child psychiatry background. This potential bias was acknowledged by researchers who stated their intention to remain conscious of potential influences. Being a small sample size, the views and recommendations of the participants may not be fully applicable to other CYP in the process of this transition. Furthermore, all of the participants were recruited from Child and Adolescent Mental Services (CAMHS) which indicates that they were all still under specialist services. Their views may not reflect the CYP who may have disengaged from services at an earlier age. Although not directly related to EP practice, this piece of research explores the lived experiences of CYP with a diagnosis of ADHD and offers an insight into a key transition period.

2.3.1.3 Conclusions Drawn from Medical Discourse.

The papers included in the review indicate that although there is a wide range of individual experiences with diagnosis, there is an overarching theme of diagnosis given with a medical discourse. The lack of social- or psychology-based interventions reflects a lack of consideration for CYP in the debates (discussed in Chapter One) over the causation of ADHD. Medication is seen as being able to support CYP's schooling experiences. There seems to be little reference to the power associated with a reliance on pharmaceutical and medical discourse or the opportunity for CYP with a diagnosis of ADHD to explore their own resources within treatment. Honkasilta et al. (2016) suggested that individual perceptions of a diagnosis can challenge the dominant medical discourse. Further research is needed in this area to provide clearer guidelines into research, diagnosis and treatment.

2.3.2 The Role of Professionals

The impact of professional involvement with CYP in the diagnosis of ADHD was a theme found across all papers. Individual CYP had unique experiences but the common themes, such as a lack of specialist knowledge of ADHD from professionals and difficulties within transitions, were found across several papers.

2.3.2.1 Professional Involvement. Research into CYP's views on the transition from child to adult services by Newlove-Delgado et al. (2018) found the quality of relationships with professionals was a key contributor in the perceptions of CYP with a diagnosis of ADHD. There was a perceived key difference in the relationships between the CYP in regard to CAMHS professionals as opposed to GPs. CAMHS staff were seen as more knowledgeable, which enabled a relationship to be built. The GP's perceived lack of specialist knowledge and inability to manage medication was seen as unhelpful to CYP. Within education, misunderstandings and stigma from teachers were seen as adding to difficulties with relationships.

Padilla-Petry et al. (2018) explored the voices of CYP diagnosed with ADHD. Based in Spain, this paper gives the view of CYP from a Spanish educational system context. The researchers used semi-structured interviews with participants (n = 10) aged 11-18 years old, which were conducted in Catalan and then translated into English. With this, there may have been some elements or concepts that were 'lost' in translation. Thematic analysis was applied to data from six boys and four girls. Whilst the CYP tended to use medical discourse when discussing ADHD, they also had individual explanations of an ADHD label and its impact on schooling experiences. Despite this, all participants attributed ADHD to any issues with their academic performance or social interactions. CYP felt their diagnosis was not always acknowledged and they continued to receive 'punishments' for their behaviour. This brought a sense of injustice from the participants as their diagnosis was still seen as the outward displays of their behaviour as opposed to the impact that it had on them as individuals. The researchers advocated a need for school staff and professionals to both understand diagnosis and to provide adequate support to CYP.

2.3.2.2 Difficulties Within Transitions. The primary to secondary school transition is one of several key periods within the UK educational system. Dunne and Moore's (2011) single case study into the lived experiences of Jake, aged 19 years old, was titled 'From Boy to Man'. Through an unstructured interview, Jake gave his views and experiences of having a diagnosis of ADHD in the UK. A narrative analysis was used to structure his story, where the researchers acknowledged that it was difficult to decide what to exclude or include within Jake's story. It was decided that the chronological development of the story was key, and the researchers did not give any further insight into analysis. An additional interview with Jake's mother, with his approval, was included within the narrative. Jake hoped that his case study, whilst not replicable in terms of results, could be used to help inform the practice of professionals working with CYP with a diagnosis of ADHD. Primary school was seen as an 'oasis' by Jake where he felt well supported by teachers and staff. In contrast, his secondary school experiences had challenges with attainment, sexual identity, friendships and relationships with staff. Upon leaving school, Jake felt both liberated and confused. His newfound 'freedom' led to struggles with drug dependence, unemployment and homelessness. It was through support from his mother that he was able to navigate the systems around him. Jake described how an element of support was 'lost' at each transition stage throughout his life and not replaced. As with all narrative approaches, the researchers recognised that Jake's personal story could never fully be repeated and there would be elements lost either through recall bias or by different perceptions and constructs held by Jake. However, the aim of the research was to explore an individual's voice within the heavily medicalised research area of ADHD. Although not a therapeutic session and with moments where Jake touched on 'darker' aspects that he did not discuss further, it does provide a narrative of an individual's story which Jake did describe as a therapeutic experience. Jake's story can be used to consider transitions for CYP with a diagnosis of ADHD and the need for continued support and guidance at each stage.

A further theme from the enquiry led by Newlove-Delgado et al. (2018) into the transition for CYP from child to adult services was uncertainties around medication and its management within transition. Within this, the researchers found that most CYP wanted medication to continue but there was a lack of specialist advice in this area. The paper's title, 'You're 18 Now, Goodbye', refers to the view of one CYP and the lack of support that had been given.

2.3.2.3 Knowledge and Understanding of ADHD. An Australian case study by Gibbs et al. (2016) explored schooling experiences of adolescent boys with a diagnosis of ADHD aged between 15-16 years old (n = 6), along with the views of their parents (n = 5) and teachers (n = 12). Semi-structured interviews and focus groups were conducted over a two-year period along with gathering academic records. Data was analysed using NVivo software and informed by dynamic developmental theory (Sagvolden et al., 2005). The analysis included data from parents and teachers so it is not solely focused on the experiences of CYP. The findings suggested that the use of medication, despite its side effects, needed to combine with support from teachers in order for CYP to be successful in the classroom. The implications for educational practice suggested that it was teachers, who were knowledgeable about ADHD and promoted a positive ethos within classrooms, that helped CYP to make and manage friendships. Additionally, classroom strategies were identified as being required to be part of an engaging learning environment that promoted a positive experience for CYP with a diagnosis of ADHD.

2.3.2.4 Conclusions Drawn from the Role of Professionals. The literature suggests that CYP with a diagnosis of ADHD are often required to work with several types of professionals and agencies. Lack of perceived appropriate support from professionals, was a common theme amongst the experiences of CYP with a diagnosis of ADHD. It highlighted the lack of consistency with procedures or advice given by professionals and the subsequent impact on schooling experiences. The perceived quality of relationships was deemed to be important, as well as the beliefs held by staff in how they attribute ADHD-related behaviours. There was a need for knowledge and understanding of diagnosis and treatment. This was especially important during transition periods both in schooling, medication and from child to adult services.

2.3.3 Psychological Impact for Individual CYP with a Diagnosis of ADHD

Whilst findings tended to be focused on CYP experiences with medication and diagnosis, several sub-themes emerged in terms of the psychological impact for CYP with a diagnosis of ADHD. The individual perceptions of how CYP viewed both themselves and their diagnosis of ADHD was a common theme across all papers. How they viewed themselves or how they were viewed by others impacted on both their self-esteem and self-image.

2.3.3.1 Self-Concept. Self-concept can describe perceptions held by an individual in how they see themselves as a person. It includes self-perceptions, positive self-worth, and views of competence. A qualitative study by Avisar and Lavie-Ajayi (2014) used semi-structured interviews to explore the stories of adolescents (n = 14) aged 12.5-16.5 years old with a diagnosis of ADHD about stimulant medication use. The researchers' interest was in the sole view of CYP as opposed to previous studies which tended to seek the views of parents and/or teachers alongside. Interpretative Phenomenological Analysis (IPA) was used due to its ability to investigate phenomena from the perspective of individual CYP. Using this, the researchers identified that one of themes was the experience of taking medication and its effect on the CYP sense of identity, sense of self and interpersonal relationships. Both physical side effects and the emotional impact from taking medication were discussed. Some CYP shared personal dilemmas; medication was recognised as helping aid concentration but also suppressing the 'true' self of CYP, changing who they were in terms of identity and social interactions. This piece of research was undertaken in Israel in a clinical setting. The small sample size and location may make it difficult to generalise the results and not reflect the experiences of a wider population of CYP with a diagnosis of ADHD. Additionally, recruitment was through a private psychology centre and acquaintances of the researchers. This could suggest that only a certain demographic of participants had been reached. Nevertheless, the researchers concluded that they had met the aims of the study which was to explore the individual experiences of CYP with a diagnosis of ADHD and receiving treatment. They named the paper ‘the burden of treatment’ and urged professionals to be mindful of the complexities and difficulties that come with a diagnosis of ADHD.

Charach et al. (2014) explored the narratives of CYP aged 12-15 (n = 12) and their parents (n = 12) of stimulant treatment in ADHD. This was the only study within the literature review to have an equal number of boys and girls, giving a detailed rationale into recruitment with a full disclosure of trustworthiness. The small-scale study was recruited through a clinical setting in Canada. The CYP and their families were already engaging with services and the results may not reflect those who have already disengaged or who live within a different location. An initial analysis of the data from semi-structured interviews, which used an interpretive interactionist framework, was conducted by a paediatric psychiatrist, sociologist, education researcher and health researcher to support a balance in potential biases. One theme identified that participants viewed ADHD as either a personality trait, physical condition or only a slight concern. Six of the CYP participants viewed ADHD as having a significant impact in how they saw themselves as a person and this was not necessarily seen as a ‘flaw’ in their personality. On the other hand, four of the CYP participants viewed ADHD as a biological condition which they ‘had’ and was out of their control. They wanted it to be viewed as an illness with any unwanted demonstrated behaviours reflecting this and not due to their ‘true’ personality. The CYP often held different perspectives from their parents and the researchers advocated that CYP views should always be sought. Not only in regard to medication usage but also how CYP view themselves in regard to diagnosis.

A challenge to lowered self-concept is Positive Illusory Bias (PIB), which suggests that CYP with conditions such as ADHD can see themselves in an overly positive light as compared to the perceptions of their parents or teachers. The presence of PIB in CYP with a diagnosis of ADHD could be seen as a self-protective factor. Research by Hoza et al. (2002) gives further insight into PIB.

2.3.3.2 Impact on Self-Esteem. Jake's story (Dunne & Moore, 2011) highlighted his need to feel a sense of belonging. This impacted on his self-esteem and, in turn, his attainment. His experience of having a teacher who 'got him' supported both his development and sense of self. Rasmussen et al. (2018) considered self-esteem and explored how young people experience receiving and living with a diagnosis of ADHD. This Norwegian clinical-based study used systematic text condensation to analyse data from semi-structured interviews conducted with participants (n=8) aged 14-20 years old. The retrospective study aimed to examine how CYP experienced living with ADHD over an 8-year time period and how this impacted on their self-esteem. The small sample size and fairly large difference in the ages of participants (14 years old and in school compared to aged 20 and out of education) could mean that perceptions may differ in terms of potential recall bias and time since diagnosis. The researchers were interested in the potential impact of gender in their results. Overall, the boys (n = 5) were seemingly more confident in interviews than the girls (n =3), who appeared to want to 'fit in' more with their peers. The themes identified found that CYP had a strong need to 'be themselves' and not just a person who might be viewed as 'being ADHD'. Some participants felt the need to hide their diagnosis from peers for fear of being viewed differently. They wanted to be treated equally and some viewed targeted interventions as marking them to be different. Negative thoughts about self or symptoms were common in childhood accounts, with frustration and confusion leading to feelings of low self-esteem and self-worth. Despite being seen as having a potential initial positive or protective impact on self-esteem, diagnosis and subsequent treatment was viewed by CYP to be stigmatising.

2.3.3.3 Conclusions Drawn from the Psychological Impact of a Diagnosis

of ADHD. The reviewed literature tended to focus on medical discourse, such as the impact of treatment where medication usage was shown to impact on CYP's sense of identity or self. An important aspect was the potential burden of a diagnosis held by CYP. This is reflective of the debates surrounding ADHD diagnosis and the potential impact on the perceptions that CYP hold. Research into psychological side-effects would provide a counter-balance to the current heavily medical discourse.

2.3.4 Lack of Control and a Need for Independence and Individuality

Parent, teacher, and other professional views were found across the initial literature search. The lack of research solely based on CYPs suggests that the perceptions of the adults around them are currently the dominant voice.

2.3.4.1 Parental Views and Aims Versus Independence for CYP with a Diagnosis of ADHD. A lack of communication led to anxiety for the participants in Newlove-Delgado et al.'s (2018) paper looking at the transition for CYP from child to adult services. All CYP were willing to take on more personal responsibilities but did not feel equipped with the information to do so. Five of the participants' (n=7) interviews were conducted with the participant's mother present, and the CYP were referred to as being accompanied by a parent to any CAMHS- or ADHD-related appointments. With the participants being aged between 17-18 years old, this suggests that a balance between independence and parental control can be difficult to manage. The study by Avisar and Lavie-Ajayi (2014) exploring the stories of adolescents living with ADHD about stimulant medication use found that some CYP feel pressure to continue medication to appease their parents. Of all of the participants (n = 14), only half thought they 'improved' with medication. This stresses the importance of taking individual CYP experiences into account.

2.3.4.2 The Need for Individuality. Rasmussen et al. (2018) conducted a study into CYP experiences of living with and receiving a diagnosis of ADHD. Its title, 'Just Being a Kid or an ADHD Kid?', highlighted the participants' desire to be treated as individuals who expressed a need to not necessarily be viewed as ‘being’ ADHD. Similarly, Kendall’s (2016) UK-based paper studying the experiences of children living with ADHD within a school setting aimed to elicit the individual ‘voice’ of CYP. In this qualitative study, participants (n = 12) aged 10-15 were interviewed using a semi-structured interview schedule. The age range and differences in schooling experiences and levels of maturity may suggest the findings are not necessarily generalisable. But as the 12 participants were self-elected from an ADHD support group, this was the sample available to the researchers. They also emphasised that CYP were not obligated to consent to participating in order to access the support group’s facilities. Data was analysed using thematic analysis. Within the findings, diagnosis was seen as something that was important for the individual and their family and medication usage supported the CYP’s ability to concentrate in the classroom. A key concern found was the balance of being worried about being perceived differently by others, versus needing specialist support from teachers. How CYP were regarded by others (and the discourse surrounding this) was viewed as a key contributor to CYP perceptions of themselves. They did not want to be perceived ‘as ADHD’ or receive special treatment. But at the same time, CYP wanted teachers to be knowledgeable and supportive of their diagnosis. This highlights the difficulties for CYP with a diagnosis of ADHD. It was suggested that teaching staff should be given training to understand the variations and complexities of a diagnosis of ADHD. A one-size-fits-all approach does not consider the individual differences for CYP.

2.3.4.3 Conclusions Drawn from Lack of Control and a Need for Independence and Individuality. Parental views feature heavily throughout the literature and especially in regard to the use of medication. This is not particularly unusual as initial decisions regarding referrals or medication usage would typically be taken by parents. However, the lack of CYP voice throughout suggests a lack of control over their treatment options. This current review found that CYP with a diagnosis of

ADHD wanted to be viewed as individuals. This was especially important as they got older and wanted independence. Further research into individual views would help to empower CYP with a diagnosis of ADHD in order to be further informed about the decisions that are made about and for them.

2.4 Summary of the Review

The aim of this literature review was to answer the following questions:

1. What is currently known about the lived experiences of children and young people with a diagnosis of ADHD?
2. How does the current research answer this question in terms of relevance and quality of the research?

The use of CASP UK (2018) and WoE (Gough, 2007) was used to determine the quality and relevance of each paper found. Ten papers were judged by the researcher to meet the criteria in order to review the literature related to the lived experiences of CYP with a diagnosis of ADHD. This literature review highlighted that the dominant view explored and perspectives sought surrounding ADHD is that of the parents/carers and professionals supporting CYP. This is understandable as they are often the gatekeepers and first point of contact when seeking a diagnosis or exploring the options available to CYP. As such, their views were deemed relevant to this literature review by the researcher for two reasons. Firstly, the views of CYP were often sought alongside the parent and/or professional perspective, so this allowed insight into CYP perspectives of diagnosis. Secondly, the views and discourse surrounding ADHD and diagnosis for CYP will, to some extent, influence and impact their own knowledge and understanding.

The theme identified of a dominant medical discourse across the papers reviewed in this study suggests that a biological construct of ADHD is being given to parents during diagnosis. This was seen to influence the discourse, justifications of behaviour and expectations of CYP. Despite the prominent biological explanations of

ADHD, there were varying levels of perceived support or understanding of the diagnosis by CYP across the papers. Research has examined the role of professionals in supporting CYP with a diagnosis of ADHD and found this to be the area in which there needs to be greater training and understanding. This was particularly pertinent during transitions. Increasingly, research has focused on the impact of medicalisation and professional support on psychological wellbeing and self-concept of CYP with a diagnosis of ADHD. This is in terms of how CYP perceive themselves and the subsequent impact on self-esteem. However, the dominance of parental views further highlighted the lack of research that solely explores the lived experiences of the CYP with a diagnosis of ADHD.

2.4.1 Limitations of the Review

As part of the literature review, the researcher critically analysed all papers using the CASP and WoE to determine the validity and relevance of the papers both in terms of their trustworthiness and relevance. As a collective, there are several points to note. Firstly, the majority of the papers had a small sample size. This means that the findings may not be representative of other CYP with a diagnosis of ADHD. As previously discussed, there is a high rate of co-morbidity with ADHD diagnoses. The views and perceptions of participants may have been influenced by the reality of living with a different, co-existing disorder. Additionally, only one paper (Charach et al., 2014) had an equal number of male and female participants. Much of the research was conducted with male participants. As discussed in Chapter One, ADHD diagnosis has a higher rate of prevalence in boys. The reasoning and implications of this has not been discussed in this review or current piece of research, but they should be held in mind when reviewing papers.

2.5 Identifying a Gap in the Literature and the Implications for Current Research

This chapter outlined the systematic literature review undertaken in July 2020 to allow the researcher to critically engage with the current research into the stories of

CYP living with a diagnosis of ADHD. Current research into ADHD and the lived experiences of children reflects a dominant medical discourse. The views of CYP are often elicited alongside the perceptions of their parents, teachers and other medical professionals. Finding research solely aimed at exploring the lived experiences of CYP with a diagnosis of ADHD (as opposed to their views on taking medication) produced a very small number of results. This review led the researcher to identify a gap in the current literature that could be explored through a narrative approach. The researcher was inspired by the following quote; ‘The storyteller does not tell the story, so much as she/he is told by it’ (Andrews et al, 2013, p. 4). Exploring what the stories of CYP with a diagnosis of ADHD could tell us about them. The aim of this research was therefore to answer the question: what are the stories of children with a diagnosis of ADHD?

Chapter Three: Methodology

3.1 Overview of Chapter

This chapter provides an overview of the methodology designed and used for this research. It begins with the researcher's theoretical positioning and the ontological and epistemological foundations of the study. Next, it justifies the theoretical position: a social constructivist approach from a relativist perspective. This chapter then discusses how the theoretical underpinnings and philosophical assumptions of the research influenced the design of the study. The second part of the chapter outlines the designed research method. This includes an overview of the approaches and analyses considered, providing a justification for the narrative analysis that was selected as being able to best answer the research question. All of the elements of data collection and analysis are included in addition to the researcher's understanding of ethical considerations. The conclusion of the chapter summarises the main points of this methodology.

3.2 Theoretical Position of the Researcher

Before embarking on this research journey, the researcher began by considering their own philosophical position in regard to their interest area of ADHD. When approaching an inquiry within research, there are several different viewpoints which can be adopted. Guba (1990) defined a paradigm as the basic worldview or belief system that influences all choices made by a researcher. Where a researcher places themselves in terms of their ontological or epistemological position and the beliefs and views that are held, can bring underlying philosophical assumptions to their research. These philosophical assumptions underpin not only the analysis, but also the papers chosen for the literature review, the theories underpinning the research, data collection and so forth (Creswell & Poth, 2018). At each stage, the philosophical assumptions held by the researcher were considered in regard to the extent to which they were influencing a decision or process. Reflecting on the ontological and epistemological underpinnings gave the researcher an understanding of their impact – not only on the methodology, but on the study as a whole.

3.2.1 Ontology

Ontology is often referred to as the study of 'being' and offers an insight into the different beliefs held on how the creation of knowledge is understood. How we, as human beings, acquire and make meaning of our knowledge is a complex process. Ontology provides a starting point for discussions around complex questions such as 'what is the truth?' This section outlines the often-opposing viewpoints in relation to truth, giving a full justification for the stance taken by the current researcher.

The ontological position of realism, which falls under a positivist paradigm within research, carries an assumption of 'truth' to suggest that reality exists and can be discovered. A realist ontological view often underpins quantitative research. It aims to uncover a very tangible reality which exists and, with the right settings and controls, can be predicted (Guba & Lincoln, 1982). An opposing view is that of relativism, which is also described as an interpretive paradigm. Within this, 'reality' is dependent on the ways in which humans interpret and acquire knowledge (Cresswell & Poth, 2018). There can be multiple realities constructed with no one, single 'truth' to be uncovered. It aims to gain an understanding from the individuals who are a part of the phenomena being investigated.

3.2.2 Epistemology

The ontological viewpoint of a researcher influences their epistemological assumptions. With ontology referring to the understanding of the creation of knowledge, epistemology refers to the beliefs of how this knowledge can be uncovered. Within research, positivism refers to the assumption that data collection allows a discovery of truth and therefore knowledge. This can be closely aligned with a realist ontological stance. If this ontological stance is adopted, the researcher will take an observer role in the discovery of truth which requires an unbiased approach to data collection (Braun & Clarke, 2013). This is typically within a setting that adheres to rigorous controls and follows hypothesis-driven data collection where there can be a search for replicable patterns. As an early viewpoint of scientific inquiry, a positivist approach to research has several advantages. Its methodology allows for easily replicable research methods and is deemed to be concerned with facts and to be ‘value free’ within scientific inquiry (Robson & McCartan, 2016). This stance within early scientific inquiry did not always allow for the emerging focus on social research of the last century. A different approach was needed within research to allow for a focus on research with human beings within a social setting (Robson & McCartan, 2016). Post-positivist researchers aimed to try and address some of the criticisms of positivist-based science. Critical realism is the understanding that that reality exists but we, as humans and researchers, will only ever be able to partially discover truths (Braun & Clarke, 2013).

Social constructionism contrasts with the positivist viewpoint of being able to uncover ‘truths’ through research. Within social constructionism, our knowledge and understanding of the world is linked to our perceptions and realties. These are constructed through the discourses of the world in which we live. As such, these discourses are constructed within a social, cultural, historical and political context. Subsequently, our knowledge is a product of this and in turn, there are multiple ways in which truth is constructed. The key contrast to a positivist view is that there is no ‘one’ underlying knowledge. Reality, rather than being a separate entity that is to be discovered, is constructed through interactions between people (Robson & McCartan, 2016). This falls within an interpretive approach, in suggesting a focus on how social situations and the world is interpreted by those involved and are a part of it (Gergen, 2015). Those with a positivist viewpoint may be inclined to feel challenged by social constructionist assumptions and argue for the existence of reality. Social constructionism, however, is concerned with discourse and how this shapes our world and multiple realities (Gergen, 2015).

Social constructivism advocates that individuals seek to understand the world around them through the subjective meanings of their experiences. Within this, there can be multiple, variable meanings constructed (Creswell & Poth, 2018). Rather than a focus on interactions between groups, it is concerned with an individual’s perceptions and constructs, and how they make sense of their own world (Robson & McCartan, 2016). As part of research, the focus needs to be on the participant’s perceptions of a situation rather than interactions between a group. These perceptions are not developed in isolation and are often through an individual’s interactions with their world and the historical, cultural, moral and political norms associated with this. The aim is to interpret (or make sense of) the subjective meanings that individuals have about their world (Cresswell & Poth, 2018).

3.2.3 Rationale for Researcher’s Position

The ontological view of the researcher can be summarised as supporting a relativist paradigm with a social constructivist epistemology. This was with a key interest in the potential multiple realities of what was perceived to be real by participants. With an underlying relativist paradigm, the belief held was that all knowledge is based on perspective. That there is no absolute truth and knowledge was acknowledged to be created through the process of this research (Braun & Clarke, 2013). Cresswell and Poth (2018) discussed the range of relativist approaches. The ‘extreme’ end of the range denies that reality exists, whereas the other end of the spectrum supports the complex nature of humans’ ability to understand and process reality. The current researcher’s approach fell towards the more moderate range of relativism. This was an understanding that CYP’s experiences of a diagnosis of ADHD and their processing of that diagnosis would be a complex phenomenon, and the awareness of this helped to guide the research process and design.

In regard to ADHD, the researcher felt that taking a social constructionist view would suggest that interactions over time become adopted as cultural norms through the use of discourse, to the point in which individuals have a shared understanding of the concept of having a diagnosis of ADHD. For this study, a social constructivist approach was adopted as the researcher was more interested in the individual stories held by the CYP and the insight offered into how they constructed and perceived their own experiences in terms of their diagnosis of ADHD and therefore their understanding of their world. In line with this social constructivist approach, this referred to individual understanding and perceptions where each possible reality had equal validity. The aim of the research was to explore the individual experiences and stories of CYP with a diagnosis of ADHD. A constructivist stance supported the need to focus solely on CYP's experiences and views. It was their subjective meanings that were of interest. In the early stages of research design, the researcher considered the impact of discourse and potential shared meanings and experiences and accepted that the values and beliefs held by the researcher were not necessarily the same as those of the participants sharing their stories. The role of the researcher was to understand the possible multiple social constructions of meaning and knowledge constructed by the individual participants (Robson & McCartan, 2016).

3.2.4 Axiological assumptions

Within research, axiology refers to the beliefs held by the researcher about the meanings of ethics and moral behaviour (Guba & Lincoln, 2005). Throughout this current piece of research, the researcher considered their own values and beliefs with regard to the rights and welfare of the participants. The researcher's own beliefs on human rights, social justice and the consideration of groups that experience oppression, were explored throughout. These were outlined in Chapter One and are further explored in the theoretical underpinnings of this research which is detailed below.

3.3 Research Method

3.3.1 The Research Question

As discussed in Chapter Two, the researcher identified a gap in the current literature exploring individual perceptions or stories of an ADHD diagnosis among CYP.

Consequently, this research aims to answer the following question: what are the stories of CYP with a diagnosis of ADHD?

3.3.2 Approach Options

When designing the research, thought was given to the choice of approach and analysis best suited to answer the research question. While researching individual experiences, several options stood out as possibilities. These will be discussed in turn below with the rationale for the chosen methodology.

3.3.2.1 Discourse Analysis. Discourse Analysis (DA) is suited to research with a relativist, social constructionist view as it has the underlying assumption that language creates meaning and reality as opposed to reflecting it. This is within the wider social and cultural context in which it is situated (Braun & Clarke, 2013). It is often used within qualitative designed research and involves the examination of how language is used. Language is seen as having an integral role within social interactions, not just the words that are used and chosen but how they are used and the implications of that use (Robson & McCartan, 2016). It could be used to analyse the language used by CYP with a diagnosis of ADHD within the context of their social environment. However, this did not fit with the ontological and epistemological view of this piece of research, which was a relativist, social constructivist approach. The use of DA suggests a more deductive interpretation with a focus on the use of language. This did not align with the aims of this research which was to explore how the stories of CYP with a diagnosis of ADHD provided an insight into individual subjective meanings and perceptions.

3.3.2.2 Phenomenological Research. This approach intends to understand the essence of experience and a lived phenomenon (Creswell & Poth, 2018). Interpretative Phenomenological Analysis (IPA) aims to reveal how people make sense of their lived experiences and the meanings attached to them. Interpretative refers to the role of the researcher, which is to interpret how people make sense of this experience. Typically, this is then used to generate themes across the small sample of participants (Braun & Clarke, 2013). It is suitable to be used with research questions that aim to explore experience including perceptions and understandings. Data is normally gathered through interviews but can also be collected through diaries, blogs, surveys or focus groups (Braun & Clarke, 2013). IPA can be used to explore the perceptions of possibly significant life experiences such as a diagnosis of ADHD. It is often used with qualitative research as the analysis materials are user-friendly, with a clear outline of the method needed. The focus on individual experiences for this research would have allowed for an analysis of the stories of CYP with a diagnosis of ADHD but would also have supported a joint focus of finding themes across them. The research aim of this study was to explore individual experiences and the sense made of them. Using an IPA approach would require a homogenous group to ensure that there were not too many differences between the participants that would potentially impact upon the data (Braun & Clarke, 2013). This would suggest that any potential participants could only have a diagnosis of ADHD and no other co-existing diagnosed conditions. As the researcher was interested in individual stories, it seemed appropriate to consider another method.

3.3.2.3 The Rationale for a Narrative Approach. The use of narratives within research is not limited to psychology and has historical origins within anthropology and literature. It is used across several approaches and disciplines but with a typically common interest in sequence and consequence (Robson & McCartan, 2016). Narratives form the basis of our lives, in terms of humans making sense of the world around them (Murray, 2015). Story telling is a feature typically found amongst all known cultures. This does not mean that narratives are limited to fiction. Narratives are continuous in our lives, through anecdotes shared amongst friends, to the stories that we tell ourselves and are told by others about our own lives. A narrative ‘can be defined as an organised interpretation of a sequence of events’ (Murray, 2015. p. 87). At its basic core is the use of a beginning, middle and end, which can attempt to bring order to the somewhat chaotic nature of experience (Murray, 2015).

Sarbin (1986) was one of the first studies to explore Narrative Analysis (NA) within psychology and suggested that within NA, the ‘story’ element is a fundamental feature. We are ‘guided’ by narrative plots that form the features of all types of retelling. Stories can support the creation of meaning and enable people to connect and impact their behaviours. The narratives in wider society, that people are told and tell each other, help to support how individuals make sense of their lived experiences (Braun & Clarke, 2013). There are several elements which form the basis of a narrative approach. The stories are key and these may come from an individual or be co-constructed with a researcher. These stories are able to offer an insight into the individual’s perception of self and how they see themselves in the world. NA is best suited to research where the experience of an individual is being sought (Cresswell & Poth, 2013). It offers a way of understanding experience and how the stories of individuals are set chronologically within their own personal, social, historical and cultural context (Clandinin & Connelly, 2000).

Within a narrative approach, the researcher needs to ensure participants feel comfortable to share their story without prompting certain aspects to take a particular narrative. NA is not a passive process and the researcher can bring their own beliefs and assumptions to the research (Murray, 2015). Atkinson (1997) suggested that the use of NA could be problematic if researchers make inappropriate or inaccurate assumptions about individual’s personal experiences. The use of NA is not always seen as an easy approach due to the nature of the data collection and a need for participants to be able to share their story (Cresswell & Poth, 2013). The issue of power between the researcher and the participant is explored in further detail under the ethical considerations section in this chapter.

NA was used in this study to explore how stories are used to make sense of a CYP’s experiences. In contrast to methods such as IPA, NA is not solely concerned with finding themes across participants experiences. It is the individual who is viewed as a part of the analysis, in that the researcher aims to look within the participant’s narrative in order to find meanings (Braun & Clarke, 2013). NA was viewed as being appropriate for this study as it allowed for an exploration of the temporal, contextual and emotional elements of the CYP's story (Braun & Clarke, 2013). The temporal element was important as the researcher was interested in the experiences of the CYP's story. The research focus was on an exploration of the story (life) of individual CYP and what insight these stories could give of those individual experiences. With NA there is no 'one' method of analysis.

3.4 Theoretical Underpinnings of the Research

The researcher was interested in exploring how narratives (stories) shared by CYP potentially impacted and informed individual's perceptions of self. Positioning theory (Harré et al., 2009) was discussed in Chapter One and outlined that how individual's position themselves and are positioned by others can result in them being positioned to act in certain ways. Building upon this is the notion of identity positioning (Hiles, 2007; Bamberg, 2011) and how it takes place within story narration. The suggestion is that the narrator of a story can construct their own personal sense of self by how they tell their story. This is part of them making sense and meaning of their experiences. In regard to CYP with a diagnosis of ADHD, this can reflect a larger narrative that is continually developing about education and wider society as a whole. This research focused on what the stories of individual CYP told us about them and the position they 'adopt' for themselves in relation to the discourse around them. Hiles et al. (2017) proposed that identity positioning, the idea that how an individual perceives or reveals their sense of self within the analysis of narrative discourse, has the potential to support the establishment of a narrative psychology and needs to coexist with positioning theory. The relativist, social constructivist underpinnings of this study complement this view, with an interest in how individuals make sense and meaning of their interpretations of the world around them. Hiles et al. (2017) suggest that this sense of self is also internally driven, complex and changeable with particular boundaries which reflect the narrative.

Hiles et al. (2017) draw upon previous work to discuss abductive thinking as a form of reasoning that supports the making sense of dependent events. Abductive refers to the inference that individuals make regarding everyday events to make sense of and construct their narratives. Within this, a narrative is a place where an individual has the chance to tell and re-tell their story in different ways. This re-framing opportunity allows an individual to continually explore their meaning making and perceptions by making slight alterations or shifting the focus of their narration. These small changes may not even be noticed by the narrator, but can provide shifts in their identity positioning and in turn, their sense of self. This can provide a very real sense of empowerment for individuals when telling their stories and offers them the possibility of re-framing the narrative (Hiles et al., 2017). This leads to the notion of narrative intelligence (Hiles et al., 2010) and the human mind's capability of making sense of narratives. Hiles et al. (2017) expand this idea and suggest that researchers need to understand how individuals use this narrative intelligence when telling their stories. This is not in terms of a 'measurement' of narrative intelligence but through the exploration and an understanding of individuals' narratives.

When constructing a theoretical framework that incorporated positioning theory, it was important to the researcher that potential links to power and oppression were considered. Drawing upon ideas suggested in Chapter One and Foucauldian theory and work by Freire (2013), the researcher was mindful of adding 'support' to the label of an ADHD diagnosis. It led to the researcher questioning their own values and the purpose of the research. Did even asking CYP to share their stories of a diagnosis of ADHD support the notion of a medical diagnosis of ADHD and therefore give credence to a wider system of oppression and power imbalance? One way of answering this question was for the researcher to reflect on their ontological and epistemological frameworks. By adopting a social constructivist stance, the researcher was interested in individual perceptions of a diagnosis of ADHD. The discourse surrounding ADHD and where individuals position themselves or were positioned by others both contribute to the subjective meanings and constructs held by individual CYP. The participants in this study already held a diagnosis of ADHD and the researcher was interested in the insights that these stories could provide, not only for the CYP, but also for wider EP practice. Any understanding of the perceptions reported by CYP with a diagnosis of ADHD would help to inform how best to support and work with future CYP. It would also provide a potential insight into the possibility of support to 'reframe' any negative narratives held by CYP to help gently shift their perceptions or view of themselves in terms of where they had been positioned by others.

3.5 Research Design

Designing a research study of this size requires adequate planning and preparation. During the initial stages of planning, the researcher set out an expected timeline with suggested timeframes. Due to pandemic-related school closures and subsequent social distancing measures within school settings, this needed to be revised (please refer to Appendix 6 for the revised timeline for each stage of this research's data recruitment and analysis phases).

3.5.1 Selection and Recruitment of Participants

A purposive sampling method was considered the most suitable to select participants as the CYP were required to have a diagnosis of ADHD for the purposes of this research. This was the aspect being explored and was therefore reasoned to be a necessary requirement of the participant (Robson & McCartan, 2016). In choosing a narrative approach, it was important that CYP had a story to 'tell' or explore that may (or may not) have been influenced by having a diagnosis of ADHD. The inclusion criteria included CYP aged between 9 and 15 years old who have had a diagnosis of ADHD for at least one year and had an awareness of their diagnosis. The age range was decided based on the likely ability of the participants to discuss life events retrospectively. As such, all participants recruited were aged 9 or 10 years old so reflected the stories of children as opposed to CYP. Gender was not an aspect of recruitment criteria. Due to the current patterns in ADHD diagnosis (as discussed in

Chapter One), the expectation of the researcher was to have a majority male research sample. Please refer to Table 5 for an outline of the participants characteristics.

After consideration, a period of one year since diagnosis was considered by the researcher to be an adequate timescale for life events to have possibly ‘settled’ and allow for reflection. The aim was also that any potential changes for the CYP, in terms of adjustments at school or home, would have already taken place. The researcher did not ask participants or their families to provide medical ‘proof’ of diagnosis. The reasoning for this was that if families and CYP identify as having a diagnosis of ADHD, this will still be a part of the individual constructions of CYP’s narratives and stories. Initially, for ease of accessibility, recruitment was selected through mainstream settings. This restricted the potential to explore the stories of CYP with a diagnosis of ADHD who attended alternative educational settings. The researcher acknowledges that this limits the range of stories that could have been have explored. However, delays in recruitment due to pandemic-related restrictions heightened the time constraints on this thesis research. As such, all participants were recruited from a mainstream setting in which the researcher was a link EP.

Table 5

Participant characteristics

Participant	Gender	Age at time of study	Ethnicity
Participant 1	Male	9 years old	White British
Participant 2	Male	10 years old	White British
Participant 3	Male	9 years old	White British

As discussed in earlier in this chapter in the exploration of research designs, in using a narrative design and analysis, the researcher did not need to exclude participants who had additional diagnoses or comorbidities with other diagnosed conditions. However, within this research, there were no other given or shared comorbidities amongst the participants.

3.5.2 Sample Size

Lieblich et al. (1998) acknowledge that a narrative design would typically have a small number of participants due to the level of detail required in the analysis stage. The narrative design of this study lent itself to a small sample size. Three to four participants were deemed an appropriate sample size. Due to pandemic-related delays in recruitment (explained in further detail in Chapter Five), three participants between the ages of 9 and 10 were recruited.

3.5.3 Use of Pseudonyms

It was important to the researcher that the use of pseudonyms was discussed with the participants given the theoretical underpinnings of this study. When applying Positioning Theory (Harré et al., 2009) to a narrative design, it suggests that where participants position themselves or are positioned by others within the stories, is influenced by the choices in language that the narrator makes. A name has the potential to influence the positioning of the central character/s of a narrative. Conversely, the use of a pseudonym helps to uphold the ethical principle of beneficence and, to ensure anonymity, all participants were offered to choose one. This was during the third session as it was decided that at this point, the hearing of the restoryed narrative would make the decision less abstract for the participants. The researcher outlined the concept and explained that it was to ensure that no one would recognise their story. Participant 1 did not want to use a pseudonym and asked to be referred to as P1. Participant 2 initially wanted to use his real name and share his story. The researcher reiterated the initial consent and anonymous nature of the research. He then decided that he would like to be called Martin. The third participant asked to be referred to as ‘the boy who is confident, also known as Billy’ for his story. He was therefore known as Billy throughout.

3.5.4 Method of Recruitment

The aim was to recruit participants from the LA in which the researcher was placed as a TEP. Initially, recruitment was scheduled to begin in February and March

2020, with a view to begin gathering data in the summer term of 2020. Again, due to the pandemic-related school closures, this plan was delayed. An email was sent to individual school Special Educational Needs Coordinators (SENCos) within the researcher's quadrant of the LA in July 2020. It was decided by the researcher to wait until this stage as there were so many uncertainties and stressors on schools during this time period. The email explained the research aims and asked if there were any suitable potential participants currently at the school. SENCo information was initially given to the researcher by the link EP to the school, who had previously explained the purpose of the research and the role of the researcher. The SENCo then contacted parents directly, giving them an information letter and consent form to explain the research. If the school and parents consented to the CYP taking part, additional information and consent were sought from the prospective participant. Additionally, the researcher further explained the purpose of the research to gain informed consent during the first session with each participant (see Appendix 7a for a copy of the information and consent sheet given to schools, parents and CYP). It was decided that schools would be contacted in small group numbers in case more than three to four potential families were interested. As each SENCo was contacted, a period of time was given (usually one week) to allow them time to contact the family of the CYP. Typically, the SENCo identified one to three CYP that they felt might be appropriate for selection. Parents were approached for consent until the point that consent was given for the three participants recruited for this study. Throughout the recruitment process, it was made explicit (both verbally and in writing) that there was no obligation for a CYP to take part in the study. There are some issues related to the researcher having had initial contact through the school SENCo within recruitment. With a view to autonomy and the ethics of research, the school SENCo could be viewed as an initial 'gatekeeper' in deciding who was able to take part or not. This can be seen as both a strength and a limitation. School SENCos were knowledgeable about potential participants and, especially in terms of wellbeing, how they might respond to discussing their stories. Conversely, this was also a limitation as school SENCos may have their own beliefs, assumptions and values relating to who they thought should take part in such a study. For instance, if a CYP was having a period of difficulty at school, the SENCo may not have felt it was appropriate for them to tell their story at this time. Despite the difficulties, the researcher felt that the school SENCos were best placed to identify potential participants and initially liaise with parents. They had existing knowledge and relationships that would have been difficult for the researcher to have replicated, particularly given the circumstances regarding COVID-19. Due to the organisational structure of placements, the researcher was unable to contact parents or CYP with a diagnosis of ADHD directly. They were mindful in discussion with SENCo's to suggest that all potential participants were considered.

3.6 Data Collection

3.6.1 Unstructured Interviews

A one-to-one interview was deemed most appropriate in order to explore individual perceptions of a diagnosis of ADHD. Given this, the use of focus groups was eliminated as it would not allow a focus on individual perceptions or stories for those who may be reluctant to share in a group setting or allow time for an exploration of individual stories. Due to the nature of the social constructivist approach of the research, it was important to the researcher that the questions for the participants was broad enough to focus on their meanings and constructions of having a diagnosis of ADHD (Creswell & Poth, 2018). It allowed the participants to tell their story in the way that was most meaningful to them. The researcher positioned themselves so that they provided prompts and timelines to help support the story construction of the participants. Data was collected through unstructured interviews. This meant that there were no lists of structured or semi-structured interview questions. Instead, a series of both visual and verbal prompts were given which are outlined below. The use of unstructured interviews allowed the participants to have an element of freedom and lack of restrictions on the telling of their story. Within a narrative approach, unstructured interviews can encourage participants to share their story (Hiles et al., 2017).

3.6.2 Pilot study

There were delays in the planned interview time schedules due to pandemic-related restrictions. This will be discussed in greater detail in the section below. However, due to this, it was decided by the researcher to not include a pilot study. Firstly, this was due to logistical reasons related to school restrictions. Secondly, as the researcher began to plan the interviews, it became apparent that the planned unstructured interview data collection method would potentially result in a varied selection of interviews. Each unstructured interview would be different based upon the participant’s needs and the rapport between them and the researcher. Therefore, the use of a pilot study would not necessarily be a good indicator of the needs of each individual participant. The researcher was comfortable with the decision to not include a pilot study on these grounds.

3.6.3 Method of Data Collection

Due to pandemic-related school restrictions in Autumn term 2020, all data gathering was moved from a face-to-face to virtual approach. The original ethical approval (Appendix 8) was amended through the researcher’s academic tutor to reflect this change. Data was collected over three separate interviews with each participant. The first session was for rapport building and lasted for approximately 30 minutes. This was used as an opportunity for the researcher to meet with the participant to get to know each other. At this stage, the aims and structure of the research were fully explained again to the children in order to provide informed consent. Further information on this is included in the ethical considerations section of this chapter. This session was led by the participant, but the planned activities such as ‘Uno’ were adapted by the researcher to reflect the move to online data gathering. Prior to the interview, the researcher emailed the school SENCo to ask for the participant be provided with some plain paper, pens and a selection of assorted Lego whilst the researcher had the same equipment to hand at home. During the session, the participant and researcher built identical houses ‘together’ with Lego and drew pictures with their eyes closed to see who could produce the most accurate version of something chosen by the participant. The researcher also used ‘Coaching Cards for Children’, as developed by Morgan (2016), which ask questions such as ‘who or what makes you laugh the most?’ These were used if there were any moments where there was a ‘lull’ in conversation between them and the participant. The aim of these activities was to allow the participant to feel comfortable with the researcher and to start conversations. At this point, no questions or discussions surrounding their diagnosis of ADHD were started. This was to allow the children to feel comfortable and focus on fun activities.

The second session was where the narrative interview took place. This took place virtually and was recorded (in line with the Data Management Plan, Appendix 9). It began with a prompt where the researcher explained they were interested in the participant’s story as they had a diagnosis of ADHD and asked if they could tell them a little about it. Although an unstructured interview, the session was approached with a loose ‘life story’ and the hope that the participant would begin to share their personal narrative in a way which would allow the researcher to not only gain an understanding of their story with possible changes or disruptions, but to also hear about their everyday experiences (Murray, 2015).

Each participant was given a ‘life path’ prompt which had been emailed and printed by the school SENCo prior to the interview. It began with preschool and had a point for each year group on the path (see Appendix 10 for an example of the prompt). The aim of this was to help structure the thinking of the children and to lessen the need for direct questioning throughout the interview. The children were asked if there were any significant people that they would like to add to their story and asked the role that they played within it. The researcher adopted an active listening approach and any questions were centred around asking for clarification or more detail. Where possible, the participants own words were used to reflect back and summarise as needed. Participants were asked if they would like to annotate the path or would like the researcher to make notes and share with them. If the researcher was annotating, they ensured to scribe only what was said to by the participant, who was then given the opportunity to check the annotations. This was to ensure that the researcher was upkeeping the narrative of the participant and was not putting their own thoughts or interpretations onto the data. The session concluded with the researcher asking the participant if there was any advice that they would give to someone else who was at the start of their own story of a diagnosis of ADHD. This question allowed the participant to not only reflect on their own story but to also offer an insight into their perceptions and constructs of that journey. These sessions ranged from 18 to 30 minutes across the participants. After the second session, as part of the narrative data analysis process, the researcher transcribed the video recording and 'authored' the participant's story. This involved putting the story into sequential segments of time or events. A full description of this and the model used is detailed below under data analysis and within Chapter Four. The third session involved the researcher taking the story back to the participant for them to 'reauthor' their story. They were asked to add any details or to make any changes that they felt was a part of or relevant to their story. This session lasted for 20 to 30 minutes and was not recorded. However, the researcher made notes during this session on reauthoring in case there was anything that would potentially inform the analysis process.

3.6.4 Data Analysis

Narrative Analysis (NA) was used in this research to explore how stories are used to make sense of the experiences of children. The aim of this research was to 'make sense' and gain an insight into the subjective meanings and constructs that children hold through the stories they tell themselves and others about having a diagnosis of ADHD. 'Narrative' approaches incorporate many different meanings and are used by a variety of disciplines. In using this approach, it is for researchers to choose the right type of data analysis to ensure that inappropriate beliefs and meanings are not attributed to the data (Robson & McCartan, 2016). Narrative Inquiry (NI) can be used within psychological research to explore how individual CYP think or feel about a certain or specific aspect of their lives. For this study, this was having a diagnosis of ADHD for the participants. This approach is based on Dewey's philosophy of experience (as cited in Ochs & Capps, 2001). Stories from the past are always told by individuals in the temporal. Their narration of the past relates, and is connected, to their perspective and understanding of their present and their future.

Due to the exploratory nature of a narrative approach, there was no 'one' prescribed method of analysis for this piece of research. The following sections will outline the method used from interview transcription to commentary.

3.6.5 Transcription of Interviews

The second interview for each of the participant's was transcribed by the researcher. Although this may appear to be a lengthy procedure, this first phase of data analysis provided an opportunity for the researcher to begin to engage with the data, therefore ensuring a degree of familiarity before the restorying process begun. No effort was made by the researcher to 'clean-up' the data in terms of grammar as they wanted to keep the transcripts as accurate as possible to what was said by the participants. The interviews were transcribed verbatim by the researcher which supported their initial engagement and familiarity with the data (Hiles et al. 2017).

3.6.6 Storying the Narratives

The next phase of data analysis involved reorganising and restorying the data from all three participants. This was completed in sequential order of the interviews taking place. Each participant's narrative was completed in full before moving onto the next transcript. Part of the rationale for this was for the researcher to consider each interview as a unique and individual narrative for each participant and to not analyse them concurrently.

This stage was based on Polkinghorne's (1995) Narrative Analysis approach. Restorying involves using the stories gathered through interviews and analysing them in terms of their storyline. This is done by using typical features such as characters, problems, settings etc. In addition, there is the consideration of aspects such as place or time. These are then all re-written in a chronological sequence to provide the narrative (Ollerenshaw & Creswell, 2002)

Each transcribed interview was read several times by the researcher. The transcripts were then analysed and reorganised into Clandinin and Connelly's (2000) Three-Dimensional Structure of Human Experience. The aim of this was to organise the participants' narrative or 'field texts' into a restoryed form. Clandinin and Connelly's basis for this approach is based in Dewey's philosophy of experience which viewed an individual's experience as a central lens for understanding a person. This, as Ollerenshaw and Creswell (2002) summarise, can be conceptualised as both personal and social. The framework provided a tool in which to explore the relevance of context and social interactions within the transcribed narratives. Their framework includes the personal and social (interaction); the past, present and future (continuity) and the place (situation) for analysis. The researcher used this framework as it was seen to provide a holistic view of experience, whilst at the same time, enabling a sense of continuity of the participants' experiences. Please see Figure 2 below for the framework which was used to organise participants field texts.

Figure 2

Clandinin and Connelly's (2000) Three-Dimensional Space Structure – Adapted from Clandinin and Connelly (2000) and Ollerenshaw and Creswell (2002).

Interaction		Continuity		Situation	
Personal	Social	Past	Present	Future	Place/ Context
Inward conditions e.g., hopes, feelings, moral dispositions.	Outward to exterior existential conditions in the environment	Look backward to remembered experiences, feelings and stories from	Now. Look at current stories and experiences relating to	Look forward to implied and possible experiences	Look at context, time and place: space situated in

	with other people and their intentions, purposes, assumptions and points of view.	earlier times.	actions of an event.	and plot lines.	a physical landscape or in a setting Bound by characters' intentions, purposes and different points of view.

3.6.7 The Restorying Process

The researcher began the restorying process by reading and then re-reading the field texts which were printed out and each transcript was read and identified segments highlighted by hand/highlighter according to the six sections using the Clandinin and Connelly (2000) Three-Dimensional Space Structure (see Appendix 11 for an extract of the hand checked transcript). This process was then completed again digitally, as outlined in Appendix 12. This was completed by hand and digitally for two reasons. One, the researcher wanted to complete the process twice to compare their original use of the framework and to help ensure consistency. Secondly, it allowed the researcher to organise the field text digitally enabling the data to be 'grouped' text into each of the six sections as outlined in Figure 2 (see Appendix 13 for the organisation of each participant's transcript using the Three-Dimensional Space Structure). By organising the data into similar themes or meaningful units, it provided the beginning of a sense of continuity and sequencing to the restoryed narratives (please see Table 6 below for an extract from participant 1's interim and subsequent storied narrative). The numbers within the interim narrative refer to the 'text line' within the initial transcribed interview. Appendix 14 provides the full interim and subsequent storied narratives for each of the three participants.

Though acknowledging that through the process of restorying and having a storied narrative is a collaborative process between the researcher and the participant, the researcher decided to write the storied narratives using a first-person narrative.

This was to give the participants a sense of ‘ownership’ over the stories despite the collaborative nature. A first-person narrative also allowed for the participants direct language to be included helping to provide added detail to their unique story.

Table 6

An Extract from Participant 1’s Interim and Subsequent Storied Narrative

Interim narrative	Storied narrative
Understanding of having a diagnosis of ADHD	Understanding of having a diagnosis of ADHD
6. I don’t really know that one	
8. [ADHD diagnosis was] quite a long while ago.	I don’t really know about that one. I first heard that word quite a long while ago, I was in Year 3 and at home. I think it was my Mum who told me first but I can’t really remember that much or what she said. I don’t really know what she or my teachers think of the diagnosis. I would like to know more about what it means for me at school but I don’t know who can help me find out more. I haven’t spoken to my mum about it but I will do after school.
12. I think it was like my mum who told me first.	
56. when I was at home [in y3] once [heard the word ADHD]	
14. I can’t really remember that much.	
58. I don’t remember that much about what she [mum] said.	
60. I don’t know what she thinks (His mum about ADHD diagnosis)	
204. No…I don’t really know [what his teachers know or think about his ADHD diagnosis]	
194. Yeah [would like to know more about what ADHD diagnosis means for him at school]	
196. I don’t know [who can help him find out more]	
198. No [never spoken to his mum about ADHD diagnosis] but I will do after school.	
200. When she gets back from work cos my granddad picks me up.	

3.6.8 Member Checking

Once a story has been authored and analysed by the researcher, it is important that it is taken back to the participant in order to be ‘re-authored’ for checking and validation purposes. This ‘member checking’ (Robson & McCartan, 2016) provides an opportunity for the participant to read their story and to add any extra details or make changes. It is also the space in which the researcher can share their analysis with the participant if they desire to hear it. Each participant was given the opportunity to read the restoryed narrative in order for it to be a collaborative process between the researcher and participant. Due to the COVID-19 related school closures, these feedback interviews were also conducted virtually. The researcher audio-recorded the restoryed narrative prior to the interview. This was in order for it to be played during the interview to the researcher and the participant ‘together’, as opposed to be being read aloud by the researcher. This enabled the researcher to ‘watch’ for any non-verbal signs of communication that the participant agreed or disagreed with what they were hearing. The audio recording was paused every 30 seconds or so to ‘check in’ with the participant. They were asked questions such as ‘how does that sound to you?’ and ‘does that sound right to you?’ during these pauses. The member checking was one of the most important phases of this data analysis. It provided a space for each participant to hear ‘their’ story and ensure that they were happy and all the details were correct. At this stage, the original consent form was discussed again and the children asked if they were still happy for their story to be shared. The researcher felt that this was important at this stage. The actual writing of ‘stories’ element of the original consent form may have been somewhat abstract when the children first signed it previously. The researcher wanted the participants to hear their restoryed narrative and then decide again if they were happy for it to be shared. At this time, each participant was offered the choice of ‘naming’ the person in their story as it would be anonymous. As discussed earlier in this chapter, the first participant declined to choose a pseudonym and asked to continue to be referred to as Participant 1 (P1). The second participant is known as Martin and the third participant asked to be referred to as “the boy who is confident, also known as Billy” for his story.

3.7 Ethical Considerations

There were numerous ethical considerations that were addressed by the researcher throughout this current research. Several frameworks and guidelines support ethical practice within research. The British Psychological Society (BPS) Code of Conduct (BPS, 2018) was referred to throughout by the researcher in regard to the four ethical principles which should be adhered to throughout research. These being: respect; competence; responsibility and integrity (BPS, 2018). In addition, the Health and Care Professionals Council (HCPC) requires psychologists (which includes TEPs conducting research) to adhere to all guidelines. This section of the chapter outlines the ethical considerations given by the researcher throughout this study.

3.7.1 Ethical Approval

Prior to the beginning of this research, ethical approval was sought from the university ethics committee in order to ensure full planning and adherence to professional standards in research. Permission was also sought through the Senior Management Team (SMT) of the researcher’s LA placement. This involved submitting a brief outline of the research proposal. Consent was given by both the ethical body and the L.A for research to take place. These both included a full risk assessment for any potential dangers when conducting research outside of the university campus.

3.7.2 Confidentiality, Anonymity and Data Management

Prior to research registration, and submitted alongside the application for ethical approval, a Data Management Plan (DMP) was written by the researcher and approved by the relevant university body. This plan allowed the researcher to consider all elements of data management across the study. This links to the ethical principle of respect (BPS, 2018) in that all participant’s privacy and confidentiality should be considered. The DMP outlined all potential access to the data, audio recordings and transcripts (please refer to Appendix 9 for a copy of this plan).

3.7.3 Informed Consent

Central to this study and ethical research was the concept of informed consent and for all participant's taking part to fully know what was involved. It was referred to explicitly throughout through the use of thorough consent forms and information sheets for children, their families, and schools (see Appendix 7a, 7b and 7c for a copy of the consent forms given). The aim of these forms was to outline all the information relevant to this research needed in order for the participant and their families to make an informed choice about giving consent. Part of this was giving the children and their families time to reflect on their involvement. A time period of three weeks after the initial interview was given for participants to withdraw their consent without the need for providing a reason. A full debrief sheet was also explained and given to participants and their families (please refer to Appendix 15 for a copy of the debrief sheets given). The first session of the interview process was not just to build rapport before the narrative interview. Part of this session was designed in order for the researcher to provide a space for clear, informed consent for the participant. The information and children consent forms were re-read with the participant to determine if they had any questions or required any extra details. This was not only concerning the interview process, but what would happen with their story and the implications of sharing their data. Participants were reminded at each interview session and stage of data gathering that they had the right to withdraw without having to give a reason. As discussed in Chapter One, there are several social and environmental contexts which are linked to CYP with a diagnosis of ADHD. The researcher was mindful that having a diagnosis of ADHD may mean that the participant needed special consideration due to potentially being part of a vulnerable group. This only served to further highlight how crucial informed consent was in this piece of research. The children needed to make informed decisions about any potential research.

3.7.4 Data Collection Process

During the three interview sessions, the researcher ensured that they adopted a clear, ethical approach. At no stage, should the participant have felt at risk from harm, stress or anxiety due to their participation. The interviews were scheduled to be held at the educational setting for the children. Prior to the interview, the researcher contacted the SENCo to ask for a private space where the participant felt comfortable. However, due to the pandemic-related move to virtual data gathering, this needed to be adjusted in line with the resubmitted ethical approval plan. Due to school's own safeguarding procedures surrounding online sessions, the majority of the interviews were conducted with a member of school staff present in the room with the participant. This will be discussed in further detail in Chapter Five. In working with a CYP population, the researcher needed to explain the consequences of a disclosure from a child. The participants were reminded at each interview that although their information was confidential, the researcher was still required to follow all safeguarding procedures in regard to theirs and others safety.

3.7.5 Data Analysis

With reference to transparency, the stories told, authored and reauthored were not solely the product of the participant's individual output. The researcher, through their own positioning and philosophical assumptions, played a part in the co-constructions of these stories. Their underlying beliefs and values have been discussed throughout this piece of research in order to give a certain level of transparency to the researcher's motivations. Part of this was an understanding as to the aims of the research. Chapter One gave an insight into the researcher's motivations for this area of research. Chapter Two provided an overview of the current literature and identified gaps and the potential for a unique contribution for the EP knowledge base. Research by Lieblich et al. (1998) suggested that individuals are able to discover or uncover themselves within the stories that they tell themselves or others. Each individual child in this research constructed their own story differently, all within their own, subjective experiences. Although the researcher could not fully detach themselves from the findings, it was these individual narratives that provided the stories of children with a diagnosis of ADHD.

Given the topic, the researcher was mindful of the potential for distress throughout the interviews. Within NI, there needs to be an ongoing awareness to compose a text that is not likely to 'rupture' the life stories that are sustaining CYP (Clandinin & Connelly, 2000). In eliciting narratives from the past, it was essential that the participant felt comfortable with the information that they were sharing. Part of the aims of the interview was also to help the YP to identify the strengths and resources from their story. As a trainee psychologist, the researcher felt equipped to recognise any signs of distress, both verbally and non-verbally, from the participants. During the data gathering stage, there were no issues with the participants nor any contact from school SENCos or parents to suggest that there had been any distress after the interviews took place.

Within NA, it is important to consider the ownership of the narrative. This can be somewhat blurred. The story does belong to the participant. It is their narrative. However, once the analysis and authoring began, this moved more into the researcher's camp. One way of keeping participant ownership a relevant consideration was for the researcher to revisit the aims of this research, these being to help empower children. By giving a voice to their stories, the researcher kept the participant at the centre of the aims.

3.7.6 Reflexivity

Any potential personal biases or perceptions that could influence the data were reflected on throughout. This was aided by the use of a reflection diary by the researcher that was updated at each stage. In addition, the researcher had regular tutorials with their academic tutor at university in order to reflect and talk through each stage of the research process. The concept of reflexivity within research is not limited to the exploration of potential personal biases. The researcher for this study ensured throughout that they explored their own philosophical assumptions. This was within recruitment of participants, through data collection and data analysis (Hiles et al., 2017). The researcher employed several ways in which to uphold a reflexive approach. In line with their ontological and epistemological position, the researcher continuously reflected on the impact of their own background, core beliefs, values, and perceptions. In addition to meetings with Director of Studies at University, ‘research’ was a weekly standing topic that enabled the researcher to have ongoing reflective discussions with their placement-based supervisor.

3.7.7 Reliability, Validity, Trustworthiness

In using a flexible, qualitative design, there is less ‘pressure’ than laboratory or quantitative based research and the subsequent focus on reliability. However, the researcher still needed to ensure that the research was conducted in a careful and considerate manner that could easily be shared with others. Part of this was for the researcher to keep a full ‘audit trail’ of each part of the research (Robson & McCartan, 2016). Each stage of the design, recruitment, interview and analysis section was kept in order to demonstrate the process of the research. All transcripts were checked several times to ensure that were no simple mistakes made within the transcription process. All interpretive processes were given equal focus, depending on the needs of the participant’s narrative.

Validity was supported by the use of the member checking during the re-authoring stage of analysis. This follow-up interview was a clear space for the researcher to share and determine the accuracy of their findings. To support trustworthiness, a research journal was kept and was used in discussion with the researcher’s university-based tutor and L.A supervisor. This provided a space in order to reflect on any potential biases in the research process.

In accordance to the guidelines set out by the HPCP and in regard to competence as set out by the Code of Conduct (BPS, 2018), the researcher had to ensure that they were working within the limits of their competence. Part of this required regular tutorial sessions with the university-based supervisor to reflect and discuss ethical and practical decision making.

3.8 Conclusion of Chapter Three

Firstly, this chapter gave an overview and justification for the relativist, social constructivist paradigm for this research. It outlined the design of the research methods and the choice of a narrative approach. The theoretical underpinnings of the study were considered in regard to positioning theory and power. A full research design was presented along with the justification of the use of Clandinin and Connelly’s (2000) Three-Dimensional Structure of Human Experience for data analysis and the ethical considerations of this study.

Chapter Four: Research Findings

4.1 Overview of Chapter

This chapter will be presented in two parts. As outlined in Chapter Three, a narrative analysis was used in order to demonstrate the unique experiences of each individual participant and additionally, to identify common themes and storylines in their experiences. Firstly, the restoryed narratives will be presented. All three narratives will be given to provide an insight into the stories told by the children with a diagnosis of ADHD. In the second part, the given commentary will provide an exploration of the shared experiences of the participants in terms of narrative themes and sub-themes.

4.2 The Storied Narratives

As outlined in Chapter Two and Three, the aim of this research was to answer the question; ‘what are the stories of children with a diagnosis of ADHD?’ The storied narratives presented below are fundamental to this research and to answering this research question. Please refer to Table 5 above for details of the participants’ characteristics.

4.2.1 P1’s Story

Understanding of Having a Diagnosis of ADHD. I don’t really know about that one. I first heard that word quite a long while ago, I was in Year 3 and at home. I think it was my mum who told me first, but I can’t really remember that much or what she said. I don’t really know what she or my teachers think of the diagnosis. I would like to know more about what it means for me at school, but I don’t know who can help me find out more. I haven’t spoken to my mum about it, but I will do after school.

The Beginning. I didn’t go to pre-school in this school. There was a little playground in my nursery and there used to be a little gate. My mum would walk past sometimes when she was going to work. I used to see her at lunch. I don’t remember any of my teachers from there. I was good when I first started in Reception at my school. This is where I met my best friend S. She’s been my friend since then. I don’t remember ever feeling wound up in Reception or Year 1. I was good until I left Year 2.

Good and Bad Experiences of Friendships. S is probably the one person who has helped me through school. She's been my friend from reception through to year five where I am right now. She's still my best friend. She's a good friend and she's really nice. That's what I would say about her. I don't know how she would describe me. We play together nearly every break and lunch time. We play hide and seek sometimes and I always end up winning. I know more hiding spots. Some that only I know. I wasn't that good in Year 3 and 4. In Year 3, K joined. We were quite good friends at first. But in Year 4, he began to wind me up. He kept on winding me up and annoying me. I felt quite angry and annoyed. K, and now his friend S, both try to wind me up in Year 5. I normally walk off. There's a little pond on my playground and I go there. Being on my own helps me a little bit sometimes. I sit there on my own when they're winding me up. I don't know what it looks like to others when I'm not good.

Learning and support in school

I had the same teacher for Year 3 and 4. She was my favourite teacher. In that class, the work was really easy. I liked doing maths the most because you don't have to do as much writing with words. I realised I was good at maths in Year 3. I kept doing the work as it was really easy. It's okay in Year 5. The work is a little bit hard sometimes. It depends on what we're doing. It's one of my favourite classes because of the teachers. They help me sometimes, when I need some help with the work. I don't mind English, RE or PHSE. They are quite easy sometimes. The teachers help me quite a bit with my work. Whenever I need some help with questions, the teachers help me in maths and English. Maths and PE are my favourite subjects. Miss L in Year 5 helps me.

The Future I don't know what it will be like in Year 6. I think it will be harder work. I'd say the teachers will help the most. I don't know what can help me at school. I don't know which secondary school I might go to. I think I'll have a choice to decide. I think my mum might tell them about my diagnosis of ADHD. I don't know what she might tell them. I don’t know what I would like to do after leaving secondary school.

4.2.2 Martin’s story

Understanding of Having a Diagnosis of ADHD. I don’t really know the word ADHD or what it means. I don’t really remember anyone using that word. Things have changed since the teachers know about my diagnosis. When I didn’t understand the work, I used to get into trouble. They just give me a bit of help now. I still sometimes get into trouble now but it’s normally when I kick the ball and it hits someone. I see a doctor sometimes. He’s ok. I don’t talk about it afterwards. I can’t really remember anything. I don’t really listen. I would tell another child that an ADHD diagnosis is hard, I’m not sure what advice I would give them. I’m not really that guy. I’m not really that person that gives out tips. I’m not really sure what the teachers should know about me at secondary school. It would be helpful if they knew about my diagnosis of ADHD. They would understand. They would know I am one of the different ones. I’ve got a short fuse. I can get angry. Quickly. I’m not sure what that feels like. It’s important to make sure that there’s one person on my side. So that I can get help. I think I will need to think about my ADHD diagnosis in the future. I’m not sure why.

The Beginning, Worries and Getting Better. I went to a private preschool nears my Grandad’s house. I wasn’t one that played with anyone. I just play stuff like dinosaurs. I like the T Rex. You can do anything with them. I wasn’t keen on Tag because everyone used to go for me first because I was the slowest. I didn’t really go to school in reception. I think I was home schooled. It was fun. We did maths and division. In Year 1 I stopped being home schooled but I’m not sure. My mum was my teacher. I think I was home schooled for a bit in Year 1 too. I was shy when I started school in Year 1. I didn’t like everyone looking at me. I don’t remember why. It got better in Year 2. I knew everyone then so that helped. In Years 2, 3 and 4, I didn’t have as much help. That was worrying. My Year 5 teacher moved to my old school. I missed her.

Learning and Support in School. I found the work difficult in Year 2, especially the maths. Nothing really helped. It was easy starting in Year 3. Someone would sit next to me and help me. Year 5 was kind of hard because people were always shouting. There was this kid called R. He always shouted and he got kicked out of school. He got into too much trouble. It felt kind of scary, I guess. Year 6 is a little bit hard. I like my friends. It can be hard work and they help me with the questions. With my work. I often find things tricky like dividing and timesing (sic) a number by over 1000. A number square helps me. Sometimes, I'll ask for help. I'll ask the person sitting next to me. There are lots of helpful people in school but I can't remember anyone.

Stories from the Playground. I play tag at bit more now. It's better now. Year 6 playtime is not long but not too short. I play basketball or football at break and then football at lunch. I like football. I like the bit where you can just kick the ball. We don't have a referee. Sometimes, it doesn't work out. You can just get into a fight. People pick the ball up when it goes too far away and they come back and people shout hand ball. Sometimes you get into fights and sometimes it ends up getting banned. I play basketball instead.

Experiences of Behaviour Polices. There is a behaviour policy at school. I get moved down sometimes for not doing my work. This can happen quite often. You get moved back up the ladder by being well behaved and doing your work. I go up and down the ladder. Sometimes I just stay on green. In Year 3 and Year 5 I went up the ladder more as I understood the work more. I always ended up finishing the worksheets. There is gold at the top of the ladder. I got there in Year 2, Year 3, Year 5 and maybe Year 4. This was mostly for doing my work. I went down most in Reception when I wasn't in school. This was because all the kids were annoying me. When I was playing with something they would take it. So, I just took it back. I'm not sure if anything helped me with that.

The Future. I am kind of worried about going to secondary school. My sister goes there and I had to go there once for something and heard the teachers shouting. In the future, I am going to work for my dad. He is an electrician.

4.2.3 Billy's story

Understanding of Having a Diagnosis of ADHD. I have heard the word ADHD but I don't really remember what it was about. My mum spoke about it once but I don't remember when. She said that if you have playdates just still be yourself. I'm not really quite sure what that means. I'm not really sure if my secondary school should know about my ADHD diagnosis. They probably won't do anything different. They could help me not to hurt people and speak to someone nicely.

Interacting with Others. One thing about playtime, is that I used to pretty much hurt everyone. Normally at break time. I'm not really like that anymore. Year 3 and 4 was when I might most hurt someone. I play football every day. Sometimes, playtime doesn't go as well when people push at me for kicking the football over and we can't get it back. They get cross that I've kicked the football and they can't get it back until lunchtime. We just chase each other instead, well, they chase me. It doesn't happen as much now. I'm not sure what's different now. I feel different now though. Before, I couldn't think if something was the wrong thing or the right thing at the time. I don't really hurt anyone now. I sat on my own table in Year 3 and I still do now in Year 5. It helps me so I don't really hurt anyone. That might happen with the other children. I'm not sure why. I try to talk to people when I'm sat on my own table. They will ignore me and talk to other people. I don't want to sit on my own table anymore. It will be easier to talk to other children if I can sit with them. I know when people want to be my friend as they will ask me to be their friend. Good friends help me.

Important People. I liked one teacher at pre-school. She was in the reception at the front. Every time I went in, she always said something and made me laugh. There was another nice teacher. He had his own guitar and he got another guitar out of the cupboard for me. I didn't really like the teacher in Year 3 so it's better now in Year 5. I really remember Mr H from Year 4. He would put music on so we could listen to it when we did our work. He used to make everyone laugh in class. I like people making me laugh. Lots of stuff is funny. Funny jokes make me laugh the most.

Learning Through the Years. I wore a funny hat when I graduated from pre-school to go to this school. What makes me sad is that my dad wasn't there. In Reception after their work, they get to play. They used to play a lot. I used to play a lot in there too. Year 5 is definitely the best year so far. The maths is quite easy but the English is quite hard for me. When I'm trying to write, I don't really do the thing I'm supposed to write because I can't remember what to put in there, nothing really helps me, expect maybe writing on my whiteboard so I can remember it. Maths is my favourite. I'm not quite sure what they are doing for maths at the minute. I think they have sheets to stick in our maths books. I don't really know how to do some things but the teacher helps me to do it.

Uncertainty About the Future. I think the work in Year 6 may get harder. Like, harder maths. I don't know at the minute who might help me. I'm not quite sure who to talk to about it. I've not really thought about secondary school. I might do a job doing lots of maths.

4.3 Identification and Commentary of Shared Storylines

The aim of this phase was to answer the research question, 'what are the stories of CYP with a diagnosis of ADHD?' in greater detail by identifying common shared storylines and 'narrative themes' between the three participants. This process should not be seen as the 'primary' answer to the research question. Instead, it should be viewed in conjunction with the individual restoryed narratives of each participant.

Once all three narratives were read, re-read, transcribed and restoryed, this phase aimed to break down each story and reorganise into segments. This allowed the researcher to analyse the data for key narrative themes enabling another approach to answer the research question: what are the stories of CYP with a diagnosis of ADHD? Drawing upon methods such as conversational analysis this phase involved the researcher looking for themes across all three narratives. This was not in terms of frequency or dominance of certain themes. Rather, the exploration of the aspects, themes and sub-themes which were emotive and held meaning to the CYP with a diagnosis of ADHD sharing their stories. As previously discussed, the data was organised using Clandinin and Connelly's (2000) Framework of Human Experience. Each participant's restoryed narrative was mapped into narrative themes and sub-themes and colour coded (see Appendix 16). This was then grouped across the restoryed narratives of the three participants to identify shared storylines through the 'narrative theme' and the 'sub-themes' within it. Table 7 below provides a summary of the identified narrative themes and sub-themes from the restoryed narratives. The narrative themes refer to specific experiences whilst the sub-theme can be viewed as one of the 'elements' which makes up that particular narrative theme.

Table 7

Summary of Identified Narrative Themes and Corresponding Sub-themes from the Restoryed Narratives

Narrative Theme	**Sub-theme**
Lack of awareness	Diagnosis and uncertainty Others' understanding of a diagnosis
Emotive Pre-school memories	
Learning	Finding aspects difficult Perception of 'easy vs hard' work = 'good vs bad'
Support and strategies	Atmosphere created by teachers Relationships with others
Perception of self	Worries
Interactions with others	Football Hurting others Having a best friend
An Uncertain Future	Life with a diagnosis of ADHD

The remainder of this chapter will discuss and provide a commentary on the 'narrative theme' and 'sub-theme' in greater detail as elicited by the researcher. Extracts from the restoryed narratives are given and the corresponding line numbers to the original restorying are indicated by the number in each bracket.

4.4 Narrative Theme: Lack of awareness

For the children in this research, the main inclusion criterion for participation was they had held a diagnosis of ADHD for at least one year and were aware that they had this diagnosis. Difficulties in remembering when ADHD was first discussed as a condition was a central storyline across all three narratives. Martin discussed ADHD as follows: *"I don't really know the word ADHD or what it means. I don't really remember anyone using that word" (Martin, line 1).*

Billy had a memory of hearing the word before but did not have any further details in his story: *"I have heard the word ADHD but I don't really remember what it was about" (Billy, line1).*

Whilst P1 did not describe the word ADHD or his diagnosis, there were a few extra details within his story that provided some insight into the context and social interactions within this aspect of his narrative:

> *I don't really know about that one. I first heard that word quite a long while ago, I was in Year 3 and at home. I think it was my mum who told me first but I can't really remember that much or what she said. (P1, line 4)*

4.4.1 Sub-theme: Diagnosis and Uncertainty

As discussed in Chapter One, within the LA in which the participants lived, a diagnosis of ADHD requires consultations with a community paediatrician and/or ADHD nurse. Martin had the only story which referred to professionals outside of the school environment and illustrated his uncertainty and lack of understanding about the process: *"I see a doctor sometimes. He's ok. I don't talk about it afterwards. I can't really remember anything. I don't really listen" (Martin, line 5).*

4.4.2 Sub-theme: Others' Understanding of a Diagnosis

Across all three narratives, there were references to how other people within the stories, such as adults or peers, understand or perceive the participant's diagnosis of ADHD. P1's story illustrated his lack of knowledge or awareness of other people's views on his diagnosis of ADHD: *“I don’t really know what she [my mum] or my teachers think of the diagnosis” (P1, line 4).*

He went on to consider this lack of awareness, highlighting that he was interested in what their thoughts might be but had some uncertainty of how to find out more: *“I would like to know more about what it means for me at school but I don’t know who can help me find out more. I haven’t spoken to my mum about it but I will do after school” (P1, line 5).*

In terms of his school environment, Martin’s story demonstrated that there had been some changes regarding him made in the classroom since his diagnosis. This gave a potential insight into the views and subsequent changes made by his teachers: *“Things have changed since the teachers the teachers know about my diagnosis. When I didn’t understand the work, I used to get into trouble. They just give me a bit of help now” (Martin, line 2).*

However, despite the changes made in terms of the expectations of work and support received, Martin’s story alluded to the fact that these changes may not always extend to behaviours or situations in the playground: *“I still sometimes get into trouble now but it’s normally when I kick the ball and it hits someone” (Martin, line 4).*

Others’ views were not always clear to the children. Billy’s story gave one of his mum’s pieces of advice and his uncertainty about what he thought she meant: *“My mum spoke about it once but I don’t remember when. She said that if you have playdates just still be yourself. I’m not really quite sure what that means” (Billy, line 2).*

4.5 Narrative Theme: Emotive Pre-School Memories

After an initial difficulty in remembering any events from pre-school, both P1 and Billy retold a memory that provided an emotive reaction. When retelling his story about pre-school, P1 excitedly sat up in his seat and described his playground: *“There was a little playground in my nursery and there used to be a little gate. My mum would walk past sometimes when she was going to work. I used to see her at lunch sometimes” (P1, line 9).*

In Billy's story, he recounted his graduation from pre-school with an element of sadness: "*I wore a funny hat when I graduated from pre-school to go to this school. What makes me sad is that my dad wasn't there" (Billy, line 27).*

4.6 Narrative Theme: Stories of Learning

Throughout the narratives, it was common for the story to return to the setting of the classroom and to stories of learning. Billy remembered starting school and finding the work easy: *"In Reception after their work, they get to play. They used to play a lot. I used to play a lot in there too" (Billy, line 28).*

4.6.1 Sub-theme: Finding Aspects Difficult

Recognising when work in the classroom was difficult was a common storyline in the narratives. Billy's experiences of English lessons in his current year group gave his understanding of what he finds difficult and his acceptance of finding it difficult:

> *"The English is quite hard for me. When I'm trying to write, I don't really do the thing I'm supposed to write because I can't remember what to put in there, nothing really helps me, expect maybe writing on my whiteboard to I can remember it" (Billy, line 30)*

Similarly, Martin gave his experiences of finding Maths lessons difficult in his current Year 6: "*Year 6 is a little bit hard…It can be hard work and they help me with the questions. With my work. I often find things tricky like dividing and timesing (sic) a number by over 1000" (Martin, line 30).*

4.6.2 Sub-theme: Easy vs Hard work = Good vs Bad

A prominent and recurring storyline was the link between the perceived ease of the work and how this impacted on the participant's view of that class or the behaviour of themselves. P1 shared his experiences of Year 3 and 4 which he had perceived as 'good' as the work had been 'easy' for him:

> *"In that class, the work was really easy. I liked doing maths the most because you don't have to do as much writing with words. I realised I was good at maths in Year 3. I kept doing the work as it was really easy" (P1, line 32).*

The link between the perceived difficultly of the work and being ‘good or bad’ was further illustrated by Martin and his experiences of his school’s behaviour policy. He gave an insight into his understanding of how finding work ‘easy’ was linked to him having ‘good’ behaviour and how this impacted on his view on which year groups where he felt he was most ‘good’:

> *“There is a behaviour policy at school. I get moved down sometimes for not doing my work. This can happen quite often. You get moved back up the ladder by being well behaved and doing your work. I go up and down the ladder. Sometimes I just stay on green. In Year 3 and Year 5 I went up the ladder more as I understood the work more. I always ended up finishing the worksheets. There is gold at the top of the ladder. I got there in Year 2, Year 3, Year 5 and maybe Year 4. This was mostly for doing my work” (Martin, line 42)*

4.7 Narrative Theme: Support and Strategies

Linked with the previous theme of stories of learning, was the support given to participants and the strategies that they use.

4.7.1 Sub-theme: Atmosphere Created by Teachers

Within this, the atmosphere created by teachers impacted across several storylines. P1, when discussing how easy the work was in Year 3, spoke about his teacher: *“I had the same teacher for Year 3 and 4. She was my favourite teacher” (P1, line 31).*

He later spoke about finding the work difficult in his current Year 5 but also giving an insight into the relationship with his teacher and the atmosphere within his classroom: *“It’s okay in Year 5. The work is a little bit hard sometimes. It depends on what we’re doing. It’s one of my favourite classes because of the teachers” (P1, line 34).*

4.7.2 Sub-theme: Relationships with Others

At times, there was an explicit reference to the relationship with the adult or teacher in a particular year group within a narrative. Billy gave an insight into his past relationship with a previous teacher and compared the experience to his present situation: *"I didn't really like the teacher in Year 3 so it's better now in Year 5" (Billy, line 23).*

Humour and kindness from others were key elements in the stories given by Billy detailing his positive relationships with others. The first included a memory from pre-school:

> *"I liked one teacher at pre-school. She was in the reception at the front. Every time I went in, she always said something and made me laugh. There was another nice teacher. He had his own guitar and he got another guitar out of the cupboard for me" (Billy, line 20)*

He later went on to explain why humour was important to him:

> *"I really remember Mr H from Year 4. He would put music on so we could listen to it when we did our work. He used to make everyone laugh in class. I like people making me laugh. Lots of stuff is funny. Funny jokes make me laugh the most" (Billy, line 24).*

The amount of perceived support or 'help' received from a time period gave a sense to how that time was emotively remembered. Martin spoke about his experiences in Year 3: *"It was easy starting in Year 3. Someone would sit next to me and help me" (Martin, line 27).*

Throughout the stories, there were references to 'help' which had been received in the classroom: "*The teachers help me quite a bit with my work. Whenever I need some help with questions, the teachers help me in maths and English sometimes" (P1, line 38).*

There were no references to the 'help' that was received in terms of content or strategies. However, there was some insight into some of the techniques employed across the narratives which included both practical resources and asking for help from others: "*A number square helps me. Sometimes, I'll ask for help. I'll ask the person sitting next to me" (Martin, line 33).*

An uncertainty or ‘not knowing’ what to do during was evident in Billy’s story:

> *“When I’m trying to write, I don’t really do the thing I’m supposed to write because I can’t remember what to put in there, nothing really helps me, expect maybe writing on my whiteboard to I can remember it” (Billy, line 31).*

However, despite similar uncertainty in maths lessons, he felt quite different about the subject, and briefly touched on the support that he receives:

> *“Maths is my favourite. I’m not quite sure what they are doing for maths at the minute. I think they have sheets to stick in our maths books. I don’t really know how to do some things but the teacher helps me to do it” (Billy, line 33).*

There was also some recognition of the strategies outside of the classroom. P1’s narrative explained his strategies in the playground when he had been annoyed: *“I normally walk off. There’s a little pond on my playground and I go there. Being on my own help me a little bit sometimes. I sit there on my own when they’re winding me up” (P1, line 26).*

4.8 Narrative Theme: Perception of Self

Both P1’s and Martin’s narratives gave the beginnings of a sense of how they viewed themselves. P1 began by explaining *“I was good until I left Year 2 (P1, line 15)”*

He went onto detail his next stages: *“I wasn’t that good in Year 3 and 4” (P1, line 23).* There was an uncertainty for P1 about what ‘not good’ entails: *“I don’t know what it looks like to others when I’m not good” (P1, line 28).*

Not knowing what ‘good or bad’ looks or feels like was a common storyline across the narratives. Martin’s story depicted him as ‘different’ and he gave the reasons why he felt this: *“I’ve got a short fuse. I can get angry. Quickly. I’m not sure what that feels like” (Martin, line 11).*

In discussing his diagnosis of ADHD, Martin’s story illustrated a lack of confidence in his story or being able to support others: *“I’m not sure what advice I would give. I’m not really that guy. I’m not really that person that gives out tips” (Martin, line 8).*

4.8.1 Sub-theme: Worries

Martin had been home schooled for part of his reception year after leaving his previous school and was not sure of the timelines, or the reasons why he left. His narrative gave an insight into his joining of his current school and some of the concerns that he had: *"I was shy when I started school in Year 1. I didn't like everyone looking at me. I don't remember why. It got better in Year 2. I knew everyone then so that helped" (Martin, line 21).*

Despite things getting better in Year 2, Martin's narrative included aspects that worried him: *"In Years 2, 3 and 4, I didn't have as much help. That was worrying" (Martin, line 23).*

Again, there was a reference to the 'help' which Martin felt he did not receive during those years.

4.9 Narrative Theme: Interactions with Others

All of the stories illustrated experiences of interactions that the children with a diagnosis of ADHD have had with other children. This can be linked to the previous theme of support and strategies, where the atmosphere created by teachers and aspects such as humour were all shared across the narratives. In this theme, all the stories shared both positive and negative interactions. Martin's story provided an insight into his experiences of a lack of interaction with others from pre-school: *"I wasn't one that played with anyone. I just play stuff like dinosaurs. I like the T Rex. You can do anything with them" (Martin, line 16).*

Martin's story gave another example from pre-school of how he perceived himself and the reasons why he did not enjoy a particular game: *"I wasn't keen on Tag because everyone used to go for me first because I was the slowest" (Martin, line 17).* He went on to recognise how this was different now: *"I play tag at bit more now. It's better now" (Martin, line 35).*

Interactions with others was also seen as having an impact on behaviour and actions. P1's story illustrated his understanding of when he started to not be "good" and the reasons why. It also gave an insight into the frustration he felt towards one of his classmates: "*I wasn't that good in Year 3 and 4. In Year 3, K joined. We were quite good friends at first. But in Year 4, he began to wind me up" (P1, line 23).*

P1 went back to his interactions with K during his story and provided an insight into how he copes with negative interactions: *"K and now his friend S both try to wind me up in Year 5. I normally walk off" (P1, line 25).*

Interactions with others were not limited to the playground. The impact of interactions with others was also found in the stories from the classroom. Martin's story highlighted the impact of another child on his previous year in terms of his classroom experience:

> *"Year 5 was kind of hard because people were always shouting. There was this kid called R. He always shouted and he got kicked out of school. He got into too much trouble. It felt kind of scary I guess" (Martin, line 28)*

At the same time, Martin's described what was also happening in Year 5 and made a reference to an adult interaction: *"My Year 5 teacher moved to my old school. I missed her" (Martin, line 24).*

4.9.1 Sub-theme: Football

Playing football was an important activity for both Martin and Billy and provided both positive and negative storylines across the narratives: *"I play basketball or football at break and then football at lunch. I like football. I like the bit where you can just kick the ball" (Martin, line 36); "I play football every day" (Billy, line 9).*

Despite the enjoyment of football, the stories gave an insight into times where it does not always work out and the impact that it has on interactions with others:

> *"We don't have a referee. Sometimes, it doesn't work out. You can just get into a fight. People pick the ball up when it goes too far away and they come back and people shout hand ball. Sometimes you get into fights and sometimes it ends up getting banned. I play basketball instead" (Martin, line 37).*

In considering the reasons why a game of football might not go as well as hoped, Billy's story suggested where he thought his playground actions may play a part and how he viewed others' perception of him:

> *"Sometimes, playtime doesn't go as well when people push at me for kicking the football over and we can't get it back. They get cross that I've kicked the football and they can't get it back until lunchtime. We just chase each other instead, well, they chase me" (Billy, line 9).*

4.9.2 Sub-theme: Hurting Others

Billy's story sheds light on his understanding of his past playground experiences and his interactions with others: *"One thing about playtime, is that I used to pretty much hurt everyone. Normally at break time. I'm not really like that anymore. Year 3 and 4 was when I might most hurt someone" (Billy, line 7).*

Billy's story went on to give an insight into his understanding of why he previously hurt others:

> *"It doesn't happen as much now. I'm not sure what's different now. I feel different now though. Before, I couldn't think if something was the wrong thing or the right thing at the time. I don't really hurt anyone now" (Billy, line 12).*

The long-term consequences of previously having hurt other children were shared in Billy's story. His narrative described the techniques used to support him in class:

> *"I sat on my own table in Year 3 and I still do now in Year 5. It helps me so I don't really hurt anyone. That might happen with the other children. I'm not sure why. I try to talk to people when I'm sat on my own table. They will ignore me and talk to other people" (Billy, line 15).*

This was an important part of Billy's story. When listening to his story he asked to listen to this part again. After several moments of reflection, Billy said he no longer wanted to sit on his own table. He suggested that sitting with the other children will make it easier for them to talk to him. He asked that this be added to his story.

Billy’s narrative gave an insight into his understanding of friendship: *“I know when people want to be my friend as they will ask me to be their friend. Good friends help me” (Billy, line 18).*

The term ‘help’ was used here again as in previous elements and suggests a need for support in some way from others.

4.9.3 Sub-theme: Having a Best Friend

P1 referred to his friendship with S several times throughout his story. He gave an animated description of their friendship and the joy that she brought to him:

> *“S is probably the one person who has helped me through school. She’s been my friend from through reception through to year five where I am right now. She's still my best friend. She’s a good friend and she’s really nice. That’s what I would say about her” (P1, line 17).*
>
> P1’s story describes the friendship and the activities that do together every day: “*We play together nearly every break and lunch time. We play hide and seek sometimes and I always end up winning. I know more hiding spots. Some that only I know” (P1, line 20).*

Despite the longstanding friendship, P1’s story illustrates his uncertainty about her feelings towards him*: “I don’t know how she would describe me” (P1, line 20).*

4.10 Narrative Theme: An Uncertain Future

A recurring storyline across all three storylines was the transition to the next stages to Year 6 or secondary school. This was expected as all three participants were in Upper Key Stage 2 and the final stages of primary school. For some, such as Martin who was in Year 6, there was an expression of worry due to previous experiences of visiting the secondary school: *“I am kind of worried about going to secondary school. My sister goes there and I had to go there once for something and heard the teachers shouting” (Martin, line 52).*

For P1 and Billy, who were in Year 5, secondary was not something that they had yet considered. P1 gave this some consideration within his story: *"I don't know which secondary school I might go to. I think I'll have a choice to decide" (P1, line 43).*

P1 also considered his next transition into Year 6 and the expectation of harder work: "*I don't know what it will be like in Year 6. I think it will be harder work. I'd say the teachers will help the most. I don't know what can help me at school" (P1, line 42).*

Similarly, Billy's story did not make many references to secondary school and instead, expressed a concern about the transition to Year 6. It also highlighted his uncertainty about potential support and strategies and where or how to find out more:

> *"I think the work in Year 6 may get harder. Like, harder maths. I don't know at the minute who might help me. I'm not quite sure who to talk to about it I've not really thought about secondary school" (Billy, p. line 37).*

Life beyond school was not something that had been considered for P1. Billy gave some thought to this during his story and decided "*I might do a job doing lots of maths" (Billy, line 39).*

Martin on the other hand, had a plan that was seemingly linked to exposure to the role at home: *"In the future, I am going to work for my dad. He is an electrician" (Martin, line 54).*

4.10.1 Sub-theme: Life with a Diagnosis of ADHD

There was an understanding of why it might be helpful for the young person if the secondary schools were to be aware of diagnosis but an ambiguity in if they should know, or what they would be able to do to help support them. Billy's story highlighted his uncertainty if his next school should be made aware of his diagnosis: *"I'm not really sure if my secondary should know about my ADHD diagnosis. They probably won't do anything different" (Billy, line 4).*

Despite Billy's lack of confidence in if there would be any changes as a result of his secondary school being made aware, he identified what he would like them to do to support him: *“They could help me not to hurt people and speak to someone nicely” (Billy, line 5).*

Martin’s story also showed his uncertainty over the support he would receive at his next school: “*I’m not really sure what the teachers should know about me at secondary school” (Martin, line 8).*

Martin further went on to explain why it would be helpful to for them to know about his diagnosis of ADHD. Martin labelled himself as ‘different’ from other children in his story and how he seeks understanding from others: *“It would be helpful if they knew about my diagnosis of ADHD. They would understand. They would know I am one of the different ones” (Martin, line 10).*

For P1, the transition to secondary school and the impact of his diagnosis of ADHD is something that will decided by someone else: *“I think my mum might tell them about my diagnosis of ADHD. I don’t know what she might tell them” (P1, line 45).*

4.11 Summary of Narrative Themes

The aim of this research was to explore the stories of children with a diagnosis of ADHD. Data collection and subsequent restoryed narratives provided three individual accounts of the stories shared by the participants. These were further explored to develop narrative themes found across the common storylines of the participants stories, which are summarised as follows:

- There was a lack of awareness of the diagnosis process and ADHD itself as a condition across the storied narratives. This included a lack of awareness of other perspectives of participant diagnosis.
- There were stories from pre-school that were emotive across participant narratives.
- Stories centred around learning and within the classroom were common. They included aspects of learning that were found difficult and the understandings of

why work was perceived as either easy or hard. This was often linked to the participant's perception of self as being either good or bad.

- Several support and known strategies were identified across the restoryed narratives; they referred to the atmosphere created by adults in the classroom and the relationships held by them.
- The restoryed narratives gave an insight into the Perception of Self held by the children with a diagnosis of ADHD with a common theme of uncertainties and worries.
- All of the restoryed narratives gave an insight into the CYP's interactions with others. The context of these interactions varied amongst the participants but demonstrated the impact of interactions in terms of hurting others, having a best friend, and issues outside of the classroom.
- The future was seen as uncertain across the restoryed narratives with a lack of knowledge surrounding future transitions or support for a diagnosis of ADHD.

Analysis led to answers to the research question of this research and some additional reflections. A surprising aspect was the lack of awareness or reference to medication or a medical discourse surrounding a diagnosis of ADHD from the participants. This, along with the rest of the data, will be further explored within Chapter Five.

4.12 Conclusion of Chapter Four

This chapter provided an overview of the narrative analysis used for this research. It presented the restoryed narratives for each participant and a commentary on the narrative themes and sub-themes found through their stories. Chapter Five will build upon this commentary with more detail and will discuss the findings in relation to their relevance to the literature discussed in Chapter Two along with theoretical underpinnings of this study.

Chapter Five: Discussion

5.1 Overview of Chapter

The first part of this chapter will give an overview of the findings of this research linking to relevant literature and psychological theory. The second part will provide a critical reflection of the research process and conclude this study.

5.2 The Findings

Through their relativist position, the researcher viewed each participant as having their own complex experience and understanding of ADHD diagnosis but with common storylines across the narratives. As discussed in Chapter Four, the themes were an exploration of aspects seen as emotive and holding meaning for the participants and are outlined in Table 8 below. They were therefore best placed to answer the central research question: ‘What are the stories of Children with a diagnosis of ADHD?’

Table 8

Summary of Identified Narrative Themes and Corresponding Sub-themes from the Restoryed Narratives

Narrative Theme	Sub-theme
Lack of awareness	Diagnosis and uncertainty Others’ understanding of a diagnosis
Emotive Pre-school memories	
Learning	Finding aspects difficult Perception of ‘easy vs hard’ work = ‘good vs bad’
Support and strategies	Atmosphere created by teachers Relationships with others
Perception of self	Worries
Interactions with others	Football Hurting others Having a best friend
An Uncertain Future	Life with a diagnosis of ADHD

5.2.1 Lack of Awareness

The narratives illustrated a vague and incomplete understanding of ADHD and a Lack of Awareness of the process of a diagnosis. Causation was not discussed nor were any links made between known symptoms attributed to ADHD and diagnosis. It suggests a position of ‘not knowing’ for the children in both personal diagnosis and understanding of others’ perspective. Positioning theory (Harré et al., 2009) explores how individuals position themselves and are positioned by others. In considering this, the result of being positioned by others (such as teachers, parents, etc.) is that individuals are positioned to act in certain ways. When viewed alongside the lack of literature identified in Chapter Two accessing solely the voice of CYP, this theme indicates a power imbalance between children’s understandings of their diagnosis and that of their parents or professionals supporting them.

5.2.1.1 Lack of Awareness and Medical Discourse. Travell and Visser (2006) found that there was no ‘one’ way in which CYP were diagnosed but once given, a medically focused pathway was typical. Medication usage in this current study was to be explored if and when participants chose to as part of their narrative. Only Martin’s narrative briefly referred to seeing a doctor and his story illustrated his uncertainty and lack of understanding of the process. This research did not seek to elicit views on ADHD medication from children. Instead, the aim was an exploration of stories that held meaning for them. The children in this research did not share any medical discourse. Given the contrast between the medical discourse of the literature review in Chapter Two with the findings of this study, an additional scoping review was conducted on 11 March 2021 in order to review the relevance of the literature in this area of lack of awareness (please refer to Appendix 17, which outlines the search terms used). The scoping review did not produce any relevant literature that explored CYP’s lack of awareness or understanding of a diagnosis of ADHD. This further highlights the lack of literature solely focused on the views and perceptions of CYP.

The researcher considered how children acquire an awareness or understanding of ADHD. Given the age of the participants, information is likely to be shared by their parents and the adults around them. Due to the medicalised context of ADHD, there are additional roles of paediatricians and clinical services. At some stage within this chain of people surrounding the participants, information has not been fully shared or understood to a point which creates meaning for the children. Honkasilta et al. (2016) noted that failing to discuss diagnoses with CYP can lead to a self-condemning perception of self and maladaptive ADHD identity. Bronfenbrenner's (1978) Ecological model further highlights how the development of children is influenced by the factors around them. Given the monetary and time constraints of the services supporting young people, further thought should be given to the understanding of ADHD that is passed between services and adults supporting children. If this is not adequate, then it is the young person at the centre that faces the potential consequences of a lack of information.

5.2.2 Stories of Learning

The stories frequently returned to learning (often referred to as 'work') and to the setting of the classroom. Central to this theme was the sub-theme of easy vs hard = good vs bad across all the storied narratives. This being the perceived ease of the work and how good the participant had been during that time period. Martin's story illustrated how his school behaviour policy reinforced that view. An interesting aspect was that the work was either perceived to be easy or hard for the participants with little reference to how or why that was. Their understanding of their behaviour often referenced to having been bad due to not completing set work.

Honkasilta et al.'s (2016) analysis of the complexities surrounding the discursive construct of ADHD found that CYP accounted for or attributed their behaviours, as either being due to an externalising medical condition (self-pathologizing), an internalised personal responsibility (self-condemning) or a socially imposed stereotype (self-liberating). In this current study, the participants often presented a self-condemning view of their behaviours in relation to being good or bad as in line with the Lack of Awareness theme. The Honkasilta et al. (2016) study found that CYP who viewed ADHD with self-condemnation, positioned themselves through first person singular form, ‘taking’ responsibility for their ADHD associated behaviours. None of the children in this current study attributed any difficulties with learning to their diagnosis of ADHD. Instead, it was this self-condemnation which proved dominant in their discourse. Lack of Awareness of ADHD as a condition may help to explain their self-condemnation stance as opposed to self-pathologizing or self-liberating when discussing difficulties with learning as the children in this study had very little understanding or awareness of ADHD. The self-condemnation stance provides an insight into the perceptions held (or not held) about diagnosis and the Stories of Learning.

5.2.3 Perception of Self

The Identity Positioning (Hiles, 2007; Bamberg, 2011) of participants within the story narrations provided an insight into how they constructed their own personal sense of self. It allowed them to make sense of, and give meaning, to their experiences during certain time periods. P1 shared times where he had been good or not being that good but lacked clarity about what entailed. This uncertainty over a definition of good or bad was a common storyline across all of the narratives but was often linked to the perceived ease of the work. Martin’s narrative gave an insight into how he had positioned himself as different from others and viewing himself as having a ‘short fuse’ and getting angry quickly. His confusion over a duration of being home-schooled led to him starting school with ‘worries’ and a sense of uncertainty. He alluded to periods of playing alone with a lack of interaction with others. He questioned his sense of belonging when starting his current school with worries and concerns about others looking at him. He did not consider himself to be ‘that guy’ who is able to give advice or support others.

Although Martin did not share his thoughts on his ADHD diagnosis or what it might mean within his story, he described himself as different from others. Rasmussen et al. (2018) explored CYP's experiences of receiving and living with a diagnosis of ADHD. Some of their participants felt the need to hide their diagnosis for fear of being viewed differently, perceiving diagnosis to have a stigmatising effect. Their accounts from childhood often included negative thoughts about themselves. Frustration and confusion potentially lead to feelings of low self-worth and self-esteem. Martin's narrative has several references to confusion and his Perception of Self suggests that he has lowered self-esteem. Self-concept refers to the perceptions held by an individual and how they view themselves as a person. This can include their views of their own competence and positive self-worth. Martin's experiences gave an insight into how he views himself and the complexities that can be associated with a diagnosis of ADHD. Avisar and Lavie-Ajayi (2014) refer to the 'burden' that diagnosis can bring to CYP and advocate that professionals and adults supporting CYP should be mindful of this.

A 2018 study by Padilla-Petry et al. explored perceptions of CYP with a diagnosis of ADHD in Spain. Despite individual explanations of diagnosis, all attributed ADHD as the causation for academic or social difficulties. In contrast, the children in this current research referenced being 'good or bad' and did not attribute any unwanted behaviours or difficulties explicitly to diagnosis. This may in part, be due to their Lack of Awareness of the condition. Padilla-Petry et al. (2018) found diagnosis was not always acknowledged with CYP continuing to receive the same consequences and punishments from adults. This brought a sense of injustice as CYP felt they were continuing to be viewed on the outward display of their behaviour as opposed to a consideration of the impact that their diagnosis had on them as individuals. Similarly, as with the self-condemnation discussion, the children in this current study gave no indication of any allowances (if any) that had been made due to their diagnosis of ADHD. In viewing the current literature in regard to perception of self, the researcher found multiple studies that reference Positive Illusory Bias (PIB) (Hoza et al., 2002), suggesting that CYP with a diagnosis of ADHD view themselves with higher self-perceptions of competence. The children in this current study challenge this within their perceptions of their academic performance as they attribute their difficulties to their own behaviours. Jiang and Johnston (2017) questioned the presence of PIB in boys with a diagnosis of ADHD and called for a review on the methodologies used within research in this area.

The relativist, social constructivist approach to this research focused on how children made sense and meaning of their interpretations of the world around them through how they told their stories. Part of this was to gain an insight into what the stories of children with a diagnosis of ADHD told us about them and the position they had adopted for themselves. In considering this with a Foucauldian lens, the language used by the children in this study was often described as ‘good or bad’ in terms of themselves. It illustrates the power that language has for CYP to create individual constructs and perceptions of their behaviour. The question is: where does this language come from?

In Chapter One, this research considered the debate between biological and social models of causation of ADHD. In Chapter Two, the literature review highlighted the heavily medical discourse surrounding ADHD. When considering a theoretical framework which incorporates positioning theory, the researcher was interested in how the debates and discourse surrounding ADHD impacted on children’s perceptions of their own diagnosis. The ‘good or bad’ language used across the participant’s narratives demonstrated a shared and common storyline in terms of their perceptions of their behaviour. Within a wider context, along with an awareness of Foucauldian thought, it sheds a light on the purpose and role of an ADHD diagnosis and how this impacts children’s individual perceptions of themselves. The construction of good or bad and links to discourse and power links to the self-condemning stance taken by the children in this study and provides an insight into the meanings that they have attributed to their experiences.

5.2.4 Support and Strategies

The children in this study shared experiences that demonstrated the meaning and emotion that they attribute to interactions and friendships and was in contrast to the heavy medical discourse of the literature review in Chapter Two. As part of the additional scoping review (Appendix 17) the literature in this area was further explored by the researcher. Jake's story in Dunne and Moore's (2011) case study stressed the importance of having a teacher who understood him. This supported both his development and sense of self. Central to this Support and Strategies theme was the atmosphere created in classrooms by adults. Research by Newlove-Delgado et al. (2018) suggested that the quality of relationships with professionals (such as teachers) was a key factor in perceptions of CYP with a diagnosis of ADHD. Across the narratives in this current research, enjoyable experiences were often linked to participant views of the teacher. Billy expressed the importance of humour in how it helped him to build a rapport with those working with him. Gibbs et al. (2016) suggested teachers were best placed to support CYP when knowledgeable about ADHD and promoting a positive ethos within their classrooms in both learning and interactions with peers.

The notion of help from adults and peers within the classroom was seen as a common strategy across the narratives. This help was not elaborated on by any of the participants nor any reference given to strategies explicitly linked to ADHD diagnosis. There was also little recognition of strategies or support in playground other than P1's story which highlighted difficulties faced with some of his peers and his strategy of taking a 'time out' to calm down. This theme suggests that the children in this study did not identify any support or strategies as being central to their stories. This may be in part due to them having had long-term support within the classroom and not recognising it as a particular strategy or that they may not have deemed any support as relevant to their story. CYP's perceptions of their achievements is important. A longitudinal study by Scholtens et al. (2013) found that high levels of ADHD symptoms in CYP began a cycle of low achievement which impacted on self-perception and how future life was negatively viewed.

5.2.5 Interactions with Others

All of the storied narratives shared experiences of positive and negative interactions with others. Billy's story discussed humour being an important element in helping to build his relationship with others. Martin's experience of a lack of interaction led to him feeling isolated and playing by himself in pre-school and these experiences may have contributed to his worries about starting school. Martin also discussed finding another child's behaviour in the classroom scary whilst missing a favourite teacher of his. All of these experiences and interactions with others will have contributed to his feelings of worries and uncertainty.

Negative interactions with certain individuals during games and, in particular when playing football, provided an interesting consideration of how participants are positioned (Harré et al., 2009) by other children or staff during playtime. Across the narratives there was no discussion of any support received for participants during playtime or within social interactions. Perceptions of other people's behaviour was a common storyline amongst the storied narratives. P1's problematic friendship with one of his peers was seen by him as the cause of him not being good during certain time periods of his story. Football was seen as both a source of joy and frustration for the participants. Regular disputes resulted in the game being banned for both Billy and Martin. Billy recognised some aspects of his actions which may have contributed to this and Martin reflected on the disadvantages of not having a referee during games. Normand et al. (2017) conducted a study into the behaviours associated with negative affect in the friendships of CYP with a diagnosis of ADHD. Within unstructured play, they found that negative appraisal of friends was most frequently associated with negative affect by CYP with a diagnosis of ADHD. Comparison CYP (without a diagnosis) expressed greater frustration regarding their own abilities rather than others. In this current study, others' actions were often attributed to the behaviours exhibited by the participants. Positive Illusory Bias (PIB) (Hoza et al., 2002) suggests that CYP with conditions such as ADHD can view themselves in an overly positive light. Given the contrast with lowered self-concept within the classroom within academic success, the presence of PIB within the children in this study could be viewed as a self-protective factor within the playground.

P1's story gave an insight into his positive experiences of friendship. When discussing his long-term best friend, he often smiled and excitedly shared their experiences. This friendship appeared to be a source of comfort and support at playtimes where he had also experienced negative interactions. His story demonstrated the significance of his long-term stable friendship and what it provided him as a protective factor. Mikami (2010) explored the friendships of CYP with a diagnosis of ADHD and the skills needed to maintain them. He stressed the importance of counteracting the negative consequences of peer rejection by supporting CYP to develop and maintain high-quality friendships.

Billy was the only participant who discussed having hurt others in his story. He did not elaborate on what 'hurt' meant, but shared that he felt different now. Due to these past experiences, Billy has an independent table in the classroom. This was an aspect of his restoryed narrative that he wanted to change. He no longer wanted to sit by himself as he wanted his peers to be able to speak to him. Billy's story provides an insight into how he is positioned by others (Harré et al., 2009) and the expectations of his behaviour. His restorying demonstrates how he reflected on this position after his hearing his restoryed narrative and determined that he wanted to make a change and no longer sit on his own in the classroom. His story implies that he had been positioned to act in a certain way and by hearing this narrative, he was able to reframe and change his perception of where he positioned himself and had been positioned by others. Hiles et al. (2017) proposed that abductive thinking can be used as a form of reasoning that helps individuals to make sense of dependant events. Chapter Three of this research discussed how abductive relates to the inferences that individuals make regarding everyday events. This helps them to make sense of and construct their narratives. Billy's showed signs of re-telling his story in a different way and this reframing opportunity allowed him to begin to explore his perceptions and make slight alternations within his narrative. This can lead to Billy feeling a sense of empowerment with the possibility of him reframing his narrative especially if he is supported in making these changes.

5.2.6 An Uncertain Future

All of the children in this study shared uncertainty over transitions to secondary school and their future beyond. Billy and P1 predicted harder work in Year 6 giving no consideration to secondary school. Only Martin had given this some thought and shared his worries. The sub-theme Life with a Diagnosis of ADHD included ambiguity over whether the participants' next school should have an awareness of their diagnosis of ADHD and indeed, what the school would do with that information. Billy was unsure if an awareness would be beneficial and concluded that it probably would not cause secondary school staff to do anything differently for him. He did, however, share that he would like support in not hurting others. This part of Billy's story gave an insight into his current perceptions of support and possibly how he views the role of the professionals around him.

There are key transition points within the UK educational system. The transition from primary to secondary school is the next significant point for the children in this study. The storied narratives alluded to the fact that this, as yet, has not been discussed with the children in this study. Or if it had, the discussion had not been remembered or deemed relevant to their narrative. Jake's Boy to Man case study by Dunne and Moore (2011) shed a light on his experiences of this transition point. He had felt unsupported and challenged during his years at secondary school and suggested that it represent the beginning of elements of support being 'lost' at each key transition point within his story. It highlighted the need for the adults and professionals supporting CYP with a diagnosis of ADHD to carefully consider transition points and the need for continued support and guidance. Across the storied narratives in this research, there was no recognition or understanding of what this next transition may bring in regard to support. Billy in particular, had assumed that nothing would be done differently to support him. A 2018 paper by Newlove-Delgado et al. explored child-adult services transitions to find that a lack of communication led to anxiety for the participants in their study. Often, the CYP wanted greater responsibility but were not prepared with the relevant information in order to take that on. As with the Lack of Awareness narrative theme in this research, the stories of the children in this current study do not shed any light on their understanding or perceptions of the preparation or information that they have had or will receive regarding their diagnosis or future transitions.

The uncertainty and ambiguity of this theme alludes to the perception of the participants of the adults and professionals around them. Martin’s story emphasised that it would be helpful for his secondary school staff to be aware of his diagnosis of ADHD. He felt that would help them to understand that he was ‘different’ from the others. For P1, the decision over what his secondary school would know was something that would be decided by his mother. Across the narratives, there was no sense of agency or autonomy shared in what the participant would be able to contribute to this process. The review of the current literature in Chapter Two concluded that parent views and preferences were dominant throughout the literature searches. The absence of CYP’s voices suggested a lack of control over the diagnosis and subsequent treatment for a diagnosis of ADHD. A 2018 study by Rasmussen et al. looking into CYP’s experiences of living with and receiving a diagnosis of ADHD highlighted their desire to be treated as individuals and not to be solely identified with their ADHD diagnosis. The children in this study were all primary school aged. Their need for greater control and independence may further be seen as they get older.

5.2.7 Summary of the Findings

The aim of this study was to explore the stories of children with a diagnosis of ADHD. The stories and subsequent narrative themes of this research suggest that the CYP with a diagnosis of ADHD have a lack of awareness of both their diagnosis and ADHD as a condition. This contributed to a good or bad perception of self and was further reflected during stories of learning. There was a lack of identified support or strategies other than the notion of help in the classroom. This lack of identified support was also evident in stories from the playground, where interactions with peers was seen as emotive across the storied narratives. The stories culminated in an uncertain future for the children in this study regarding life with a diagnosis of ADHD and suggested a lack of control or autonomy.

Positioning theory (Harré et al., 2009) can help to explain how CYP with diagnosis of ADHD in this study positioned themselves and were positioned by others. This is particularly in relation to the lack of awareness and perception of self themes amongst the participants and the position that they had adopted for themselves. Considering this from a Foucauldian perspective within a wider context allows an exploration of the debates surrounding ADHD. Although Foucauldian theory can typically be aligned with a social constructionist approach, there is value to its reference within the social constructivist stance of this current study. A diagnosis of ADHD has certain historical, political and social implications and expectations. The notion of governmentality and the classification of people as normal or abnormal or good vs bad can be viewed a form of social control. This suggestion of good vs bad and social control links to Foucault's (1977) framework of Panopticism (subjecting human beings to scrutiny and as a form of surveillance). We act and recognise good vs bad behaviours due to training through being a part of society. Moncrieff and Timimi (2013) suggest that ADHD recommendation and guidelines which endorse a medical discourse are not value-free. The dominant medical discourse and treatment of ADHD can be seen as disciplining CYP and correcting their behaviour to that of desired societal norms. Druedahn and Sporrong (2020) suggest that within a Foucauldian perspective, the promotion of medication usage can be viewed as intending to make individuals change their undesirable behaviours. They saw impact of power as being demonstrated through internalised self-monitoring and self-condemning by individuals who do not always adhere to the norms and through the subjectification of CYP with a diagnosis of ADHD. The discourse surrounding CYP impacts on their experiences and the meaning they attribute. These create the perceptions held and can be used to understand how the children in this study view themselves and their diagnosis of ADHD.

At this stage of the research, it is helpful to drawn upon Self-Determination Theory (SDT) by Deci and Ryan (2002). SDT proposes that the psychological needs of relatedness, autonomy and a sense of competence need to be met in order for people to have intrinsic motivation. In relating this to the stories of the children in this study, relatedness can be viewed in terms of a sense of belonging and connections with others. Martin spoke about his experiences of being isolated and his related worries throughout. Billy restoryed his narrative to include him no longer wanting to be sat of his own. A sense of competence is related to feeling confident. The participants' Perception of Self narrative theme alluded to a good vs bad perception held. Finally, this research suggests there was little sense of autonomy across the narratives in regard to their awareness of ADHD or within An Uncertain Future. In considering this within SDT, this research suggests that the children with a diagnosis of ADHD stories' demonstrate conditions which could lead to lowered intrinsic motivation. SDT proposes that this intrinsic motivation is needed for a person to feel in control of their life and personal fulfilment.

5.3 Critique of the Research

5.3.1 Strengths

As identified in Chapter Two, a gap in the existing literature led to an exploration of the stories of children with a diagnosis of ADHD in this current study. The researcher's position was influenced by Fox (2015), who advocated for EPs using the CoP (2014) to consider their position and reflect on the moral principles of beneficence, non-maleficence, autonomy and social justice that underpin their practice. The researcher believes that this current research allowed the children of this study to have a voice and share their stories which is the starting point for empowerment and promoting change for CYP.

5.3.2 Characteristics of the Participants

Whilst aiming to explore the stories of children with a diagnosis of ADHD, this study has done so in the context of male children from the same locality. The sample size of three, male participants, all came from a white, working class background and were recruited in the LA in which the researcher was placed as a TEP. This reflected the availability of participants in the recruitment phase of this study. Given the same locality, it would seem likely that their experiences of diagnosis followed a similar route. Whilst this is representative of the LA in which research was conducted it does not necessarily reflect the experiences of CYP with a diagnosis of ADHD across the UK. As discussed in Chapter One,

LAs vary in the way diagnosis is given and boys are more likely to receive a diagnosis of ADHD. The lack of identified female participants and their stories in this study reflects this. All of the participants were aged between 9 and 11. Initially, the recruiter had aimed to have a range of age groups but this was not possible due to delays in recruitment due to pandemic-related restrictions. It would have been interesting for the researcher to be able to have a range of stories from CYP at different stages of their schooling and life experiences. Additionally, CYP of an older age may have had more awareness of their diagnosis. As such, given the limitations in time and recruitment due to COVID-19, the researcher acknowledges that this exploration of CYP stories with a diagnosis of ADHD was limited to those of working-class males aged between 9-11.

5.3.3 Addressing Power Imbalances

Within any form of research, it is crucial to address the impact of potential power imbalances on the data. Given the theoretical underpinnings of this study being rooted in positioning and power, this area was of particular importance to the researcher. It was addressed in several ways:

- The researcher was introduced and referred to by their first name only. This helped to provide a separation between them and school staff who were all typically addressed by their title and surname. The researcher reflected that this helped to reduce the possibility of them being perceived as a figure of authority.
- The restorying 'member-check' phase of the research allowed for the participants to 'hear' their story and ensure that they were happy with the restoryed narrative.

5.3.4 Setting of the Interviews

All participants accessed a virtual interview from their school setting and were given a prompt sheet (Appendix 10) that outlined a typical journey through schooling. It is reasonable to assume that given the setting and context of the interview, responses and stories may have focused on school-based experiences. It would be interesting to consider any differences if interviews were conducted in a setting for example, at home or an ADHD clinic. Given one of the aims of this thesis: how an understanding of the stories of children with a diagnosis of ADHD can help to support EP practice; the researcher felt that the data gathered was appropriate and a reflection of the setting and context of the interviews.

5.3.5 Use of Unstructured Interviews

Within the unstructured interviews, the researcher used a prompt sheet (Appendix 10). It provided a guide to start a conversation organically and allowed participants to choose time periods or topics of their choosing. As the researcher avoided ask specific or leading questions, aspects of the participants' stories may not have been touched upon.

As outlined in Chapter Three, data detailing ADHD medication usage was not collected during the recruitment phase and no reference was made to it during the unstructured interviews. Participants in this study who may have taken ADHD medication either did not share this aspect, or have an awareness of it but feel it was not relevant to their story. Nevertheless, the 2018 study by Newlove-Delgado et al. found a strong link between medication and education with participants attributing their good concentration levels and ability to access the curriculum to their use of ADHD medication. The researcher in this study acknowledges that the stories in this research do not explore medication usage or its potential impact on children's schooling or concentration. However, this study was designed to explore the stories chosen by children to hold meaning to them and medication did not feature in any of the stories shared.

Other experiences may not have been shared due to conscious or unconscious reasons. The stories shared are particular to the context and time in which they are told. Another day or time may have produced an entirely different account. The stories within this research are the ones in which the children felt comfortable sharing within that given moment. For the researcher, this does not question the trustworthiness of the study. The aim of this research was to explore the stories of children with a diagnosis of ADHD. These were the experiences shared and they are an account of the participants stories at that time.

5.3.6 Use of a Narrative Approach

The stories within the narrative approach designed in this study are recognised by the researcher to be a co-construction between themselves and the participants. Indeed, the presence of the researcher and a recorded interview, will have influenced aspects shared by the participants. This co-construction contributed to a sense of apprehension from the researcher when they first began the analysis process and concerns over giving the stories “justice” or being an accurate representation of the participants. The design of the research and the use of ‘member checking’ and a reflexive approach to the study helped to eliminate some of these concerns. This will be further outlined below.

5.4 Future Research

The impact of medication usage would seemingly be a natural possibility to explore within future research. However, this aspect of a biological treatment for ADHD does not underpin the researcher’s motivations. Instead, current research could be further explored in several ways:

- The impact of variations in participant characteristics such as gender, race or class on the context of stories shared and explored.
- The Interactions with Others narrative theme provided a range of experiences from friendships to football. Future research could continue to explore the storylines from the narratives set within the playground.

5.5 Reflexivity

Reflexivity ensures critical reflection on a research process as a whole, requiring researchers to “position themselves” within it (Cresswell & Poth, 2013). The concept of reflexivity was explored in Chapter Three by the researcher. Potential personal biases or perceptions that could influence the data were reflected on throughout the process of this study. This was aided by:

- The use of a reflection diary by the researcher that was updated at each stage of the research process.
- Regular tutorials between the researcher and their academic tutor which provided a space for reflection and discussion of each stage of the research process.
- The use of unstructured interviews which explored the stories of the participants using their language, with a focus on the storylines they wanted to share.

- The reauthoring stage provided a good opportunity to ‘member check’ and ensure that the participants were happy with their restoryed narrative.

The remainder of this section highlights the steps and thought process of the researcher in order to maintain reflexivity. This is vital to ensure the trustworthiness, conformability and credibility of a study (Cresswell & Miller, 2000). Within this study, the data findings were reviewed by the researcher’s university academic supervisor. This helped to ensure coherence and truthfulness to the findings.

5.5.1 An Ethical Approach

At several points, the researcher returned to the ethical approval for this study in order to uphold working within an ethical approach. In line with this, several ethical responses were made throughout the research. These included:

- Ensuring anonymity. Apart from the initial parent/carer consent forms, the participant’s name was not used at any point. For collection, data transcription and storage purposes, all information was recorded as P1, P2 or P3. The children in this study were invited to choose a pseudonym if they so wished. All data was stored in line with requirements set in the UEL Data Management Plan (Appendix 9).
- Informed consent was a key ethical consideration for the researcher. At the start and beginning of each of the three sessions, the participants were reminded of the aim of the study, the process and what would happen with their data. They were invited to ask questions and reminded that they could stop or withdraw from the interviews at any point without having to give a reason.
- The researcher was conscious that the participants stories were not ‘ruptured’ by the research process (Clandinin & Connelly, 2000) or by being asked questions about ADHD that may have impacted on the importance that they attached to this label. As discussed in chapter three, a third session was conducted with each participant in order to share their narrative. The time elapsed between the two sessions allowed time for the participants to reflect or

ponder any questions. SENCos and parents were also given the contact details of the researcher in the event of any further questions or queries.

- The researcher was mindful of the potential risks to participants of any related implications in their stories which may have been upsetting or difficult to discuss. As a Trainee Educational Psychologist, the researcher was well equipped to recognise any potential indications of participant distress or reluctance to discuss a topic further. where the participants were showing any signs that did not want to discuss an element further. This was particularly relevant after the second session where the data was collected and when the restoryed narrative was shared with the participants.
- All participants were fully debriefed after each interview to ensure that knew who to speak to if they were feeling distressed or wanted to discuss anything further. Regular pauses were given throughout the interviews and the researcher ‘checked in’ frequently to ensure that the participants were still comfortable.

5.6 Impact of COVID-19 on the Research

This research cannot be concluded without exploring the relevance and impact of the COVID-19 pandemic. English school closures in March 2020 coincided with the start of the recruiting process. The researcher did not want to contact SENCos and school staff for ‘non-essential’ queries during an overwhelming and uncertain time period. As such, the researcher contacted schools at the start of the Autumn school term in September 2020 and participants were recruited over the following weeks. As previously discussed, this limited the time flexibility in this study to recruit a wider range of participant characteristics.

Within the use of virtual data collection, there were several issues:

- During P1’s first rapport building session, it became evident he was at the back of his classroom on a laptop. This was problematic as it reduced the quality of the session in terms of sound but also, it limited it being a confidential space for discussion so an additional session was arranged.

- All of the participants' schools were asked to provide a quiet and confidential space for sessions to take place. Due to school's own safeguarding procedures, this required an adult to be present with the participant in several of the interviews. The presence of an adult within the room may have impacted how comfortable the participants felt. For example, Billy at one point, began to describe his experiences of not liking a particular teacher. At this stage, another adult entered the room in which he was in and this halted him in his story. He may not have felt it was acceptable for him to continue discussing this aspect of his story. On reflection, the researcher, whilst acknowledging the limitations with virtual data collection, feels the central aim of this study was achieved. The stories of children with a diagnosis of ADHD were collected and explored. The aspects of the stories that were shared were those as chosen by the participants. Any probing or leading questions from the researcher would have influenced the stories that wanted to be told.
- The phrases "I don't know" and "I'm not really sure" were common across all three virtual interviews and subsequent restoryed narratives. This chapter explored these responses through the narrative theme of Lack of Awareness. This has also been addressed under critiques of the research and possibility of an impact of the use of medication. Another aspect is the use of virtual interviewing for data collection. As outlined in Chapter Three, each participant had three interviews with the first one being a 'rapport building' session. P1's first session went very well. He laughed a lot at the researcher's jokes and they drew and played Lego 'together' virtually. In his second interview, P1 was initially much more reserved and needed time to feel comfortable to share his story. As a former teacher and currently a TEP, the researcher has many years of experience supporting CYP and considering verbal and non-verbal

communication. However, this experience has all been face-to-face and both the researcher and the participants had to adapt to online discussions. For the participants, the interviews were some of their first experiences of virtual discussions with an adult within a school environment. The majority of the interviews took place in the Autumn term of 2020. The pandemic-related school closures in Spring 2021 produced increased experiences for children in terms of online learning. In addition, there are now increased opportunities available for working virtually such as online drawing tools that can be shared between screens. These are things, without the given time constraints of the delayed interviews, the researcher could have explored for the interviews that took place for this research.

As outlined in Chapter Three, due to pandemic-related restrictions, it was decided by the researcher to not include a pilot study. However, as previously discussed there were times where the participants had a lack of response to certain areas or did not elaborate on a particular point. A pilot study may have provided a space to explore how virtual interviews work and to experiment with technology and alternative ways of sharing screens and collecting data.

The impact of COVID-19 on the stories of children with a diagnosis of ADHD is uncertain. At the time of writing, schools in England are still closed for face-to-face teaching and there are long delays for ADHD assessments and medication reviews within the LA in which the researcher is placed. For the children in this study their ‘uncertain future’ theme across their narratives now has unexpected and additional pressures.

5.7 Impact on EP Practice

The research suggests several potential implications for EP practice. The theme of *Lack of Awareness* that was found across all three narratives suggests that the children with a diagnosis of ADHD had a lack of awareness and understanding of their diagnosis and of ADHD as a condition. The researcher’s position for this study was influenced by Fox (2015) who, as discussed in Chapter Three, advocated that EPs should reposition themselves within in their role to reflect the Code of Practice (2014). This was “to consider the importance of the four moral principles (beneficence, non-maleficence, autonomy and social justice) that underpin our position” (Fox, 2015 p. 383). The *Lack of Awareness* for the children with a diagnosis of ADHD suggests a lack of autonomy in the decisions that are made about them as they do not have a clear understanding of the diagnosis or the potential implications. When working with CYP with a diagnosis of ADHD, EPs have the opportunity to promote and support the autonomy of those that they are supporting. This is also linked to the moral principle of social justice and helping to ensure that there is fairness between those who understand the diagnoses that they receive and those who do not.

The Lack of Awareness positioning for the children in this research also has implications for the school staff who EPs work with. Due to the safeguarding procedures discussed in the previous section, a member of P1’s school staff was in the room for his final interview. This was the stage where he heard his story for the first time for restorying. At the end of the session, the member of the school staff commented that they had had “no idea” that P1 had “such little awareness” of his diagnosis of ADHD. She reflected to the researcher that it had made her “reconsider” her assumptions about working with CYP with a diagnosis of ADHD. As outlined in Chapter One, a CYP with a diagnosis of ADHD and their family can have several professionals that they are supported by or are working with. It is understandable that assumptions may be made about who is having these discussions with the YP and the level of understanding or awareness of the YP in regard to their diagnosis and its implications. The member of school staff’s reaction to hearing the restoryed narrative suggests that there may be a place for training for staff and working at a systemic level to promote change.

As discussed in chapter one, EPs are well placed to help provide greater understanding of the contextual factors in the behaviour of CYP. In the current context of schooling in the U.K, this can help to promote a reduction in child-deficit explanations of behaviour and support an approach which keeps CYP at the centre of the aims and outcomes.

5.7.1 Dissemination of the Research

Firstly, the researcher will be sharing key findings of this research with all of those involved in this process. An age-appropriate letter will be shared with the participants in September 2021 after the research viva has taken place. At the stage of data collection, several members of school staff of the participants commented that they would be keen to see the results of the research. This included the possibility of adapting the findings and presenting as part of staff INSET training on how to support CYP with a diagnosis of ADHD.

The L.A in which the researcher is on placement has an annual day in which it is anticipated (if COVID-19 restrictions permit) that they will share an overview of this research and its findings. Additionally, the university in which the researcher attends has an end-of-year research day where their findings will be shared with the tutor team and fellow TEPs. In terms of a wider context, the researcher hopes to submit an article for future publication.

5.8 Learning taken from the Research

This research has provided the researcher a journey in which learning has been taken at every stage. The process of conducting and writing research within a pandemic is not an easy task. However, this journey has allowed an exploration of the stories of children with a diagnosis of ADHD. The narrative themes found and the related psychological theory in terms of positioning and power provided a foundation in which to support EP practice when working and supporting CYP with a diagnosis of ADHD. In addition, this researcher has provided the researcher with an understanding of how to best further support CYP with *any* diagnosis.

Labels and diagnosis signify a journey and process for CYP and their families. Within this, there are greater debates in terms of medicalisation, power and authority.

This study has highlighted to the researcher the power and significance of the narratives told about this. The researcher began this research journey with a set of assumptions regarding the de-medicalisation of SEND for CYP which they acknowledged in Chapter One. This research and the stories explored, helped the researcher to consider their role and position when supporting a diagnosis related to SEND. Diagnosis and medical discourse surrounding CYP and SEND is prevalent. This research had helped the researcher to identify how they can use their role as an EP to empower CYP.

Certain aspects of the children in this study’s story have remained with the researcher: P1 and the friendship with his best friend and the way his face lit up every time he spoke about her; Martin and his ‘worries’ about learning and being shy or about not being ‘that guy’ who could offer any advice about a diagnosis of ADHD as he did not know what it meant; Billy and his awareness that he needed help to not hurt others but no longer wanting to sit by himself in class. The stories from these children were powerful to the researcher not just in terms of their significance to the research, but of the privilege that was felt in being able to hear and help co-construct these stories for the children in this study.

5.9 Conclusion of the Research

This research aimed to explore the stories of children with a diagnosis of ADHD within a literature field dominated by parental and school perspectives with a medical discourse. The lack of any reference to medication or medical discourse is an interesting aspect of this research. Within the dominant medical discourse context of ADHD diagnosis, the stories in this study helped to explore the perceptions and meanings held by children. This chapter has discussed and highlighted in the findings, the need for children with a diagnosis of ADHD to be given an awareness and understanding of their diagnosis and the implications it may have in terms of their support, schooling, interactions and future experiences. The children in this study generously gave their time and stories for exploration. In ending this research, the researcher would like to share a quote by P1 who, when listening to his restoryed narrative, exclaimed: “That sounds just like me!”

References

ADHD Foundation: The Neurodiversity Charity. (2021). *Neurodiversity Celebration Week 2021.* https://adhdfoundation.org.uk/2021/03/15/neurodiversity-celebration-week-2021/.

American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). American Psychiatric Publishing.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). American Psychiatric Publishing.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (4th ed.). American Psychiatric Publishing.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Andrews, M., Squire, C., & Tamboukou, M. (2013). *Doing narrative research.* Sage Publications.

Atkinson, P. (1997). Narrative turn or blind alley? *Qualitative Health Research*, *7*(3), 325–344.

Avisar, A., & Lavie-Ajayi, M. (2014). The burden of treatment: Listening to stories of adolescents with ADHD about stimulant medication use. *Ethical Human Psychology and Psychiatry*, *16*(1), 37–50. https://doi.org/10.1891/1559-4343.16.1.37

Bamberg, M. (2011). Who am I? Narration and its contribution to self and identity. *Theory & Psychology*, *21*(1), 3–24.

Barkley, R. (1997). Behavioral inhibition, sustained attention, and executive functions: Constructing a unifying theory of ADHD. *Psychological Bulletin*, *121*(1), 65–94.

Baumeister, A., & Hawkins, M. (2001). Incoherence of neuroimaging studies of Attention Deficit/Hyperactivity Disorder. *Clinical Neuropharmacology*, *24*(1), 2–10.

Biederman, J., & Faraone, S. V. (2005). Attention-Deficit Hyperactivity Disorder. *Lancet (London, England)*, *366*(9481), 237–248.

Braun, V., & Clarke, V. (2013). *Successful qualitative research*. SAGE.

British Psychological Society (BPS). (2018). *Code of ethics and conduct*. BPS.

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.

Charach, A., Yeung, E., Volpe, T., Goodale, T., & dosReis, S. (2014). Exploring stimulant treatment in ADHD: Narratives of young adolescents and their parents. *BMC Psychiatry*, *14*(1). https://doi.org/10.1186/1471-244x-14-110

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* Jossey-Bass.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practices, 39*(3), 124–130.

Creswell, J., & Poth, C. (2013). *Qualitative inquiry & research design*. Sage Publications.

Creswell, J., & Poth, C. (2018). *Qualitative inquiry & research design*: *Choosing among five approaches* (4th ed.). Sage Publications.

Critical Appraisal Skills Programme UK. (2018). *CASP checklists.* https://casp-uk.net/casp-tools-checklists/

Deci, E. L., & Ryan, R. M. (2002). *Handbook of self-determination research*. University of Rochester Press.

Department for Education (DfE). (2015). *SEND code of practice: 0 to 25 years*. https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Druedahl, L., & Kälvemark Sporrong, S. (2020). More than meets the eye: A Foucauldian perspective on treating ADHD with medicine. *Research in Social and Administrative Pharmacy*, *16*(9), 1201–1207. https://doi.org/10.1016/j.sapharm.2019.12.008

Dunne, L., & Moore, A. (2011). From boy to man: A personal story of ADHD. *Emotional and Behavioural Difficulties*, *16*(4), 351–364. https://doi.org/10.1080/13632752.2011.616339

Efron, D., Bryson, H., Lycett, K., & Sciberras, E. (2016). Children referred for evaluation for ADHD: Comorbidity profiles and characteristics associated with a positive diagnosis. *Child: Care, Health and Development*, *42*(5), 718–724.

Faraone, S. V., & Doyle, A. E. (2001). The nature and heritability of attention-deficit/hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America*, *10*(2), 299–ix.

Frigerio, A., Montali, L., & Fine, M. (2013). Attention Deficit/Hyperactivity Disorder blame game: A study on the positioning of professionals, teachers and parents. *Health: An Interdisciplinary Journal for The Social Study of Health, Illness and Medicine*, *17*(6), 584–604. https://doi.org/10.1177/1363459312472083

Foucault, M. (1977). *Discipline and punish: The birth of the prison*. Vintage.

Foucault, M. (2003). Governmentality. In P. Rainbow & N. Rose (Eds.), *The essential Foucault: Selections from the essential works of Foucault 1954–1984* (pp. 201-222). The New Press.

Fox, M. (2015). 'What sort of person ought I to be?' – Repositioning EPs in light of the Children and Families Bill (2013). *Educational Psychology in Practice*, *31*(4), 382–396.

Freire, P. (2013). *Pedagogy of the oppressed*. Bloomsbury Publishing.
Gergen, K. (2015). *An invitation to social construction* (3rd ed.). Sage.

Gibbs, K., Mercer, K., & Carrington, S. (2016). The schooling experience of adolescent boys with AD/HD: An Australian case study. *International Journal of Disability, Development and Education*, *63*(6), 608–622. https://doi.org/10.1080/1034912x.2016.1164302

Gough, D. (2007). Weight of evidence: A framework for the appraisal of the quality and relevance of evidence. *Research Papers in Education*, *22*(2), 213–228. https://doi.org/10.1080/02671520701296189

Guba, E. (1990). *The paradigm dialog*. Sage.

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication and Technology, 30*(4), 233–252.

Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 191–215). Sage Publications Ltd.

Harré, R., Moghaddam, F., Cairnie, T., Rothbart, D., & Sabat, S. (2009). Recent advances in positioning theory. *Theory & Psychology*, *19*(1), 5–31.

Harris G., & Carey, B. (2008, November 5). Research centre tied to drug company. *The New York Times*. http://www.nytimes.com/2008/11/25/health/25psych.html

Hiles, D., Ermk, I., & Chrz, V. (2017). Narrative inquiry. In C. Willig & W. Rogers (Eds.), *The SAGE Handbook of qualitative research in psychology* (pp. 157–175). SAGE Publications Ltd.

Hiles, D. R. (2007). Identity positioning: Narrative analysis of Sjuzet and Fabula. In D. Robinson, N. Kelly, & K. Milnes (Eds.), *Narrative and memory* (pp.157-175). University of Huddersfield Press.

Hiles, D. R., Čermák, I., & Chrz, V. (2010). Exploring narrative intelligence with NOI. In D. Robinson., P. Fisher., T. Yeadon Lee., S.J. Robinson., & P. Woodcock (Eds). *Narrative and memory* (pp. 33-41). University of Huddersfield Press.

Hill, V. C., & Turner, H. (2016). Educational psychologists' perspectives on the medicalisation of childhood behaviour: A focus on Attention Deficit Hyperactive Disorder (ADHD). *Educational & Child Psychology*, *33*(2), 12–29.

Honkasilta, J., Vehmas, S., & Vehkakoski, T. (2016). Self-pathologizing, self-condemning, self-liberating: Youths' accounts of their ADHD-related behavior. *Social Science & Medicine*, *150*, 248–255. https://doi.org/10.1016/j.socscimed.2015.12.030

Hoza, B., Pelham, Jr., W. E., Dobbs, J., Owens, J. S., & Pillow, D. R. (2002). Do boys with Attention Deficit/Hyperactivity Disorder have positive illusory self-concepts? *Journal of Abnormal Psychology*, *111*, 268–278.

Jiang, Y., & Johnston, C. (2016). Controlled social interaction tasks to measure self-perceptions: No evidence of positive illusions in boys with ADHD. *Journal of Abnormal Child Psychology*, *45*(6), 1051–1062. https://doi.org/10.1007/s10802-016-0232-y

Johnson, K. A., Wiersema, J. R., & Kuntsi, J. (2009). What would Karl Popper say? Are current psychological theories of ADHD falsifiable? *Behavioral and Brain Functions*, *5*(1), 15.

Kendall, L. (2016). 'The teacher said I'm thick!' Experiences of children with Attention Deficit Hyperactivity Disorder within a school setting. *Support for Learning*, *31*(2), 122–137. https://doi.org/10.1111/1467-9604.12121

Lange, K. W., Reichl, S., Lange, K. M., Tucha, L., & Tucha, O. (2010). The history of Attention Deficit Hyperactivity Disorder. *Attention Deficit and Hyperactivity Disorders*, *2*(4), 241–255.

Laufer, M. W., Denhoff, E., & Solomons, G. (1957). Hyperkinetic Impulse Disorder in children's behavior problems. *Psychosomatic Medicine, 19,* 38–49.

Lieblich, A., Tural-Mashiach, R., & Zibler, T. (1998). *Narrative research: Reading, analysis & interpretation.* Sage Publications.

Mikami, A. (2010). The importance of friendship for youth with Attention-Deficit/Hyperactivity Disorder. *Clinical Child and Family Psychology Review*, *13*(2), 181–198. https://doi.org/10.1007/s10567-010-0067-y

Moncrieff, J., Rapley, M., & Timimi, S. (2014). The construction of psychiatric diagnoses: The case of adult ADHD. In E. Speed, J. Moncrieff, & M. Rapley (Eds.), *De-medicalizing misery II: Society, politics and the mental health industry* (pp. 76-88). Palgrave Macmillan.

Moncrieff, J., & Timimi, S. (2013). The social and cultural construction of psychiatric knowledge: An analysis of NICE guidelines on depression and

ADHD. *Anthropology & Medicine*, *20*(1), 59–71. https://doi.org/10.1080/13648470.2012.747591

Morgan, K. (2016). *Coaching cards for children.* Barefoot Coaching.

Murray, M. (2015). Narrative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed.) (pp. 85–107). Sage.

National Health Service. (30 May 2018). *Attention Deficit Hyperactivity Disorder* (ADHD). http://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder/

National Institute for Health and Care Excellence. (2019). *Attention Deficit Disorder.* https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/attention-deficit-disorder

Newlove-Delgado, T., Ford, T., Stein, K., & Garside, R. (2018). 'You're 18 now, goodbye': The experiences of young people with Attention Deficit Hyperactivity Disorder of the transition from child to adult services. *Emotional and Behavioural Difficulties*, *23*(3), 296–309. https://doi.org/10.1080/13632752.2018.1461476

Normand, S., Ambrosoli, J., Guiet, J., Soucisse, M. M., Schneider, B., Maisonneuve, M., Lee, M. D., & Tassi, F. (2017). Behaviors associated with negative affect in the friendships of children with ADHD: An exploratory study. *Psychiatry Research*, *247*, 222–224. https://doi.org/10.1016/j.psychres.2016.11.041

Ochs, E., & Capps, L. (2001). *Living narrative: Creating lives in everyday storytelling*. Harvard University Press.

Ollerenshaw, J. A., & Creswell, J. W. (2002). Narrative research: A comparison of two restorying data analysis approaches. *Qualitative Inquiry*, 8(3), 329–347.

Padilla-Petry, P., Soria-Albert, C., & Vadeboncoeur, J. (2018). Experiencing disability in the school context: Voices of young people diagnosed with ADHD in Spain. *International Education Studies*, *11*(8), 79. https://doi.org/10.5539/ies.v11n8p79

Polkinghorne, D. (1995). Narrative configuration in qualitative analysis. In J. A. Hatch & R. Wisniewski (Eds.), *Life history and narrative* (pp. 5–22). Routledge.

Rafalovich, A. (2001). Disciplining domesticity: Framing the ADHD parent and child. *The Sociological Quarterly, 42*(3), 373–393. http://www.jstor.org/stable/4121315

Rasmussen, I. L., Undheim A. M., Aldridge-Waddon, L., & Young, S. (2018). Just being a kid, or an ADHD kid? A qualitative study of on how young people experience receiving and living with a diagnosis of Attention Deficit Hyperactivity Disorder. *Journal of Psychiatry and Cognitive Behavior*, *139*(1), 1–11. https://doi.org/10.29011/2574-7762. 000039

Robson, C., & McCartan, K. (2016). *Real world research* (4th ed.). Wiley.

Sarbin, T. R. (1986). The narrative as a root metaphor for psychology. In T. R. Sarbin (Ed.), *Narrative psychology* (pp. 3–21). Praeger.

Scholtens, S., Rydell, A., & Yang-Wallentin, F. (2013). ADHD symptoms, academic achievement, self-perception of academic competence and future orientation: A longitudinal study. *Scandinavian Journal of Psychology*, *54*(3), 205–212. https://doi.org/10.1111/sjop.12042

Smith, M. (2014). The hyperactive state: ADHD in historical perspective. In E. Speed, J. Moncrieff, & M. Rapley (Eds.), *De-medicalizing misery II: Society, politics and the mental health industry* (pp. 89–104). Palgrave Macmillan.

Still, G. F. (1902). Some abnormal psychical conditions in children: The goulstonian lectures. *Lancet*, *1*, 1008–1012.

Timimi, S. (2010). The McDonaldization of childhood: Children’s mental health in neo-liberal market cultures. *Transcultural Psychiatry*, *47*(5), 686–706. https://doi.org/10.1177/1363461510381158

Travell, C. & Visser, J. (2006). ‘ADHD does bad stuff to you’: Young people's and parents' experiences and perceptions of Attention Deficit Hyperactivity Disorder (ADHD). *Emotional and Behavioural Difficulties*, *11*(3), 205–216. https://doi.org/10.1080/13632750600833924

UK ADHD partnership. (2016). *Building better futures for children with ADHD: ADHD and exclusions in schools*. http://www.ukadhd.com/adhd-and-exclusion-in-schools.htm

Visser, J., & Jehan, Z. (2009). ADHD: A scientific fact or a factual opinion? A critique of the veracity of Attention Deficit Hyperactivity Disorder. *Emotional and Behavioural Difficulties*, *14*(2), 127–140.

Willcutt, E., Doyle, A., Nigg, J., Faraone, S., & Pennington, B. (2005). Validity of the executive function theory of Attention-Deficit/Hyperactivity Disorder: A meta-analytic review. *Biological Psychiatry*, *57*(11), 1336-46.

World Health Organization (WHO). (2018). *The ICD-11 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. https://www.who.int/standards/classifications/classification-of-diseases.

Appendix 1: Full Breakdown of Search Terms Used and Results Found

Search 1											
Database	**Search term 1** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason (titles read)**	**Articles identified through other sources e.g. hand search**	**Total no. of full text articles identified for review (abbreviated paper title)**	**Articles excluded with reasons.**	**Total no. of articles included in the review.**
EBSCO (Academic Research Complete, Education research complete, ERIC, APA PsychINFO)	DE "Attention Deficit Disorder with Hyperactivity" AND stories AND (child or “young person” or pupil or student or adolescent)	187	2010-2020 Academic journal English language	54	Papers that seek the views or experiences of children or young people with a diagnosis of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	51 Not directly linked to CYP experience of ADHD = 25 Main focus not on ADHD = 20 Medical focus = 6	2	5 You’re 18 now goodbye. Burden of treatment From boy to man ADHD does bad stuff to you Exploring stimulant treatment.	0	5

Database	Search term 1 13.07.20	Initial no. of results	Filters	No. of articles found	Inclusion criteria (manual screening)	Exclusion criteria (manual screening)	Articles excluded with reason (titles read)	Articles identified through other sources e.g. hand search	Total no. of full text articles identified for review	Articles excluded with reasons.	Total no. of articles included in the review.
SCOPUS	ADHD AND stories AND (child or "young person" or pupil or student or adolescent)	127	2010-2020 academic journal English language Psychology	35	Papers that seek the views or experiences of children or young people with a diagnosis of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	35 Not directly linked to CYP experience of ADHD = 11 Already identified & screened = 15 Main focus not on ADHD = 9	0	0	0	0

Database	**Search term 1** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason (titles read)**	**Articles identified through other sources e.g. hand search**	**Total no. of full text articles identified for review (abbreviated paper title)**	**Articles excluded with reasons.**	**Total no. of articles included in the review.**
Google Scholar (1st two pages of results)	ADHD and stories and (child or “young person” or pupil or student or adolescent)	20	2010-2020 Full text available Academic journal English language	15	Papers that seek the views or experiences of children or young people with a diagnosis of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	13 Not directly linked to CYP experience of ADHD = 2 Already identified = 2 Main focus not on ADHD = 9	2	4 Voices in Spain Just being a kid or ADHD kid? Self-pathologizing Aus case study	0	4
Search 2											
Database	**Search term 2** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason**	**Articles identified through other**	**Total no. of articles identified for review**	**Articles excluded with reasons.**	**Total no. of articles included**

								sources e.g. hand search	**(abbreviated paper title)**		**in the review.**
Education research complete, ERIC, APA PsychINFO	DE "Attention Deficit Disorder with Hyperactivity" AND narrative	211	2010-2020 Academic journal English language	91	Papers that seek the views or experiences of children or young people with a diagnosis or label of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experience or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	88 Not directly linked to CYP experience of ADHD = 41 Already identified = 13 Main focus not on ADHD = 31 Medical focus = 3	2	5 The teacher almost made me cry Group narrative therapy Beliefs about ADHD Children's attitudes Counter narratives	0	5
Database	**Search term 2** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason (titles read)**	**Articles identified through other sources e.g. hand search**	**Total no. of full text articles identified for review**	**Articles excluded with reasons.**	**Total no. of articles included in the review.**
SCOPUS	ADHD AND narrative	213	2010-2020	47	Papers that seek the views or experiences	Papers that do not directly draw upon	47 Not directly linked to CYP	0	0	0	0

			English language Psychology		of children or young people with a diagnosis or label of ADHD. Age 4-19	or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	experience of ADHD = 24 Main focus not on ADHD = 16 Medical focus = 7				
Database	**Search term 2** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason (titles read)**	**Articles identified through other sources e.g. hand search**	**Total no. of full text articles identified for review**	**Articles excluded with reasons.**	**Total no. of articles included in the review.**
Google Scholar (1st two pages of results)	ADHD AND (“narrative analysis” OR narrative)	20	2010-2020 Academic journal English language	20	Papers that seek the views or experiences of children or young people with a diagnosis or label of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD.	20 Not directly linked to CYP experience of ADHD = 8 Already identified & screened = 10	0	0	0	0

						Papers that were focused on the impact of medication.	Main focus not on ADHD = 2				
Search 3											
Database	**Search term 3** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason**	**Articles identified through other sources e.g. hand search**	**Total no. of articles identified for review (abbreviated paper title)**	**Articles excluded with reasons**	**Total no. of articles included in the review.**
Education research complete, ERIC, APA PsychINFO 13.07.20	DE "Attention Deficit Disorder with Hyperactivity" AND (child or “young person” or pupil or student or adolescent) AND (experiences or perception or voice or beliefs or view) and diagnosis	432	2010-2020 Academic journal English language	153	Papers that seek the views or experiences of children or young people with a diagnosis or label of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact	150 Not directly linked to CYP experience of ADHD =64 Already identified & screened = 14 Main focus not on ADHD = 47	0	3 Teacher said I’m thick Hong Kong experience Disorder of anger and aggression	0	3

	and (school or education)					of medication.	Medical focus = 25				
Database	**Search term 3** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason (titles read)**	**Articles identified through other sources e.g. hand search**	**Total no. of full text articles identified for review**	**Articles excluded with reasons.**	**Total no. of articles included in the review.**
SCOPUS	ADHD AND (child or "young person" or pupil or student or adolescent) AND (experiences or perception or voice or beliefs or view) and diagnosis and (school or education)	354	2010-2020 Academic journal English language Psychology	59	Papers that seek the views or experiences of children or young people with a diagnosis or label of ADHD. 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	59 Not directly linked to CYP experience of ADHD = 19 Already identified & screened = 23 Main focus not on ADHD = 12 Medical focus = 5	0	0	0	0

Database	**Search term 3** 13.07.20	**Initial no. of results**	**Filters**	**No. of articles found**	**Inclusion criteria (manual screening)**	**Exclusion criteria (manual screening)**	**Articles excluded with reason (titles read)**	**Articles identified through other sources e.g. hand search**	**Total no. of full text articles identified for review**	**Articles excluded with reasons.**	**Total no. of articles included in the review.**
Google Scholar (1st two pages of results)	ADHD AND (child or "young person" or pupil or student or adolescent) AND (experiences or perception or voice or beliefs or view) and diagnosis and (school or education)	20	2010-2020 Academic journal English language	8	Papers that seek the views or experiences of children or young people with a diagnosis or label of ADHD. Age 4-19	Papers that do not directly draw upon or seek the experiences or views of children or young people with a diagnosis of ADHD. Papers that were focused on the impact of medication.	8 Not directly linked to CYP experience of ADHD = 2 Already identified = 1 Main focus not on ADHD = 5	0	0	0	0

Appendix 2: Assessment of Each Article Found from Search

Search 1							
	Title & author(s)	**Location**	**Methodology**	**Main findings/outcomes**	**Include/ exclude**	**Justification**	**Relevance to my research**
1	Newlove-Delgado, T., Ford, T., Stein, K., & Garside, R. (2018). 'You're 18 now, goodbye': the experiences of young people with attention deficit hyperactivity disorder of the transition from child to adult services. *Emotional and Behavioural Difficulties*, *23*(3), 296-309.	U.K	Qualitative Semi-structured interviews Thematic analysis 7 participants 17-19	The aim of this study was to explore the experiences of transition from child to adult service of young people with ADHD in Southwest England. Four key themes were identified: professionals' roles and relationships with young people; the role of ADHD medication, uncertainties around transition and medication management, and identified needs and increasing independence.	Include	Meets inclusion criteria	Role of professionals around CYP – view of individual CYP.
2	Avisar, A., & Lavie-Ajayi, M. (2014). The Burden of Treatment: Listening to Stories of Adolescents with ADHD About Stimulant Medication Use. *Ethical Human Psychology and Psychiatry*, *16*(1), 37-50.	Israel	Qualitative study. Semi-structured interviews. 14 participants 8 males 6 females 12.5-16.5 years old. IPA	Exploring the experiences of using stimulant medication from the perspective of adolescents. Themes: The process of diagnosis. The experience of taking medication. -effect on identity, sense of self and interpersonal relationships. The withdrawal processes	Include	Meets inclusion criteria	Stories will include CYP who are on medication – what's the impact of this?
3	Dunne, L., & Moore, A. (2011). From boy to man: a personal story of	U.K	Narrative research approach	Aim was not to offer generalisations or to represent/interpret Jake's story.	Include	Meets inclusion criteria.	Rationale for use of narrative and importance of

	ADHD. *Emotional and Behavioural Difficulties*, *16*(4), 351-364.		Unstructured interview Use of ‘life history line’ to initiate his personal narrative. 1 boy 19 years old	His narrative suggests he was well supported at primary school but at each transitional stage he lost ‘something’ of support that was not replaced.			individual CYP voice.
4	Travell, C. & Visser, J. (2006). ‘ADHD does bad stuff to you’: young people's and parents' experiences and perceptions of Attention Deficit Hyperactivity Disorder (ADHD). *Emotional and Behavioural Difficulties*, *11*(3), 205-216.	U.K	Qualitative Semi-structured interviews Analysed using ‘constant comparative’ Glaser & Strauss (1967).	Examination of the longer-term outcomes of dx and treatment of ADHD – views of CYP and their parents. Particular focus on the efficacy of med. Main themes - 1. The symptoms of ADHD and their consequences. 2. The process of diagnosis and treatment. 3. Interventions. 4. A personal diagnosis. 5. Participation and Voice.	Include	Meets inclusion criteria.	No ‘textbook’ experience of dx – each story different. Biological explanation given to CYP. Does this reflect a systemic approach?
5	Charach, A., Yeung, E., Volpe, T., Goodale, T., & dosReis, S. (2014). Exploring stimulant treatment in ADHD: narratives of young adolescents and their parents. *BMC Psychiatry*, *14*(1).	Canada	Qualitative interviews 12 participants 12-15 years old Analysed using interpretive interactionist framework.	CYP - three themes describing ADHD: 1) personality trait, 2) physical condition or disorder, and 3) minor issue or concern. Regarding medication use, youth described 1) benefits, 2) changes in sense of self, 3) adverse effects, and 4) desire to discontinue use. Parents - Themes were 1) medication as a last resort, 2)	Include	Meets inclusion criteria.	Justification for narrative- CYP view was more varied than parents.

				allowing the child to reach his or her potential; and 3) concerns about adverse and long-term effects. CYP had different views than their parents. Parent view homogenous.			
6	Padilla-Petry, P., Soria-Albert, C., & Vadeboncoeur, J. (2018). Experiencing Disability in the School Context: Voices of Young People Diagnosed with ADHD in Spain. *International Education Studies*, *11*(8), 79.	Spain	Qualitative Semi-structured interviews. 10 participants 11-18 years old Interviews conducted in Catalan Thematic analysis	Study found that CYP tended to reproduce the typical psychiatric discourse on ADHD but they also produced their own explanation of ADHD and of the effects of being labelled with ADHD on their lives in school. Results highlight both the school's role in advocating for a diagnosis of ADHD and the lack of an adequate instructional response for students once they have been diagnosed.	Include	Meets inclusion criteria.	Youth voice
7	Rasmussen, I, L., Undheim A, M., Aldridge-Waddon, L., & Young, S. (2018). Just being a kid, or an ADHD kid? A qualitative study of on how young people experience receiving and living with a diagnosis of Attention Deficit Hyperactivity Disorder. *Journal of Psychiatry and Cognitive Behavior*. 139 (1).	Norway	Qualitative Semi-structured interviews. 8 participants Systematic text condensation	Aim – to examine how CYP experience living with and receiving a diagnosis of ADHD over an 8-year time period. Themes – self-esteem, normalization and maturation emerged. CYP wanted to be treated equally without special interventions in schools as it makes them feel different.	Include	Meets inclusion criteria.	Lived experiences of CYP with a diagnosis of ADHD.
8	Honkasilta, J., Vehmas, S., & Vehkakoski, T. (2016). Self-pathologizing, self-	Finland, Europe	Qualitative 13 participants	The participants accounted their behaviour to:	Include	Meets inclusion criteria –	

	condemning, self-liberating: Youths' accounts of their ADHD-related behavior. *Social Science & Medicine*, *150*, 248-255.		11-16 Discourse analysis	1. externalising personal responsibility due to a compelling medical condition. 2. internalising personal responsibility through moral self-condemnation and 3. distancing oneself from the socially imposed stereotypes and stigmas related to ADHD. Challenges main discourse surrounding ADHD and how it is constructed in CYP's lives.		lived experiences of CYP with ADHD.	
9	Gibbs, K., Mercer, K., & Carrington, S. (2016). The Schooling Experience of Adolescent Boys with AD/HD: An Australian Case Study. *International Journal of Disability, Development and Education*, *63*(6), 608-622.	Australia	Qualitative Case study Semi-structured interview/ focus group interviews over 2 years Nvivo software used to analyse.	Aim of the study was to explore the schooling experience of six adolescent boys from the perspective of the boys, their parents and their teachers. Findings suggest taking medication as prescribed together with supporting the students to make and manage friendships, utilising classroom strategies that support learning, and providing an engaging classroom environment are important considerations to promote a positive schooling experience for adolescents with AD/HD.	Include	Meets inclusion criteria.	Lived experience of boys with ADHD

Search 2							
	Title & author(s)	**Location**	**Methodology**	**Main findings/outcomes**	**Include/ exclude**	**Justification**	**Relevance to my research**
1	Honkasilta, J., Vehkakoski, T., & Vehmas, S. (2016). 'The teacher almost made me cry' Narrative analysis of teachers' reactive classroom management strategies as reported by students diagnosed with ADHD. *Teaching and Teacher Education*, *55*, 100-109.	Finland	Qualitative approach Semi-structured interviews 13 CYP 11 boys 2 girls 11-16 years old. Narrative approach to analyse the data.	Aims: 1. How CYP with a diagnosis of ADHD narrate teachers' reactive classroom management strategies. 2. How do CYP position themselves and their teachers in these narratives. Narratives of disproportionate sanctions. Narratives of traumatising sanctions. Narratives of teacher neglect. Narratives of unfair sanctions. Narratives of teachers' understanding behaviour.	Exclude	Does not meet inclusion criteria. ADHD only referred to twice. Main focus on teaching styles. Does not fully explore the lived experience of CYP.	
2	Looyeh, M., Kamali, K., & Shafieian, R. (2012). An Exploratory Study of the Effectiveness of Group Narrative Therapy on the School Behavior of Girls with Attention-Deficit/Hyperactivity Symptoms. *Archives of Psychiatric Nursing*, *26*(5), 404-410.	Iran	12 sessions of narrative therapy, twice weekly, 60 minutes with homework in between. 2 groups Treatment group (3) Control group (4) CSI-4 Behaviour ratings provided before and after by teachers (not aware of intervention)	Exploring the effectiveness of a group narrative therapy for improving the school behaviour of girls with ADHD. Results suggest that narrative therapy is a viable intervention for improving the behavior of girls with ADHD.	Exclude	Does not meet inclusion criteria. Main focus on the intervention rather than lived experiences.	

3	Gajaria, A., Yeung, E., Goodale, T., & Charach, A. (2011). Beliefs About Attention-Deficit/Hyperactivity Disorder and Response to Stereotypes: Youth Postings in Facebook Groups. *Journal of Adolescent Health*, *49*(1), 15-20.	Canada	Ethnographic content analysis Used 25 English language Facebook groups with ADHD in the title and with administration through educational setting. Postings from 01.09.06 – 30.04.07	Aim: to examine how CYP with ADHD view themselves in the context of their disorder. The dominant theme that was identified (202 of 479 coded items) concerned the collective construction of a positive group identity.	Exclude	Does not fully meet inclusion criteria. Data from pre-2010 and does not focus on lived experiences of CYP with a diagnosis of ADHD.	
4	Kendall, J., Hatton, D., Beckett, A., & Leo, M. (2003). Children's Accounts of Attention-Deficit/Hyperactivity Disorder. *Advances in Nursing Science*, *26*(2), 114-130.	U.S.A	Qualitative study. 39 In-depth semi-structured interviews. Subset from large mixed-method study of 157 families with CYP with ADHD.	ADHD embedded in controversy a) myth b) behavioral disorder. Has ADHD been created to ease anxiety surrounding CYP and childhood by pharmaceutical companies? Voice of CYP rarely heard. Aim: to look at CYP perspectives of the two different views of ADHD. Themes: 1. Problems; - learning and thinking, behaving -& feeling. 2. Meaning and identity of ADHD - Hyper, Bad, trouble and weird, illness/normal, pills, positives, negatives,	Exclude	Does not fully meet inclusion criteria. Data from pre-2010 and does not focus on lived experiences of CYP with a diagnosis of ADHD.	Can inform introduction – myth vs. behavioural disorder debate.
5	Priyadharshini, E. (2011). Counter narratives in	U.K	Qualitative paper based upon a	Understanding of school behaviour management strategies as	Exclude	Does not fully meet	Interesting views on counter

	‘naughty’ students' accounts: challenges for the discourse of behaviour management. *Discourse: Studies In The Cultural Politics of Education*, *32*(1), 113-129.		government led paper to gather views of CYP, teachers and parents in regard to behavioural policies.	experienced by CYP who have the most use of them.		inclusion criteria. Not completely relevant to EP practice.	narratives & Foucault for introduction.

Search 3

	Title & author(s)	Location	Methodology	Main findings/outcomes	Include/ exclude	Justification	Relevance to my research
1	Kendall, L. (2016). ‘The Teacher Said I'm Thick!’ Experiences of Children with Attention Deficit Hyperactivity Disorder Within a School Setting. *Support for Learning*, *31*(2), 122-137.	U.K	Qualitative Semi-structured interviews 12 participants Interviews transcribed and coded.	Aim was to elicit the ‘voice’ of YP who have ADHD and their experience within a school setting. Five emerging themes 1. Diagnosis of ADHD. 2. Medication. 3. Lack of concentration. 4. Teacher support. 5. Understanding and training for staff. Teachers need to be more aware of the impact of ADHD on a YP. Classroom strategies need to reflect this. Training in ADHD should begin in initial teacher training. Sense of ‘identity’ for YP who are on meds.	Include	Meets inclusion criteria.	Diagnosis – important for the family as well as CYP. The ‘stories’ told within a family?
2	Cheung, K., Wong, I., Ip, P., Chan, P., Lin, C.,	Hong Kong	Qualitative study.	Exploration of adolescents and YA with ADHD in accessing treatment,	Exclude	Did not meet exclusion	

	Wong, L., & Chan, E. (2015). Experiences of adolescents and young adults with ADHD in Hong Kong: treatment services and clinical management. *BMC Psychiatry*, *15*(1).		Semi-structured interviews. Analysis – thematic approach based in grounded theory. 40 participants Group 1 – 20 patients 16-17 receiving pharmacological treatment. Group 2 – 20 patients aged 18+ receiving pharmacological treatment. 27 males 13 females 90% Chinese 16-23 years old	coping and expectations of future treatment in Hong Kong. Four main meta themes: 1. Accessing ADHD diagnosis and treatment services. 2. ADHD-related impairment 3. experience of ADHD treatments. 4. Attitudes and expectations of future ADHD treatment.		criteria – majority of participants adults.	
3	Singh, I. (2011). A disorder of anger and aggression: Children's perspectives on attention deficit/hyperactivity disorder in the UK. *Social Science & Medicine*, *73*(6), 889-896.	U.K (and U.S for data).	Mixed methods study Semi-structured interviews 150 children 9-14 years old in the US and UK 1. diagnosed with ADHD and medicated	Aim: to explore what ADHD means for CYP's everyday life? Main findings - CYP's active moral agency can support and compromise cognitive, behavioural and social resilience. Supports a proposal for a complex sociological model of ADHD diagnosis.	Exclude	Does not fully meet inclusion criteria. Not completely relevant to EP practice. Based on data prior to 2010.	Views held on real vs. not real of diagnosis – does it excuse behaviour if CYP believes it is a biological condition?

			2. Diagnosed and no medication 3. No psychiatric diagnosis. Integrated approach to develop coding and themes.	Relevance of the model for a national policy that relates to CYP mental health and wellbeing. Paper focused on responses of U.K participants of the original VOICES project.			

Appendix 3: A Summary of Each Article Identified in the Literature Search

1. Study	Context & location	Participants		Design	Data collection	Data analysis	Identified themes Findings	Limitations/ethical considerations
		N	Age					
Newlove-Delgado, T., Ford, T, J., Stein, K., & Garside. (2018) ‘You’re 18 now, goodbye’: the experiences of young people with attention deficit hyperactivity disorder of the transition from child to adult services	U.K Clinical (CAMHS)	7	17-18	Qualitative 5 males 2 females 3 with ASD 1 borderline and specific learning difficulties.	Semi-structured interviews	Thematic analysis	1. Professionals’ roles and relationships with young people 2.The role of ADHD medication 3.Uncertainties around transition and medication management 4. Identified needs and increasing independence. The importance of relationships with professionals and importance of knowledge of ADHD. Misunderstandings and stigma from educators can further contribute to difficulties in relationships. Strong link identified between medication and education – being able to concentrate to access the curriculum and with social relationships. Medication linked to uncertainties around transition. Most wanted to continue medication. Lack of specialist advice. Little reference to non-pharmacological interventions. Exploration of CYP views should be used to inform policies.	5 interviews took place with mother present. Age of participants and still under specialist services doesn’t reflect the CYP who may have disengaged from services at an earlier age. Issues with recruitment. Small sample size. All researchers from a clinical/child psychiatry background – does this influence the results? Acknowledged by the researchers who ‘attempted to remain conscious of potential influences.

2. Study	Context & location	Participants		Design	Data collection	Data analysis	Identified themes Findings	Limitations/ethical considerations
		N	Age					
Avisar, A., & Lavie-Ajayi, M. (2014). The Burden of Treatment: Listening to Stories of Adolescents With ADHD About Stimulant Medication Use	Israel Clinical research	14	12.5-16.5	Qualitative 8 males 6 females	Semi-structured interviews	Interpretative Phenomenological Analysis	1. The process of diagnosis. 2. The experience of taking medication. -effect on identity, sense of self and interpersonal relationships. The withdrawal processes Importance of professionals to consider the 'burden of treatment' for CYP. Results differed from previous studies on mediation – which showed alleviation of symptoms and improvement in self-image-researchers attributed this to only seeking the CYP view and not parents/teachers. Gave account of emotional and not just physical side-effects of medication. Some CYP feel pressure to continue medication for parents. Results show some CYP improve with medication and some don't – importance of taking individual CYP experiences into account.	Recruitment through a private psychology centre and acquaintances – only reaching a certain demographic? IPA methodology – used to investigate phenomena from CYP individual perspective. The way they express themselves/constructs held may be different from the researcher in the analysis. Recall bias Use of questions in the semi-structured interview – influence discourse from CYP? Difficult to generalise to a wider population – impact of findings?

3. Study	**Context & location**	**Participants**		**Design**	**Data collection**	**Data analysis**	**Identified themes Findings**	**Limitations/ethical considerations**
		N	**Age**					
Dunne, L., & Moore, A. (2011). From boy to man: a personal story of ADHD.	U.K Education	1	19	Qualitative Narrative research approach	Case study Informal, unstructured Interview	Narrative analysis.	Not intended to offer generalisations or interpretations of Jake's story. His narrative suggests he was well supported at primary school but at each transitional stage he lost 'something' of support that was not replaced. Importance of feelings of belonging for Jake at primary school and the impact on his self-esteem and attainment. Had teacher who *got* his diagnosis of ADHD. Jake's narrative interlinked with his experiences of being gay and incidents of being bullied throughout his secondary school due to this. Jake's hope was that his story may be helpful to others and might change things. The need for support in the transitions in adulthood for those with an ADHD diagnosis.	One of the authors already known to Jake – impact of the established relationship? Additional short interview with his mother – with Jake's approval, this was included in the narrative. What to include/omit in editing of transcript – material was selected that was considered to be important to the development of the chronological story. - Paper does not describe clear NI analysis other than transcription. Not a therapeutic session – 'darker' aspects of Jake's story were 'touched upon' but not discussed further. How much of a narrative can we truly know? Who owns Jake's story?

4. Study	**Context & location**	**Participants**		**Design**	**Data collection**	**Data analysis**	**Identified themes Findings**	**Limitations/ethical considerations**
		N	**Age**					
Travell, C., & Visser, J. (2006). ADHD does bad stuff to you': young people's and parents' experiences and perceptions of Attention Deficit Hyperactivity Disorder (ADHD).	U.K Education	17 CYP 16 parents	11-16	Qualitative 1 parent refused to engage	Semi-structured interviews	Analysed using 'constant comparative' Glaser & Strauss (1967).	Examination of the longer-term outcomes of dx and treatment of ADHD – views of CYP and their parents. Questions the value and validity of diagnosing CYP. short term benefit of meds vs. longer psychological impact. Particular focus on the efficacy of med. Main themes - 1. The symptoms of ADHD and their consequences. 2. The process of diagnosis and treatment. 3. Interventions. 4. A personal diagnosis. 5. Participation and Voice. ADHD – complex phenomena. CYP history varies considerably. Clearer guidelines/research in dx and treatment process are needed. Meds – disempowering as CYP cannot draw upon their own resources. It's unhelpful to YP to have it referred as a brain 'disorder' Impact of other – psychological, social & cultural – factors. 'Masking' of symptoms through meds – not always the best approach.	Little information given to researcher's views/potential bias/recruitment. 1 of the researcher's is an EP – potential impact of his profession? No reference to limitations of the study in the discussion. When looking at impact of medication – criteria for receiving meds is different even across a L.A and makes comparisons difficult. Also includes parent's perspective – Small scale study

							CYP and their parent – almost all adopted a bio explanation of challenging behaviours. Multi-professional advice should address all contributing factors not just biological.	

5. Study	**Context & location**	**Participants**		**Design**	**Data collection**	**Data analysis**	**Identified themes Findings**	**Limitations/ethical considerations**
		N	**Age**					
Charach, A., Yeung, E., Volpe, T., Goodale, T., & dosReis, S. (2014). Exploring stimulant treatment in ADHD: narratives of young adolescents and their parents	Canada Clinical	12 CYP 12 Parents	12-15	Qualitative 6 males 6 females 9 Mother only interviews 3 joint mother and father	Semi-structured interviews	Analysed using interpretive interactionist framework. All transcripts complied and organised using QSR international's NVivo 9.	CYP - three themes describing ADHD: 1) personality trait, 2) physical condition or disorder, 3) minor issue or concern. Regarding medication use, CYP described 1) benefits, 2) changes in sense of self, 3) adverse effects, and 4) desire to discontinue use. Parents - Themes were 1) medication as a last resort, 2) allowing the child to reach his or her potential; and 3) concerns about adverse and long-term effects. CYP had different views than their parents. Parent view more homogenous.	Clear rationale for how CYP were approached. Had to change mid recruitment. Initially by referral from clinician and then approached parent first. No CYP consented so they approached CYP first. Initial analysis included paediatric psychiatrist, sociologist, education researcher and health researcher. Full disclosure of trustworthiness. Small sample recruited through a speciality clinic where families had a history of engaging with services.

6. Study	Context & location	Participants		Design	Data collection	Data analysis	Identified themes Findings	Limitations/ethical considerations
		N	Age					
Padilla-Petry, P., Sòria-Albert, C., & Vadeboncoeur, J.A. (2018) Experiencing Disability in the School Context: Voices of Young People Diagnosed with ADHD in Spain	Spain Education	10	11-18	Qualitative 6 boys 4 girls	Semi-structured interviews.	Thematic analysis	3 main themes: 1. defining ADHD as a disability 2. diagnosing ADHD and relational effects and 3. coping with ADHD. Study found that CYP tended to reproduce the typical psychiatric discourse on ADHD but they also produced their own explanation of ADHD and of the effects of being labelled with ADHD on their lives in school. Results highlight both the school's role in advocating for a diagnosis of ADHD and the lack of an adequate instructional response for CYP once they have been diagnosed.	Interviews conducted in Catalan – lost in translation? Spanish context of educational system. Small sample size

7. Study	Context & location	Participants		Design	Data collection	Data analysis	Identified themes Findings	Limitations/ethical considerations
		N	Age					
Rasmussen, I, L., Undheim A, M., Aldridge-Waddon, L., & Young, S. (2018). Just Being a Kid, or an	Norway Clinical	8	14-20	Qualitative retrospective 5 males 3 females	Semi-structured interviews	Systematic text condensation	Aim – to examine how CYP experience living with and receiving a diagnosis of ADHD over an 8-year time period. To understand the complexity of a diagnosis of self-esteem and how it affected CYP self-esteem. Themes – 1. self-esteem, 2. normalization 3.	Recruitment from CAHMS equivalent – CYP and families already engaging. Gender may impact development of self-esteem. Boys overall seemed more confident in the study and the girls

ADHD Kid? A Qualitative Study of on How Young People Experience Receiving and Living with a Diagnosis of ADHD							maturation emerged. CYP wanted to be treated equally without special interventions in schools as it makes them feel different. Diagnosis of ADHD and being treated with meds can offer a protective effect on self-esteem but CYP still felt that they were stigmatised by diagnosis.	wanted to 'fit in' more with their peers. Small sample Fairly large difference in ages of participants – 14 compared to 20 and out of education. Time since diagnosis – recall bias?

8. Study	**Context & location**	**Participants**		**Design**	**Data collection**	**Data analysis**	**Identified themes Findings**	**Limitations/ethical considerations**
		N	**Age**					
Honkasilta, J., Vehmas, S., & Vehkakoski, T. (2016). Self-pathologizing, self-condemning, self-liberating: Youth accounts of their ADHD-related behavior.	Finland Educational/social research	13	11-16	Qualitative 11 boys 2 girls	Semi-structured interviews	Discourse analysis	How do CYP diagnosed with ADHD account for the ways of behaving, performing and being they relate negatively to ADHD? What kinds of preconditions of moral responsibility do these accounts meet? Discourse analytic understanding of CYP as meaning makers. Studying of cultural constructs. The participants accounted their behaviour to: 1. externalising personal responsibility due to a compelling medical condition. 2. internalising personal responsibility through moral self-	Recruited through the Finnish ADHD association – families are already engaging with this service -would it mean missing those who are not engaging? Discussion of trustworthiness of study. Collaboration of researchers in coding. Results translated into English – lost in translation? Doesn't give space to the culture of blame within Finnish society – how

							condemnation and 3. distancing oneself from the socially imposed stereotypes and stigmas related to ADHD. Challenges main discourse surrounding ADHD and how it is constructed in CYP's lives.	does this impact on individual perceptions?

9.Study	**Context & location**	**Participants**		**Design**	**Data collection**	**Data analysis**	**Identified themes Findings**	**Limitations/ethical considerations**
		N	**Age**					
Gibbs, K., Mercer, K, L., & Carrington, S. (2016). The Schooling Experience of Adolescent Boys with AD/HD: An Australian Case Study	Australia Faculty of education within a university Focus on school environment	6 All boys 5 Mums 12 Teachers	15-16	Qualitative 3 groups 1. CYP 2. Parents & carers 3. teachers – 6 -32 years' experience	Case study Semi-structured interview/ focus group interviews over 2 years review of academic records over the past two years.	Nvivo software used to analyse. Informed by dynamic Developmental theory.	Aim of the study was to explore the schooling experience of six adolescent boys from the perspective of the boys, their parents and their teachers. Findings suggest taking medication as prescribed together with supporting the students to make and manage friendships, utilising classroom strategies that support learning, and providing an engaging classroom environment are important considerations to promote a positive schooling experience for adolescents with AD/HD. Implications for educational practice. No teacher was a parent of a CYP diagnosed with ADHD.	Small sample Not just individual experiences of CYP – focus on parents/teachers as well.

10. Study	**Context & location**	**Participants**		**Design**	**Data collection**	**Data analysis**	**Identified themes Findings**	**Limitations/ethical considerations**
		N	**Age**					
Kendall, L. (2016) The teacher said I'm thick! Experiences of children with Attention Deficit Hyperactivity Disorder within a school setting	U. K Education	12	10-15	Qualitative 7 males 5 females	Semi-structured interviews	Interviews transcribed and coded using thematic analysis.	Aim was to elicit the 'voice' of YP who have ADHD and their experience within a school setting. Five emerging themes 1. Diagnosis of ADHD. 2. Medication. 3. Lack of concentration. 4. Teacher support. 5. Understanding and training for staff. Teachers need to be more aware of the impact of ADHD on a YP. Classroom strategies need to reflect this. Training in ADHD should begin in initial teacher training. Sense of 'identity' for YP who are on meds.	Rigorous ethical considerations. Initial concerns about the purpose and benefit of this study by support group. - CYP were not to feel obligated to take part as they attended the group. Informed consent. Small, self-selected sample size from ADHD support group. CYP already engaging with services. May not represent other CYP with ADHD. 10-15 age range – differences in schooling experiences/transition to secondary school/levels of maturity.

Appendix 4: Characteristics of Included Studies of the Literature Review

Study	Location	Context	CYP N	Boy N	Girl N	Age	Co-morbidity	Participants on medication	Design	Data collection	Data analysis
Newlove-Delgado et.al. (2018).	U. K	CAMHS	7	5	2	17-18	3 with ASD 1 borderline and specific learning difficulties	Y	Qualitative	Semi-structured interviews	Thematic analysis
Avisar & Lavie-Ajayi. (2014).	Israel	Clinic	14	8	6	12.5-16.5	None	Y	Qualitative	Semi-structured interviews	IPA
Dunne & Moore, (2011).	U. K	Case study	1	1	0	19	None	Not reported	Qualitative	Unstructured Interview	Narrative
Travell & Visser. (2006).	U. K	Education	17*	Not reported		11-16	Not reported	Y	Qualitative	Semi-structured interviews	Constant comparative
Charach et.al. (2014).	Canada	Clinic	12*	6	6	12-15	8 LD, 4 GAD 2 ODD	Y	Qualitative	Semi-structured interviews	interpretive interactionist framework. Nvivo9
Padilla-Petry et.al. (2018)	Spain	Education	10	6	4	11-18	Not reported	Y	Qualitative	Semi-structured interviews	Thematic analysis
Rasmussen et.al. (2018).	Norway	Clinic	8	5	3	14-20	Behavioral disorder 1 Language disorder 1	Y	Qualitative	Semi-structured interviews	Systematic text condensation
Honkasilta et.al. (2016).	Finland	Education	13*	11	2	11-16	Not reported	Not reported	Qualitative	Semi-structured interviews	Discourse analysis
Gibbs et.al. (2016)	Australia	Education	6*	6	0	15-16	Not reported	Y – although not asked about.	Qualitative	Semi-structured interviews Focus group	Nvivo software
Kendall (2016)	U. K	Education	12	7	5	10-15	6 - dyslexia, dyspraxia, depression and anxiety	Y	Qualitative	Semi-structured interviews	Thematic analysis

* CYP participants only. These studies included additional parent and/or teacher participants.

Appendix 5: Colour-Coded Themes Found from the Final Ten Papers Identified Through the Systematic Literature Review

Newlove-Delgado et.al. (2018)	Avisar & Lavie-Ajayi (2014)	Dunne & Moore (2011)	Travell & Visser (2006)	Charach et.al. (2014)	Padilla-Petry et.al. (2018)	Rasmussen et.al. (2018)	Honkasilta et.al. (2016)	Gibbs et.al. (2016)	Kendall (2016)
Role of professionals	Diagnosis	Belonging	Diagnosis	ADHD as personality trait	Psychiatric discourse	Self-esteem	Medical causation	Medication	Diagnosis
Medication	Medication – control of if to take	Self-esteem	Medication	ADHD as biological condition	Lack of CYP voice	Being treated as an individual	Moral self-condemnation	Support from professionals	Medication
Transitions	Identity	Impact of 'good' teachers	Individual experiences	Medication	Role of professionals	Medication	Stigma	Peer difficulties	Identity
Stigma	Relationships	Transitions & lack of support	Personal CYP views of own diagnosis	Changes in self	Identity	Stigma	Medical discourse	Medical discourse	Teacher support
Medical discourse	Need for lived experiences	Individual experiences	CYP voice being heard	Parental input/control	Medical discourse	Diagnosis	Identity	Different perspectives	Training for staff
Relationship with services	Pressure to fit in	Language used around CYP	Conforming to social norms/control	Identity	Psychological Impact Self esteem	Peer relationships	Positioning	Good learning environment	
Need for independence and control	Child-deficit model language	Self-control	Identity	Independence	Lack of control	Identity	Control of medication		
	Role of professionals	Access to resources	Medical discourse			Positioning			
		CYP voice being heard	Role of professionals						

Appendix 6: Timeline of Revised Research Phases in Line with COVID19 Related Restrictions

Timeframe	Phase	Aim
July 2020	Recruitment	Begin initial contact with school SENCo's to explain aims and purpose of the research
September 2020 to October 2020	Recruitment	Additional contact with SENCo's to identify potential participants Parent information sheets and consent forms sent out to
November 2020	Data collection	1st interview – rapport building and consent discussed with participants. 2nd interviews conducted
December 2020	Data analysis	Transcription of 2nd interviews First phase of data analysis
January 2021	Data analysis	Sharing of restoryed narratives with the participants during 3rd interviews. Second stage of analysis
February 2021	Data analysis	Completion of second stage of data analysis and commentary of narrative themes.
February to April 2021	Final writing and editing stages	Completion of thesis write up

Appendix 7a: Information and Consent Forms for Schools

School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ

Information sheet for schools

My name is Michelle Oakey. I am a second year Trainee Educational Psychologist at the University of East London. As part of my Professional Doctorate in Educational and Child Psychology training, I am undertaking a piece of research that is asking:

What are the stories of children and young people with a diagnosis of ADHD?

I am writing to you as xxxx has been identified as a potential participant for my study.

Description

This study aims to explore the 'stories' of children and young people who have a diagnosis of ADHD. I am interested in how they retell the story (narrative) of their life up until and including diagnosis.

What is involved?

I am looking for children and young people aged between 9-15 years old who have a diagnosis of ADHD. The research will involve an interview with the student over two to three sessions.
First session: Rapport building and introductory activities [30-45mins approx.]
Second session: A video-recorded interview which will explore the young person's story of diagnosis [45-50mins approx.]
Third Session: I will meet with young person virtually again and share their written story with them. I will ask for their thoughts and any parts that they would like to add extra detail to or change.

Confidentiality of data

All data will be confidential. The interviews will be anonymous and once transcribed, all recordings will be deleted.

Location

All interview will aim take place virtually with xxx in a quiet space at a time agreed with the school's timetable.

Disclaimer

There is no obligation to take part in this study and the young person (or parent) is free to withdraw at any point without any obligation to state a reason.

If you require any further details on this study then please contact:

Researcher: Michelle Oakey u1617785@uel.ac.uk

OR Dr Mary Robinson [Academic & supervising tutor] m.robinson@uel.ac.uk

Thank you for taking the time to read my information sheet. If you are happy for me to approach the family of xxxx for consent then please sign the form below.

Kind regards,

Michelle Oakey
Trainee Educational Psychologist

……

University of East London

Consent for request for participant involvement from schools

What are the stories of children and young people with a diagnosis of ADHD?

I agree that xxxx can be a part of the above research, if consent is given by the parents/carers and the child or young person.

Signed……………………………………………

Print name………………………………….

Date…………………………………………….

Appendix 7b Information and Consent Form for Parents/Carers

School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ

Parent/Carers information sheet and consent

My name is Michelle Oakey and I am a Trainee Educational Psychologist at the University of East London. I am conducting a research study that is asking:

What are the stories of Children and Young People with a diagnosis of ADHD?

I am writing to you as xxx has been identified as someone who might like to take part in my study.

Who am I looking for?

- Children or young people who are aged 9-15 years old who have a diagnosis of ADHD.

What will the study involve?

- Three interviews with the young person. Each interview lasting approximately 30-50 minutes.
- First interview: Introduction and 'get to know you' activities.
- Second interview: A video recorded interview to explore the young person's story of diagnosis.
- Third interview: I will meet with young person again virtually and share their written story with them. I will ask for their thoughts and any parts that they would like to add extra detail to or change.

Confidentiality of data

All data will be confidential. The interviews will be anonymous and once transcribed, all recordings will be deleted.

Location

All interview will take place virtually with xxx in a quiet space at a time agreed with the school's timetable.

Disclaimer

There is no obligation to take part in this study and you or xxx are free to withdraw at any point without any need to state a reason. All I ask is that you let me know within 3 weeks of the interview taking place, as at this stage data analysis will have begun.

If you require any further details on this study then please contact:
Researcher: Michelle Oakey u1617785@uel.ac.uk
OR Dr Mary Robinson [Academic & supervising tutor] m.robinson@uel.ac.uk

Thank you for taking the time to read my information sheet. If you are happy for xxx to take part then please sign the form below. I will also be asking for consent from them before any interviews will take place.

Kind regards,

Michelle Oakey
Trainee Educational Psychologist

………

University of
East London

Parent/Carer Permission for Participant in study

What are the stories of children and young people with a diagnosis of ADHD?
I agree that……………………………………………………………… can participate in the above research study.

I can withdraw permission without any need to state a reason, up to three weeks after the final interview.

Signed…………………………………………

Print name…………………………………

Date……………………………………………

Appendix 7c Information and Consent Form for Children and Young People

School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ
email: u1617785@uel.ac.uk

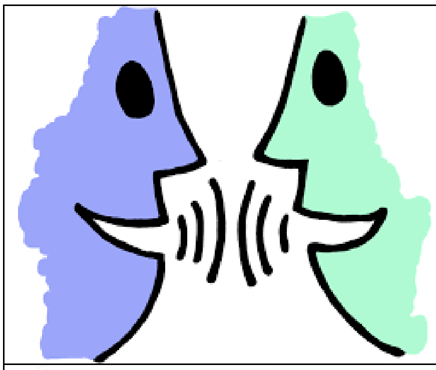
Children and Young Person's information sheet

Title: The Stories of Children and Young People with a Diagnosis of Attention Deficit Hyperactivity Disorder. A Narrative Analysis.

My name is Michelle Oakey and I am a Trainee Educational Psychologist in the School of Psychology at the University of East London. I am in interested in finding out:

What are the stories of Children and Young People with a diagnosis of ADHD?

	You have been asked to take part as I am carrying out a small study to explore your story of having a diagnosis of ADHD. I am interested in hearing all the things or events that you would like to share from your story.
	This is all about your views and experiences.
	I would like your help in my research. I would like to know your story of having a diagnosis of ADHD. This will help me to understand your views and story and this may help me when working with other children.

	If you agree to take part there will be 3 virtual sessions: Session 1: get to know each other. Session 2: we will discuss your story of diagnosis. Session 3: I will write out your story and you can let me know if there are extra details that you would like to add or change.
	I will not use your real name or any information that could be used to identify you. All interviews and transcripts will be deleted after my study. Your story will be kept (not using your real name) for up to 5 years afterwards. Everything will be completely destroyed.
	It is ok to change your mind at any point. You do not need to give me a reason. If you feel uncomfortable or sad in discussions you can just stop. You do not need to answer any questions that you do not want to. Your parents/carers need to give permission for you to take part but I also need you to be ok with it. If you decide after the sessions that you are no longer comfortable taking part then that is ok too. I just ask that you let me know within 3 weeks afterwards.
	Any questions?

What are the stories of Children and Young People with a diagnosis of ADHD?
Consent sheet

University of East London

I have read the information sheet and/or it has been explained to me.	☺ Yes	☹ No
I have had a chance to ask questions and they have been answered.	Yes	No
I know that it is my choice to take part and I can withdraw at any point in the sessions without having to give a reason.	Yes	No
I would like to take part in this research study	Yes	No

Signed:

Name:

Date:

Please contract Dr Mary Robinson (Research Supervisor) if you have any further questions.

Dr Mary Robinson
Programme Director: Doctorate in Educational and Child Psychology
School of Psychology
University of East London
Stratford Campus
Water Lane
London E15 4LZ
Email: m.robinson@uel.ac.uk Tel.: 020 8223 4455

Appendix 8: A Copy of UEL Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Jeremy Lemoine

SUPERVISOR: **Mary Robinson**

STUDENT: Michelle Oakey

Course: Professional Doctorate in Educational and Child Psychology

Title of proposed study: The Stories of Children and Young People with a Diagnosis of Attention Deficit Hyperactivity Disorder. A Narrative Analysis

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES

Minor amendments required *(for reviewer)*:

There is a word missing in the Information and Consent Form for Children and Young People: "Your story will be kept (not using your real name) for up to 5 years afterwards. Everything will be completely"

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *Michelle Oakey*
Student number: u1617785

Date: 30.03.2020

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / ~~NO~~

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐ MEDIUM (Please approve but with appropriate recommendations)

☐ LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer *(Typed name to act as signature)*: Jérémy Lemoine

Date: 14/03/2020

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix 9: UEL (revised due to COVID19) Data Management Plan

UEL Data Management Plan: Full

For review and feedback please send to: researchdata@uel.ac.uk

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Michelle Oakey
PI/Researcher ID (e.g. ORCiD)	
PI/Researcher email	U1617785@uel.ac.uk
Research Title	The Stories of Children and Young People with a Diagnosis of Attention Deficit Hyperactivity Disorder. A Narrative Analysis.
Project ID	Not yet known, this will be updated when the ethics application number is given.
Research Duration	Proposed end date of April 2021
Research Description	There is currently a lack of research that explores the stories held and told by CYP with a diagnosis of ADHD. The aim of this research is to explore these stories to provide an insight into how to best support the best outcomes for these CYP. This is an exploratory piece of research which aims to seek these new insights and assess the phenomena in a new light. The underlying aims are to explore what the whole thing means to them and how will it help me to understand my question. What *are* the stories held by CYP?

	The study aims to explore the following question: What are the stories of Children and Young People with a diagnosis of ADHD?
Funder	N/A – part of professional doctorate
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	17.01.2020
Date of last update (of DMP)	22.09.2020 version 2 updated due to change to online research during Covid-19
Related Policies	UEL's Research Data Management Policy
Does this research follow on from previous research? If so, provide details	N/A
Data Collection	
What data will you collect or create?	3 children and young people aged 9-16 years-old will be interviews by the researcher. Interviews will be 30-60 minutes long. 1. Data will be collected virtually via UEL Microsoft Teams. There will not be a list of structured or semi-structured questions but a series of verbal prompts e.g. can you expand on that? 2. There will be three separate interviews. The first session will be for rapport building and last for approximately 30 minutes. A 'life path or timeline' prompt will be drawn with the participants in order help with discussion. 3. The second session will be recorded on Microsoft Teams and begin with a prompt: 'I am interested in the stories of CYP with a diagnosis of ADHD. Can you tell me a little bit about yours?' 4.I will adopt an active listening approach and questions will be centred around asking for

	clarification or more detail. The participants own words will be used to reflect bac and to summarise as needed. The 'life path' prompt will be used for eliciting discussion and views. This session will last for approximately 45-60 minutes. 5. After the second session, I will transcribe the Video recording and 'author' the participant's story by putting into sequential segments of time or events. 6. The third session will involve taking the authored story virtually back to the participant. Their story needs to be heard by them in order for the participant to be able to 'reauthor' their story. They will be asked to add details or make any changes that they feel is a part or relevant to their story. This session will last for approximately 30-45 minutes and will not be audiotaped. The researcher will however, take notes during this session on the reauthoring as these may inform during the analysis. 3 x Interviews (.mp4 - video), 3 x transcripts (word documents) and any visual representations drawn by participants (Visual, likely to be captured as jpgs or pdfs). Predicted size: 300mb No software will be used to analyse the data. Will all be done manually using a narrative method of analysis. No sensitive data relating to health, racial or ethnic origin will be collected, The ADHD status is not considered to be sensitive data.
How will the data be collected or created?	Interviews will be recorded via Microsoft Teams. Audio files of interviews will be transcribed on a computer as a Word document.
Documentation and Metadata	

What documentation and metadata will accompany the data?	Participant information sheets, consent forms, list of guide interview questions and debrief sheet. [Audio files and transcripts of interviews. visual representations drawn by participants (Visual data is likely to be captured as jpgs or pdfs). No longer applicable due to Covid-19 restrictions Codebooks etc are not considered applicable.
Ethics and Intellectual Property	
How will you manage any ethical issues?	• Written consent will be obtained for all participant interviews. • Participants will be advised of their right to withdraw from the research study at any time without being obliged to provide a reason. This will be made clear to participants on the information sheets and consent forms. If a participant decides to withdraw from the study, they will be informed their contribution (e.g. any video • In case of emotional distress during or following the interview, contact details of a relevant support organisation will be made available in a debrief letter. If participants appear distressed during the interview they will be offered a break or the option to end the interview. • Transcription will be undertaken only by the researcher to protect confidentiality of participants. • Participants will be anonymised during transcription to protect confidentiality. Agreement will be made that no names will be used or any other identifiable information including schools or local authorities.
How will you manage copyright and Intellectual Property Rights issues?	No issues regarding copyright and Intellectual Property Rights.
Storage and Backup	

How will the data be stored and backed up during the research?	Video recordings and transcripts will be saved in separate folders. Each audio file will be named with the participants' pseudonym and the date of the interview. Each participant will be attributed a participant number, in chronological interview order. Transcription files will be named e.g. "Participant 1". No list will be kept of participant numbers linked to personal identifying information. Due to the nature of the research, transcription will be completed by July 2020. A list of pseudonyms will be kept in an encrypted file. Recordings will be stored on Microsoft Stream. They will be saved to UEL storage (OneDrive for Business) Consent forms will be scanned and uploaded onto the researcher's laptop immediately after the interview. They will then be transferred to an encrypted storage device and erased from the laptop. The encrypted storage device will be stored in a locked cabinet on the researcher's private property. Paper versions (if collected via the school) will then be destroyed and electronic versions will be transferred from the encrypted storage device onto the researcher's personal space on the UEL server that can only be accessed by the researcher (using the researcher's password). If collected electronically via UEL email, these will be uploaded to a separate folder on the UEL OneDrive for Business. Consent forms will then be erased from the encrypted storage device The UEL One Drive for Business will be used for the transcripts, video files and consent forms. All will be encrypted and password protected.

How will you manage access and security?	The researcher will transcribe all interviews (removing identifiable information in the process) and only the researcher, supervisor and examiners will have access to the transcripts. Video files will be saved in a separate folder on the researcher's laptop and titled as follows: 'Participant initials: Date of interview' these will be uploaded to the OneDrive. In terms of security, all files will be encrypted. There will be password protection for laptop.
Data Sharing	
How will you share the data?	Anonymised transcripts will be shared with the research supervisor via UEL email. File names will be participant numbers e.g. Participant 1. Extracts of transcripts will be provided in the final research and any subsequent publications. Identifiable information will not be included in these extracts. Anonymised transcripts will not be deposited via the UEL repository due to the sensitivity of the data.
Are any restrictions on data sharing required?	No
Selection and Preservation	
Which data are of long-term value and should be retained, shared, and/or preserved?	Video recordings and electronic copies of consent forms will be kept until the thesis has been examined and passed. They will then be erased from both the personal laptop and UEL servers. Transcripts will be erased from the personal laptop once the thesis has been examined and passed. The transcripts from UEL servers will be transferred to the secure archiving system after upon graduation. This is a given amount of time for possible future research or publication.

	Consent for this will be sought using the consent forms. As access may not be given to the researcher after graduation, it is anticipated that it will be stored in the secure electronic archiving system. A personal copy will be kept in case of future publication.
What is the long-term preservation plan for the data?	As above.
Responsibilities and Resources	
Who will be responsible for data management?	Michelle Oakey
What resources will you require to deliver your plan?	Laptop, audio-recorder, access to UEL H: Drive, access to UEL OneDrive
Review	**researchdata@uel.ac.uk regarding use of secure archiving service.**
Date: 22.09.2020	Reviewer name: Penny Jackson Research Data Management Officer

Appendix 10: Life Path Prompt used in Second Interviews

What’s your story?

Reception

Year 1

Year 2

Year 3

Year 4

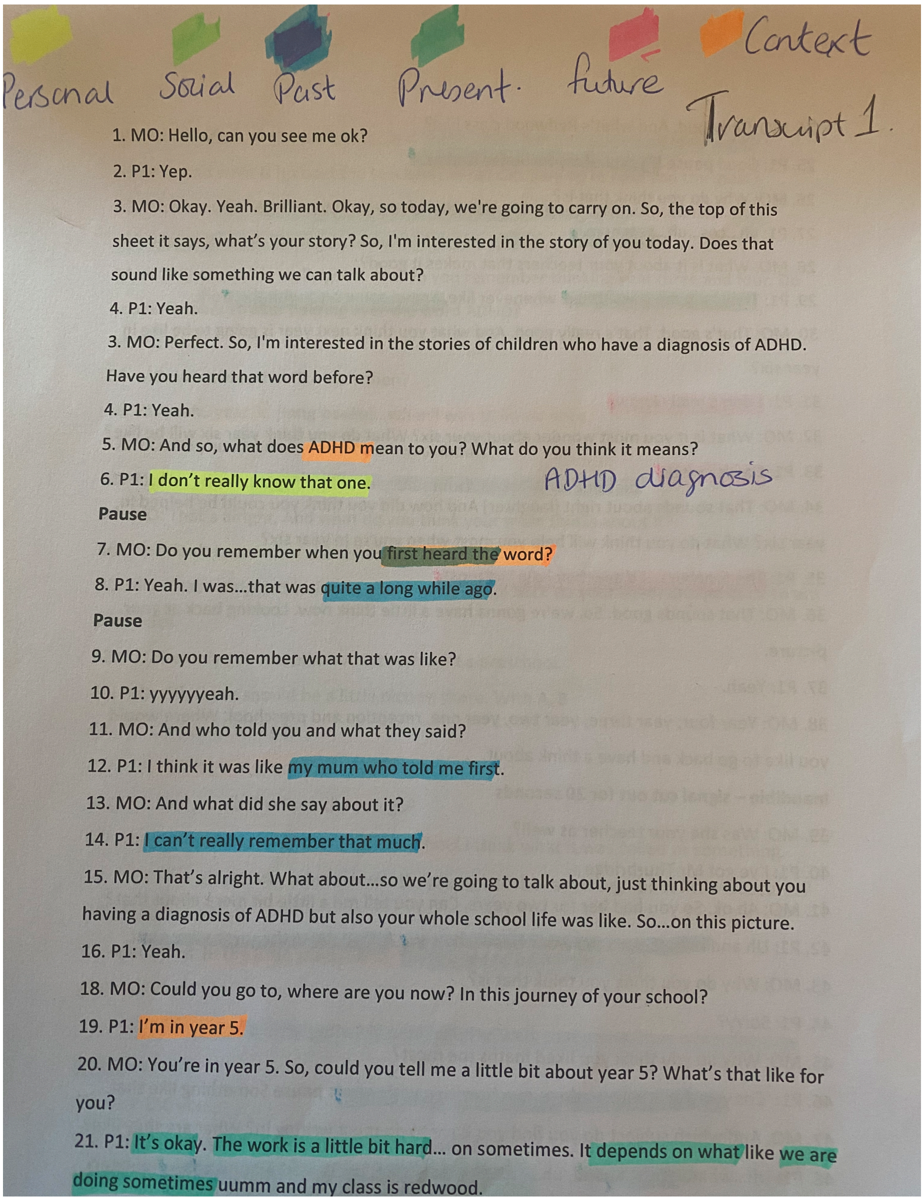
Year 5

Year 6

Secondary school

Future

Appendix 11: An extract from P1's transcript which was read and analysed using Clandinin and Connelly's (2000) Three-Dimensional Space Structure



🟨 Personal 🟩 Social 🟦 Past 🟩 Present. 🟥 future 🟧 Context

Transcript 1.

1. MO: Hello, can you see me ok?

2. P1: Yep.

3. MO: Okay. Yeah. Brilliant. Okay, so today, we're going to carry on. So, the top of this sheet it says, what's your story? So, I'm interested in the story of you today. Does that sound like something we can talk about?

4. P1: Yeah.

3. MO: Perfect. So, I'm interested in the stories of children who have a diagnosis of ADHD. Have you heard that word before?

4. P1: Yeah.

5. MO: And so, what does ADHD mean to you? What do you think it means?

6. P1: I don't really know that one. ADHD diagnosis

Pause

7. MO: Do you remember when you first heard the word?

8. P1: Yeah. I was…that was quite a long while ago.

Pause

9. MO: Do you remember what that was like?

10. P1: yyyyyyeah.

11. MO: And who told you and what they said?

12. P1: I think it was like my mum who told me first.

13. MO: And what did she say about it?

14. P1: I can't really remember that much.

15. MO: That's alright. What about…so we're going to talk about, just thinking about you having a diagnosis of ADHD but also your whole school life was like. So…on this picture.

16. P1: Yeah.

18. MO: Could you go to, where are you now? In this journey of your school?

19. P1: I'm in year 5.

20. MO: You're in year 5. So, could you tell me a little bit about year 5? What's that like for you?

21. P1: It's okay. The work is a little bit hard… on sometimes. It depends on what like we are doing sometimes uumm and my class is redwood.

Appendix 12: Each Transcript Analysed using Clandinin and Connelly's (2000) Three-Dimensional Space Structure

Participant 1 (P1) Transcript

Personal	Social	Past	Present	Future	Context

1. MO: Hello, can you see me ok?

2. P1: Yep.

3. MO: Okay. Yeah. Brilliant. Okay, so today, we're going to carry on. So, the top of this sheet it says, what's your story? So, I'm interested in the story of you today. Does that sound like something we can talk about?

4. P1: Yeah.

3. MO: Perfect. So, I'm interested in the stories of children who have a diagnosis of ADHD. Have you heard that word before?

4. P1: Yeah.

5. MO: And so, what does ADHD mean to you? What do you think it means?

6. P1: I don't really know that one.

Pause

7. MO: Do you remember when you first heard the word?

8. P1: Yeah. I was…that was quite a long while ago.

Pause

9. MO: Do you remember what that was like?

10. P1: yyyyyyeah.

11. MO: And who told you and what they said?

12. P1: I think it was like my mum who told me first.

13. MO: And what did she say about it?

14. P1: I can't really remember that much.

15. MO: That's alright. What about…so we're going to talk about, just thinking about you having a diagnosis of ADHD but also your whole school life was like. So…on this picture.

16. P1: Yeah.

18. MO: Could you go to, where are you now? In this journey of your school?

Personal	Social	Past	Present	Future	Context

19. P1: I'm in year 5.

20. MO: You're in year 5. So, could you tell me a little bit about year 5? What's that like for you?

21. P1: It's okay. The work is a little bit hard… on sometimes. It depends on what like we are doing sometimes uumm and my class is xxx class.

22. MO: Your class is what sorry?

23. P1: xxx class

24. MO: Redwood. And what's Redwood class like?

25. P1: Good **pause** it's one of my favourite classes.

26. MO: Why do you think that is?

27. P1: uh…cos…uh…teachers.

28. MO: What is it about your teachers that makes it good?

29. P1: They help me sometimes, whenever like, I need some help with the work.

30. MO: That's good. That's really good. And what you think next year is going to be like in year six?

31. P1: I don't really know.

32. MO: What is it you most wonder about your six? What do you think year six will be like?

33. P1: Harder work.

34. MO: That sounds about right [laughter] And how did you think you could be helped in year six? What do you think will help you most when you're in year six?

35. P1: The teachers…I'd say they help the most.

36. MO: That sounds good. So, we're gonna have a little think now. Looking back at your picture.

37. P1: Yeah.

38. MO: Year four, year three, year two, year one, reception and preschool. Where would you like to go back and have a think about.

Inaudible – signal cut out for 20 seconds

39. MO: Was she your teacher as well?

40. P1: I've got Mr xxx

Personal	Social	Past	Present	Future	Context

41. MO: Ah ok. So you had her for two years. Can you tell me a little bit more about that?

42. P1: Uh and in that class the work was really easy…I liked doing the maths the most.

43. MO: Why do you think you think that is?

44. P1: Sorry?

45. MO: Why do you think you liked maths the most?

46. P1: 'Cos you don't have to do as much writing with words **pause** Something like that.

47. MO: And which subject do you find you have to do most writing in? What are they like?

48. P1: Uh…what…English…and, uh…I don't mind R.E…PSHE or that's quite easy….(quieter) sometimes.

49. MO: What makes work easy for you?

50. P1: Uh…like…all the stuff on it…and the teachers help me quite a bit with work.

51. MO: And what is it about the teachers? What can they do to help you the most?

52. P1: Like, whenever I need some help with doing like questions…sometimes…the teachers help me in like maths…and English sometimes.

53. MO: That sounds really good. And do you remember thinking year three and four. Do you remember to ever hearing ever the word ADHD?

54. P1: Yeah

55. MO: What was that like back then?

56. P1: yeah…year 3…[**long pause**]…when I was at home once.

57. MO: Do you remember what that was about?

58. P1: No, I don't. I don't remember that much about what she said.

59. MO: That's alright. And what do you think your mum thinks about it?

60. P1: I don't know what she thinks

61. MO: That's alright. So, shall we go, should we go back on your sheet and go back to um preschool.

62. P1: I've only got reception. And there ain't a preschool.

63. MO: Oh, there should be a little picture there. With A, B

64. P1: Oh yeah, the ABCs.

65. P1: I didn't go to preschool in this school.

66. MO: Did you not? Where did you go?

Personal	Social	Past	Present	Future	Context

67. P1: uh, what was it? xxxx school I think what it was called or something.

68. MO: That sounds like a fun school! Do you remember anything about little treasures? What that was like?

69. **Animated**. In the little playground. There used to be a little gate.

70. MO: Yeah?

71. P1: Leading onto a cycle path. My mum used to walk past sometimes when she was going work.

72. MO: Did you…

73. P1: I used to see her sometimes at lunch **smiling**

74. MO: What was that like? Do you remember?

75. P1: Yeah, I used to see her sometimes. And she was walking back…back to our house through the gate.

76. MO: Nice and you'd be able to see her. Did you give her a little wave?

77. P1: Yeah.

78. MO: Oh, that sounds nice. You remember anything else about there? about the teachers or anything?

79. P1: Not that much.

80. MO: What about any friends? Did they ever…did any of them come to this school with you?

81. P1: Uh three. F's the main but that's only one person. F. I forgot what his surname is. He's in Y6.

82. MO: Oh. So he's in Y6. He's in the year above you is he?

83. P1: Yeah

84. MO: And what about joining this school. Do you remember anything about that?

85. **Hesitates** No…I

86. MO: Go on

87. P1: Teacher

Inaudible. Signal cut out for 10 seconds.

88. P1: My friend. and my best friend S. She used to be my best friend since reception.

89. MO: Is she still your best friend now?

Personal	Social	Past	Present	Future	Context

90. P1: Yep!

91. MO: Oh that's so nice! All the way from reception. And what's your friendship like? What do you like or like doing?

92. P1: We play together. Most break, nearly like every break or lunch.

93. MO: That's great. And what sort of games do you play?

94. P1: Like. It. um. We play hide and seek. Sometimes. But I always end up winning.

Laughter

95. P1: Cos I like. I like know more hiding spots.

96. MO: Brilliant. Have you got secret hiding spots in your playground?

97. P1: Some, some, some that only I know that

98. MO: That sounds good. And is there ever times at play time where playtime doesn't go as well?

99. P1: Sometimes.

100. MO: And what does that look like for you?

101. P1: It's just there's this person called K . He always, he winds me up sometimes. So does S. It's one of his best friends S. Both of them wind me up.

102. MO: And what happens then normally?

103. P1: I normally walk off because like there's a little pond. on my playground and I normally walk off over there.

104. MO: Do you find that helps?

105. P1: Yeah, a little bit sometimes. Sitting there as they're winding me up.

106. MO: And how does it feel when that you're feeling a bit wound up?

107. P1: uh I feel quite angry and annoyed.

108. MO: Yeah, that sounds quite tough. But do you find being on your own helps you a little bit?

109. P1: Yeah.

110. MO: Anything else that helps you?

111. P1: uh. No, just being on my own normally.

112. MO: So, looking back at your map starting from preschool all the way through? Can you think of any other times where you felt most wound up?

Personal	Social	Past	Present	Future	Context

113. P1: Oh I normally, I normally...I got wound up in Year five but year three, four and five. K joined in year three.

114. MO: Okay, and you don't remember any times before then?

115. P1: No.

116. MO: And what did that feel like in year three when he joined?

117. P1: He was best. We was we was quite good friends in year three.

118. MO: Okay?

119. P1: But in year four, in year four or five was when he started winding me up.

120. MO: Yeah. Do you remember how that fell? what that was like for you?

121. P1: Uh Yeah **yawning** I felt quite angry and annoyed.

122. MO: And did anyone or anything help you with that?

123. P1: Um. Just being on my own.

124. MO: Did you think that's something that helps you?

125. P1: Yeah.

126. MO: Okay. So thinking back to year one or two, was there any times then where you felt a bit? Like you were wound up or at all or things weren't going quite your way?

127. P1: No.

128. MO: So don't remember that at all. So that sounds good. But what about in year six?

Inaudible. Signal cut out for 20 seconds.

129. MO: And what do you have at school that could possibly help you with that? You think?

130. P1: I don’t know.

131. MO: That’s alright. And have you had any thoughts about your next school at all. Your secondary school?

132. P1: No. I don't know which one I might go to.

133. MO: Do you have a choice? Do you think?

134. P1: Yeah.

135. MO: And what do you think that would be like there? Do you think they need to know that you've got diagnosis of ADHD?

136. P1: Yeah, Yeah, I think my mum might tell them.

137. MO: And what do you think she'll say to them?

Personal	Social	Past	Present	Future	Context

138. P1: I don’t know.

139. MO: Right, right. Do you think they'll be interested in that? I think it will help them to know that.

140. P1: Yeah, I think so.

141. MO: Do you know why at all?

142. P1: Um no. **whisper** I’ve dropped my pencil

143. MO: That’s alright.

144. MO: And what about the future at all? Have you had any thought about what you would like to do when you’ve left school?

145. P1: I don’t know.

146. MO: What’s your favourite subjects?

147. P1: Maths. Uh. Maths. P.E and uh that’s it.

148. MO: That's really good. There's lots of interesting things there. And when did you first realise you were good at maths?

149. P1: In about year, year three.

150. MO: In Year three. And what made you realise that?

151. P1: Cos I kept. I kept doing the work really easy.

152. MO: That sounds really good.

153. MO: So, if we were to go back at the beginning, and we were to say, when I started school, how would you finish that sentence?

154. P1: I don’t know. When I started, I don't know how I’d finish it.

155. MO: You don't know how you finish that? Do you think that you it was good? When you started school? Did you enjoy everything? Or did you find anything difficult?

156. P1: I was good when I first started.

157. MO: And then what do you think? What happened next?

158. P1: In about? Year two. And then I went into year three. I was good until I left about year two. And then in year three, K kept, K kept winding me up. I wasn’t that good. He kept on annoying me.

159. MO: And what did not good look like to you? If you’re not being good. What does that look like for the teacher?

Personal	Social	Past	Present	Future	Context

160. P1: I don’t know.

161. MO: You don’t remember?

Other noise from children.

162. MO: Can you hear me ok?

163. P1: Yeah.

164. MO: Okay. So, if you were to put pictures on this of your favourite teachers.

165. P1: My favourite teachers?

166. MO: Or anybody who helped you all through your school, is there anyone that you could put on this?

167. P1: Uh. Probably S is one person.

168. MO: S would be on your list? And where would she come? On your map?

169. P1: She's been my friend from through reception through to year five right now. She's still my best friend.

170. MO: That’s so lovely. And what type of words would you use to describe Sophie?

171. P1: Good friend. **Other noise from children.** She’s a good friend and she’s really nice. That’s what I would say.

172. MO: And what would she say about you?

173. P1: I don't know.

174. MO: You don't know what she'd say about?

175. P1: Yeah

176. MO: but what would she say…? I bet she would say the same things about you. And if you were to put any teachers on your journey, what would you?

177. P1: Uh I put Miss Lyon in year five.

178. MO: Yep.

179. P1: Then in year four, my favourite teacher would have been in year four. Miss Bruce. Same as in year three.

180. MO: Yep.

181. MO: And what was it about them that made them your favourite teacher?

Inaudible. Signal cut out for 20 seconds.

182. P1: Year four. Then in Year five, Miss Lyon helps me quite a bit. Quite a lot.

Personal	Social	Past	Present	Future	Context

183. MO: Seems like lots of teachers help you in pear tree meads? Yeah. What is it about your school? Could you tell me a little bit about your school?

184. P1: uh I don't really know that much… About my school? Uh I don’t really know much about that. what, what.

185. MO: If you…

186. P1: If I were to…go on.

187. MO: If you were going to talk to another child. explain to them what your school was like? How would you describe it?

188. P1: I don’t know.

189. MO: It's anything important that your school? For other children would know. If they were thinking about coming to your school? Is there anything important that they would like to know?

190. P1: I don’t know.

191. MO: So that’s alright, no problem. So, I think we've got lots of information about your school journey at pear tree made and what I'm most interested about, is thinking about if your ADHD diagnosis what you think that means it for you at school.

192. P1: I don’t really know what it means.

193. MO: What would you like to find out about it? Do you think it'd be helpful to find out about it?

194. P1: Yeah.

195. MO: And who do you think would most be able to help you with that?

196. P1: I don't know.

197. MO: What about your mum, have you ever had any chats about it with her?

198. P1: No, but I will do after school.

199. MO: What…go on.

200. P1: When she gets back from work cos my granddad picks me up.

201. MO: Yeah. And you think that she would be somebody that could help you with that?

202. P1: Yeah.

203. MO: And what about your teachers? Do you ever have any conversations with them about it?

Personal	Social	Past	Present	Future	Context

204. P1: No…I don’t really know.
205. MO: No, that's all right. No problem. I think we've got so much information this morning. And is there anything on this little story that we haven't talked about this morning that you think would be really interesting for me to know about your story at pear tree mead?
206. P1: Um no.
207. MO: Okay, well, I want to say thank you this morning for having a little chat with me. Is there any questions you'd like to ask?
208. MO: Okay, well, I'm going to say goodbye now but thank you so much for coming this morning.
209. P1: Okay, bye!
210. MO: Okay, speak to you later. Thank you so much.
211. P1: [to other adult] I couldn’t see myself fully. Did you see that?

Participant 2 (P2) Transcript

Personal	Social	Past	Present	Future	Context

1. MO: Hello. Can you see me?
2. P2: Hi
3. [Teacher] There you go.
4. MO: Hello [to teacher] Thank you so much.
5. MO: Hello again. How you doing?
6. P2: Good.
7. MO: Good. Okay, so I've got a few sheets here. I'll read them out to you out. So, this first one, you see this one?
8. P2: Yes

Personal	Social	Past	Present	Future	Context

9. MO: Yes, brilliant. So, it’s just explaining what to do. So, my name is Michelle, and I am an educational psychologist trainee in East London University of East London. So today, you've been asked to take part because I'm doing a small study to explore you having a
10. diagnosis of ADHD, okay? I'm interested in hearing all the things or events that you would like to share from the story of your life. This is all about you, your views and experiences, and I really need your help in my research, and I would like to know your story of having ADHD, this is to help me to understand your story and help me when I work with other children. Okay? So, we've already had one session where we got to know each other yesterday little bit. And today, we will discuss your story of diagnosis. And then I will write your story out for you. And then I read it back to you. And you can tell me what's right or what's wrong, those sorts of things. And when I'm writing the story, I won't use your real name, or anything, so anybody knows it's about you. And this video, and the recording and anything that I do will be deleted straight away. And I will keep your story for up to five years, but it won't have any names, it will just have words that we use, okay? I say if you want to change your mind, you can you don't need to give me a reason. If you feel uncomfortable or sad or don't want to talk about anything, you don't have to okay?
11. P2: Okay (nodding)
12. MO: And your parent, your mummy is given permission for you to take part but I'm only going to do it as long as you want to take part with that. Okay? Okay, so any questions?
13. P2: No.
14. MO: Okay, so this last sheet, can you see this one has got the smiley face and the sad face? Yeah. And it says, I have read the information? Or had it explained to me, can you circle yes or no for me? And it says, I have asked had a chance to ask questions and have them answered yes or no?
15. P2: Uh Yeah, yeah.
16. MO: I know, it's my choice to take part. And I can stop at any point. You know that? Yeah, yes or no?
17. P2: Yeah. Yeah.

18. MO: And I would like to take part in this research study?

19. P2: Yeah.

Personal	Social	Past	Present	Future	Context

20. MO: Lovely. And then at the bottom, it says sign. So, if you just put your name for me. And then today's date, which is the 10th. Of the 11th. Perfect. You're ready to start?

21. P2: Yeah.

22. MO: Perfect. So, if you've got this sheet here, so what can you see on the sheet for me?

23. P2: Years

24. MO: Say that again?

25. P2: All the years.

26. MO: Years.

27. MO: So, what are we starting now?

28. P2: So, reception

29. MO: Ok reception and there's a little picture before it. And that was just as to a little picture for preschool, and it goes all the way to year six, and then secondary school and your future? And at the top? It says, What's your story? And that's what we're going to talk about today because I'm interested in your story, especially because you've got a diagnosis of ADHD. Do you know that word ADHD?

30. P2: I've dropped my pencil.

31. MO: You alright?

32. P2: Yeah.

33. MO: Do you know that word?

34. P2: Uh no.

35. MO: ADHD, have you heard that word at all before?

36. P2: Oh. Yeah.

37. And what do you think that word means?

Inaudible

38. MO: I can't hear you. You just say that again, really loudly.

39. P2: I don't know what it means

40. MO: You don't know what it means? That's absolutely okay. And do you remember anybody ever using that word before?

41. P2: Not really?

Personal	Social	Past	Present	Future	Context

42. MO: Not really? Okay. That's absolutely fine. But we can talk about that more this morning. So where are you on your story on that map? Which year are you in?

43. P2: Year 6.

44. MO: Year 6? Could you tell me a little bit about year six for me? And what that's like for you?

45. P2: Uh It's a little bit hard.

46. MO: It's a little bit hard. Can you explain a little bit more about that?

He shrugs

47. MO: You're really sure about that one yet. What do you think makes…? What sort of things do you like in year six?

48. P2: My Friends.

49. MO: Friends? and what do you do with your friends?

50. P2: I play basketball and football.

51. MO: Football? Is that like in the playground? Or do you have like clubs for that?

52. P2: In the playground.

53. MO: Playground? And what does a normal playtime look like for you can tell me what you do?

54. P2: At break…we play football no basketball. And then at lunch we play football.

55. MO: Ah. Do you have one that you prefer?

56. P2: I like football.

57. MO: What is it about football you like?

58. P2: It's the bit where you can just kick the ball.

59. MO: And do you have a referee in those games?

60. P2: No

61. MO: No so you don't. So, you just all carry on and do that. How does that work out?

62. P2: Good.

63. MO: Are there any other times where it doesn't work out it? Or does always everyone kind of gets on alright?
64. P2: Uh sometimes it don’t work out.
65. MO: And what happens then?

Personal	Social	Past	Present	Future	Context

66. P2: You can just get into a fight.
67. MO: Oh dear. And what do they normally fight about in football?
68. P2: Oh that…people just say pick it up when it goes too far away?
69. MO: Yep.
70. P2: Yeah, they come back and they'll just shout handball.
71. MO: Handball? It’s always the trouble one, isn't it? I remember I used to be a teacher and handball, I used to hear that every single playtime. Oh, somebody's shouting about that. Do you ever get into fights about the football?
72. 73 P2: …uh sometimes?
73. MO: And what tends to happen then?
74. P2: Sometimes end up getting banned.
75. MO: Ah. Does that happen very often?
76. P2: Not really.
77. MO: Not really? Oh, that's good. You don't want to have football banned. If football was banned? What would you play at play time?
78. P2: Basketball.
79. MO: Ah, yeah, that's a good alternative. Isn't that so? Taking a look at your little life story map. Is there any way you would like to go back and start with?
80. P2: Uh, the school preschool one?
81. MO: Preschool? So, tell me about preschool. I'm really interested to hear.
82. P2: So, I went to a private preschool.
83. MO: Okay.
84. P2: And um…near my grandad’s house.
85. MO: Okay. And what was that like for you?
86. P2: Uh. **Long pause and looking around.** not sure.

87. MO: Not sure. So, do you remember anything about any of your teachers there? Or any of the children?

88. P2: No, I wasn’t really one that played with anyone.

89. MO: Okay. What did you like to do instead?

90. P2: I just play stuff.

Personal	Social	Past	Present	Future	Context

91. MO: And what types of things would you like to do?

92. P2: Dinosaurs?

93. MO: My children love dinosaurs. What's your favourite one?

94. P2: The T Rex.

95. MO: What do you like about playing with dinosaurs?

96. P2: Cos you can do anything with them.

97. MO: Yeah. and what sort of games weren't you very keen on?

98. P2: Um tag.

99. MO: Oh. How come?

100. P2: Cos everyone used to go for me first because I was the slowest.

101. MO: Ah. That doesn't sound much fun.

He nods

102. MO: Do you play that anymore? Now?

103. P2: Kinda

104. MO: Is it a bit better now?

He nods

105. MO: And where did you start in your in reception?

106. P2: Um…I think…I didn’t really go to school in reception.

107. MO: Okay

108. P2: I can’t remember.

109. MO: What were you doing then? Were you at home?

110. P2: Yeah, I think I used to get home schooled in reception.

111. MO: Oh, wow. What was that like? Fun?

112. P2: Yeah

113. MO: What type of things did you do at home?

114. P2: Like maths and that. Division.

115. MO: Do you remember when you went to school?

116. P2: **Nodding** Yeah.

117. MO: When was that? When did you stop being home-schooled?

118. P2: Uh Year one.

Personal	Social	Past	Present	Future	Context

119. MO: Okay, what was that like? starting school in year one?

120. P2: I was shy.

121. MO: Oh shy. Okay. What did that look like? You being shy? What did that mean?

122. P2: I didn’t like everyone looking at me.

123. MO: Yeah…do you remember why?

124. P2: No

125. MO: And when did you stop…or are you still a little bit shy? Or do you think that got better at some point?

126. P2: It got better.

127. MO: Do you remember if you have a look at your map, do you remember which year it started to feel a bit better?

128. P2: Yeah two

129. MO: Year two? And what was it about year two that made it a bit better? What was different in year two?

130. P2: I knew everyone then.

131. MO: Yeah. Did that help?

132. P2: Yeah.

133. MO: That sounds really good. And what about the work in year two? How did you find that?

134. P2: I found it difficult.

135. MO: Yeah. What things do you find tricky in year two?

136. P2: times-ing

137. MO: Yeah, that is a tricky one. Definitely **He nods** Did anything help you with that?

138. P2: Not really.

139. MO: If you need some help. What about? Where are you now? Again? Which year?

140. P2: Six

141. MO: Yes, six, aren't you? And how is your six being different from your five so far?

142. P2: It’s hard work.

143. MO: Yeah. And what about in year five? What was that like?

144. P2: Kind of hard…cos I had…cos people were always shouting.

Personal	Social	Past	Present	Future	Context

145. MO: Yeah. What was they shouting about?

146. P2: Uh, just there was this kid called Rxx.

147. MO: Yeah?

148. P2: He always shouted.

149. MO: Was that at you? Or just in general?

150. P2: Just in general.

151. MO: And how's that feel?

152. P2: **Shrugging**. Kind of scary…I guess

153. MO: Is there anything that can help with that?

154. P2: But he he got kicked out of school.

155. MO: Okay. Do you know why that was?

156. P2: He got into too much trouble.

157. MO: How do you think he felt about that?

158. P2: **He shrugs.** Not sure.

159. MO: Not sure about that one. So, um thinking about year five. Is there anything you miss about year five or is different in your six?

160. P2: My year five teacher moved to my old school.

161. MO: Oh ok!

162. P2: So, I missed her.

163. MO: Yeah. What was it about her you most?

164. P2: Um

165. MO: What type of teacher was she if you were to describe her to somebody else?

166. P2: Um

167. MO: You're not sure. That's okay. So, we had a little look at your preschool we had a little look at reception and in year one you were home schooled to remember the reasons why you were at home?

168. P2: I think I was home schooled but I'm not sure.

169. MO: Do you think that was for the whole of year one?

170. P2: I think I was home schooled for a bit…like not all of year one. But like year one.

171. MO: Who was your teacher at home?

Personal	Social	Past	Present	Future	Context

172. P2: uh I can't…what? The teacher at my house?

173. MO: Yeah, who taught at home? At your house? Who was your teacher? Was that your mum?

174. P2: Yeah.

175. MO: What was that like? I bet that was fun?

176. P2: Easy.

177. MO: It was easy. Do you think she liked being your teacher?

178. P2: Yeah

179. MO: Kind of sounds like fun. And then in year two um. You felt a little bit shy when you started your school. Is that right?

180. P2: Yeah.

181. MO: And then what about when you went up to Key Stage. To the juniors? Do you remember what start in year three was like?

182. P2: Uh…it was easy.

183. MO: What made it easy do you think?

184. P2: **Inaudible**…Sit next to me and help me

185. MO: When someone sits next to you and helps you what they normally do?

186. P2: They help me with the question. With my work.

187. MO: Do you often find things tricky?

nodding

188. MO: What type of things do you find tricky?

189. P2: Divided dividing, times ing number is by over 1000

190. MO: Yeah, that does sound tricky. And is there anything that normally helps you?

191. P2: A number square.

192. MO: Definitely. That really that's a good one to use. And when things are feeling tricky for you, what does that feel like for you? What do you normally do? Things are tricky.

193. P2: Sometimes I ask for help.

194. MO: yeah? Anything else?

195. P2: Yeah. I'll ask the person sitting next to me.

Personal	Social	Past	Present	Future	Context

196. MO: That's good. Sounds like you've got lots of helpful people in your school.

197. P2: Yeah. **Nodding in agreement.**

198. MO: So, thinking about the teachers in your school, what things have happened? Or has anyone ever helped you? Or anyone that you remember? All the way from preschool to your six? Anyone that you particularly remember?

199. P2: **Shakes head**. No

200. MO: What about other adults? Do you ever see like any doctors or anybody else like that?

201. P2: Yeah, I see a doctor.

202. MO: And what's that like?

203. P2: Ok

204. MO: Do you remember when you started seeing your doctor? Remember which year that would be him? Do normally talk about your diagnosis of ADHD or is that just like a normal stuff? Like not feeling well? Which one?

205. P2: The diagnosis.

206. MO: And what what do they normally say about it?

207. P2: I can't remember. I don't really listen.

208. MO: And do you ever talk about it afterwards?

209. P2: **shaking head.** No.

210. MO: Okay, that's good. Do you think your teachers know that you've got a diagnosis? **P2 Nodding**

211. MO: What do you think? And what do you think they do about that? Or think about it?

212. P2: They just give me a bit a bit of help.

213. MO: Do you think things have changed at school a bit since they know?

214. P2 nodding yes

215. MO: what? What was it? Like before they knew?

216. P2: Like well, when I didn’t understand work like I used to get in trouble.

217. MO: Like, do you remember anytime you got in trouble. And do you ever get in trouble anymore now?

Personal	Social	Past	Present	Future	Context

218. P2: Sometimes

219. MO: And what’s that look like? Is it over football and handball?

laughter

220. P2: Not really

221. MO: Not football. What's that over?

222. P2: Normally when I kick the ball and it just hit someone.

223. MO: Yeah. And what happens if someone gets in trouble your school? What's the normal thing that happens? Do you have like a system?

224. P2: You get moved down the ladder.

225. MO: Do you ever get moved down the ladder?

226. P2: Sometimes

227. MO: What types of things they normally for?

228. P2: Not doing work and um…

229. MO: Is that very often?

230. P2: Yeah

231. MO: Is any way you can get back up the ladder?

232. P2: By being well behaved.

233. MO: What do they look for?

234. P2: Just doing your work and that.

235. MO: Do you think that you get down the ladder more or you go up the ladder more?

236. P2: Both.

237. MO: Both. And. And some days? do you know if it’s going to be an up the ladder day or down the ladder day?

238. P2: Some sometimes I just stay on green.

239. MO: Oh. Okay. And is that like you're just doing okay?

240. P2: Yeah.

241. MO: Okay, so do you think. Did you always have the ladder system?

242. P2: I think so.

243. MO: So, which of these years on your sheet do you think you were up the ladder the most?

Personal	Social	Past	Present	Future	Context

244. P2: Year three and Year five

245. MO: Year three and year five. What was it about year three and year five that got you up the ladder the most?

246. P2: Because in year three and five I understand the work more.

247. MO: Okay. And how did that make a difference?

248. P2: Because I end up finishing a worksheet.

249. MO: Yeah. you found that helpful?

250. P2: Yeah.

251. MO: And can you remember any times where you've got was the highest you've got? Is there a top point?

252. P2: There's gold

253. MO: Did you ever made it to gold?

He nods yes

254. MO: Really? When would you have got to gold?

255. P2: Year 2. Year 3. Year 5. I think year 4.

256. MO: Wow, that's a lot of times to gold. Do you remember what they were for?

257. P2: Mostly doing work

258. MO: And…How could your teachers or the adults in your school help you to get to gold? What would you need you think?

259. P2: I'm not sure.

260. MO: Okay. And is there ever been any times on your map where you went down the ladder?

261. P2: Yeah.

262. MO: Which year do you think you were down the most?

263. P2: I think reception when I weren’t in school.

264. MO: And what was it that made you go down the ladder then do you think?

265. P2: Cos all the kids were annoying me.

266. MO: Yeah. What is it about them that you found annoying?

267. P2: Cos when I was playing with something they just take it.

268. MO: That is quite annoying. And what did you do when they did that?

Personal	Social	Past	Present	Future	Context

269. P2: I just took it back.

270. MO: So, what made you go down the ladder, then? Do you think? By taking the toys back?

271. P2: yeah.

272. MO: And did anything help you with that?

273. P2: I’m not sure.

274. MO: Absolutely fine. So, on your map, can you see once you've got to year six? Can you see what comes next?

275. P2: Secondary school

276. MO: Secondary school. And what are your thoughts on that?

277. P2: um kind of worried…because my sister goes there…and I have to go there for something…and the teachers all shout.

278. MO: What would you like the new teachers in your secondary school to know about you?

279. P2: **shrugs** Not sure

280. MO: Do you think it'd be helpful if they knew that you had a diagnosis of ADHD?

281. P2: **Nodding** yes

282. MO: How do you think that would help them or help you?

283. P2: They would understand.

284. MO: What do you think they would understand? Can you explain a little bit more for me?

285. Inaudible

286. MO: Say that again? Sorry.

287. P2: They would know I am one of the different ones.
288. MO: How are you different do you think?
289. P2: Because I’ve got a short…um...fuse?
290. MO: Ok. What does that look like?
291. P2: I can get angry and **inaudible**
292. MO: You can get angry and what sorry?
293. P2: Quickly.

Personal	Social	Past	Present	Future	Context

294. MO: Okay. And when you get angry quickly, what does that feel like?
295. P2: Not sure.
296. MO: That’s alright don’t worry. So, there's lots of things that you could pass on to your secondary school teachers to help you in that way. And what do you think would be the most important thing for them to do for you in secondary school?
297. P2: To make sure there’s a person on my side…so that I can get help.
298. MO: Yeah. Is that something that you found useful?
299. P2: Yeah.
300. MO: And looking back at your map, which year do you think you remember most having help? Or when you first started getting help, do you think?
301. P2: Year 5
302. MO: Year 5. What was it about year five that you got help with?
303. P2: I had a teacher that sat on my desk with me.
304. MO: Yeah? I’m just making a note. Lovely. And can you tell me a little bit about playtimes when would you think which of these years had the best playtimes?
305. P2: Year Six
306. MO: Year 6? that's good it’s your current year. What is it about your six that makes playtime so good?
307. P2: It’s not long, not too short.
308. MO: What's your best play time?
309. P2: Not sure.
310. MO: Not sure. not too long. Not too short. What makes a rubbish play time at your school?

311. P2: Like at my old school we only had like three minutes or five. Not sure.

312. MO: That sounds really short. So, when did you come to your school that you're at now?

313. P2: I came at year one.

314. MO: Year one?

315. P2: Yeah Year two yeah.

316. MO: So, you came in to your new school. So, you went to reception at an old school?

Personal	Social	Past	Present	Future	Context

317. P2: Yeah.

318. MO: And then you you went to a private nursery and then you went to reception at an old school and in year one you were home schooled.

319. P2: I don't think was home school.

320. MO: But you were at home a little bit?

321. P2: Yeah.

322. MO: And then in year two you came to your new school? where you're at now?

323. P2: Yeah.

324. MO: And you've been there the whole time since then.

325. P2: Yeah.

326. MO: And then you've most felt that you've got the best help or when you start getting help in year five.

327. P2: Yeah.

328. MO: Okay. So, in years, two, three, and four, where you didn't have as much help? What was that like? **inaudible** sorry say that again

329. P2: worrying.

330. MO: Yeah, it sounds like… what things used to worry you the most in two, three and four?

331. P2: Not sure

332. MO: You're not sure that's okay. And it is what changed do you think in year five? How did they know that you needed help?

333. P2: **shrugs** Not sure.

334. MO: Not sure in that way. But it sounds like you're doing good now. How do you think you’re doing in year 6?

335. P2: Good

336. MO: That's really good. And thinking about our last thing? What does it say? Our last box on the sheet? Our last word?

337. P2: Future

338. MO: future. what are your thoughts for the future?

339. P2: Well, I was gonna work for my dad.

Personal	Social	Past	Present	Future	Context

340. MO: You’re going to work with your dad. What does he do?

341. P2: He’s an electrician.

342. MO: And what do you think about your diagnosis of ADHD? Do you think that's something in the future that you'll be needing to think about?

343. P2: Yes **nodding**

344. MO: How do you think that would be?

345. P2: Not sure.

346. MO: You’re not sure in that way. And if you could tell another child, what it's like having a diagnosis of ADHD, what would you say to them?

347. P2: It’s hard.

348. MO: It’s hard. Would you give them any advice?

349. P2: Not sure. **shrugs**

350. MO: You’re not sure. Any tips that they could use?

351. P2: **Shakes head.** No... I...

352. MO: Go on.

353. P2: Sorry, I’m not really that guy...

354. MO: Sorry?

355. P2: I’m not really that person that gives out tips.

356. MO: You're not really that person that? I feel like it sounds like you've got loads of great tips. You've got such an interesting story of lots of things. And you've got lots of tips about asking for help and doing other things.

He nods

357. MO: There's lots of tips in you that guy. Any questions you want to ask me about this morning?

358. P2: No

359. MO: And anything about your story that you want to tell me a little bit more if you look back at your little chart is anything that we've missed out that you think might be important?

360. P2: No

Personal	Social	Past	Present	Future	Context

361. MO: Okay, I really, really thank you for coming to talk to me. This one is what I'm going to do is I'm going to write your story over the next month and I'm going to come back before Christmas. And read your story with us that sound okay?

362. P2: Yes

363. MO: Okay, I had a really nice time meeting you this morning. I'm sorry I couldn't come in in person and see you.

364. P2: That’s ok

365. MO: Are you okay to go back to class?

nodding

366. MO: Thank you so much. Have a lovely time playtime.

367. P2: Thanks. Bye.

Participant 3 (P3) Transcript

Personal	Social	Past	Present	Future	Context

1. MO: Well, you look very different from Friday you're not in your Minecraft pyjamas now!

Laughter

2. MO: How was… you’re very smart today. How was your day on Friday? With Children in need?

3. P3: Good

4. MO: Was it good? Is it nice to be back in your normal clothes? Would you wish you're still in your pyjamas?

5. P3: Not really **Laughter**

6. MO: Not really.

7. MO: Bit warmer today?

laughter

8. MO: Brilliant. So, this morning, we just got another little chat again and you did the consent sheet for me last week and you know that what we're doing this morning? Is that right?

9. P3: Uh, Yes,

Personal	Social	Past	Present	Future	Context

10. MO: We're having a little chat about your diagnosis of ADHD and your school life. And you know, if you want to stop at any point, that's okay. Okay?

He nods

11. MO: Brilliant. So, I'm really interested in your story and all children who have a diagnosis of ADHD, to think about what their story was like their life and how I can use that to help other children. Does that sound like something we can talk about today?

12 P3: **smiling** Yeah!

13. MO: brilliant. Okay. Have you ever heard or remember hearing the word ADHD before?

14. P3: mmm, yeah

15. MO: And what does that… do you remember when you heard it or what you remember about it?

16. P3: Not really.

17. MO: Not really. That's okay. We can have a little think about that this morning. And do you have a sheet in front of you that looks like this?

Holds up prompt sheet

18. MO: That's the one. Yeah. Brilliant. And at the top, it's got something that says what your story? So, could you have a look? Look for that for me. And can you tell me where you are now on your story?

19. P3: …I'm not quite sure.

20. MO: Not quite sure. Okay, so we start at preschool. We've got reception Year, one Year two Year 3456 Secondary School in the future. Which year were you in now?

21. P3: Year five

22. MO: Year five. Could you tell me a little bit about Year five what that's like for you?

23. P3: It is quite… maths in there is quite easy.

24. MO: Okay?

25. P3: And English is quite hard for me.

26. MO: Okay, what makes English hard for you?

27. P3: Just that…um…when I'm trying to do write…I don't really do the thing I'm supposed to write…cos…I can't really remember what I remember can't remember what I'm going to put in there.

Personal	Social	Past	Present	Future	Context

38. MO: Aw, that sounds tricky. Is there anything that helps you remember?

39. P3: Not really…except for maybe writing on my whiteboard so I can remember it.

40. MO: Oh, so writing on the whiteboard helps to give you a little bit of a reminder?

41. P3: Yeah

42. MO: That sounds good. And what about any other lessons in year five? What are they like?

43. P3: um good

44. MO: Good. And do you have a favourite one?

45. P3: Yes. It's maths

46. MO: Maths! You said maths is easy. What makes this easy for you?

47. P3: The questions are quite easy for me and the teacher helps me to do 'em.

48. MO: Brilliant and how when you say the teacher helps you could you explain a little bit more for me what that looks like.

49. P3: And that, like, I'm not quite sure what they are doing for maths at the minute. I think they have these sheets to stick into our maths books. And and I don't really know how to do but not do because the teacher helps me to do

50. MO: well that sounds really good.

51. MO: And what does play time look like in year five? What do you normally get up to?

52. P3: Um play football.

53. MO: Is that every day?

54. P3: Um Yeah. **Laughing**

55. MO: I bet you enjoy that. And it does ever have a play time which doesn't go as well at all?

56. P3: um…maybe sometimes when people like push at me for kicking the football over and we can't get it back.

57. MO: Ah, what do they get cross about?

58. P3: That I kick the football over and they can't get it back until lunch time.

59. MO: Oh, so if you kick it too far and is taken away for playing. You get it back the next one is that right?

60. P3: Yeah.

Personal	Social	Past	Present	Future	Context

61. MO: Yeah, what happens then?

62. P3: And then we just chase each other. Well chase me because they make… then because I kick the football over and they can't get it back.

63. MO: Ah, so do they get a bit annoyed about that?

64. P3: Yeah

65. MO: And how often does that happen? very often?

66. P3: No, not anymore.

67. MO: Oh, that's good. What what's different now?

68. P3: Um…that…Not quite sure.

69. MO: That's okay maybe we can have a think about that later. So, should we have a little look back give you a quick look at your sheet. Is there any where you'd like to talk about every year? Because…have you always been at pear tree mead?

Looking at the prompt sheet

70. MO: How about in nursery? Do you remember where you went to nursery?

71. P3: um…. Yes.

72. MO: What do you remember about that?

73. P3: I went is this school called…Dxxx

74. MO: Oh, Dxxx. Yeah, and tell me about Dxxx. What you remember about that?

75. P3: Um not that much…**sits up**…When I was going to this school next, and I got this, like

this thing. A funny hat when you graduate. High school or something?

76. MO: Is there a like a board…mortar board and had like a tassel thing?

77. P3: Yeah, yeah. And what makes me sad there was that my dad wasn't there.

78. MO: Oh, did he not get to see you graduate?

79. P3: No

80. MO: Oh, that's a shame. Was that from when you left? nursery to reception?

81. P3: Yeah.

82. MO: Oh, could he make it that day?

83. P3: um I’m not really quite how that he can make.

84. MO: Oh, did you have somebody else there?

85. P3: I did like one teacher there

Personal	Social	Past	Present	Future	Context

86. MO: Yup?

87. P3: And she was only at the front of the…little Dxxx…where…where…where I can go in.

88. MO: What? At the reception bit?

89. P3: Yup

90. MO: And was she like? Do you remember why you liked her?

91. P3: Because **someone enters the rooms and starts talking to the teacher** because every time I went in she…said something to me…always makes me laugh.

92. MO: That’s nice. So, do you like it when people welcome you in the morning and make you laugh?

93. P3: Yeah.

94. MO: And if anybody like that now who you can think in your school?

95. P3: Only two people. The boy’s R and L.

96. MO: And who’s L?

97. P3: Lily…she um..she wasn’t my friend…now I’m friend’s with her

98. MO: ooh, what changed there?

99. P3: Because she…I maked her laugh and I and she maked me laugh. So now we're friends.

100. MO: That's nice. Isn't it? Sounds like it's important to you that people make you laugh.

101. P3: Yeah

102. MO: And What? What things make you laugh the most?

103. P3: Um lots of stuff. Like…um… funny jokes.

104. MO: Funny jokes…Do you have a favourite joke?

105. P3: Mmm…no

106. MO: I've got a favourite joke. My children think it's rubbish. I'll tell you and you can tell me if you think it's rubbish or not. Okay?

107. P3: Okay **laughing**

108. MO: What is brown and sticky?

109. P3: I don't know **smiling**

110. MO: A stick!

He laughs

Personal	Social	Past	Present	Future	Context

111. MO: See, I think that's quite funny. But my children said it's rubbish. What do you think?

112. P3: I think it's *quite* funny.

113. MO: No, good. Good. Funny, but a little bit funny. I'll take that. So, when you started in reception at xxx What do you remember about that? Starting a new school.

114. P3: They used to play a lot to reception.

115. MO: And what was that like?

116. P3: Um…can't remember…like…

117. MO: But looking back at your sheet you've got all the years there. Which one do you think has been your best year so far?

118. P3: Definitely year five

119. MO: Year five? and what's so good about year five?

120. P3: um…Cuz last year, year three I think it was. I didn't really like a teacher in there.

121. MO: Oh, what was that? Like? What was it about them?

122. P3: That um…**teacher comes into the room and he stops talking**…not quite sure but,

123. MO: Okay, so what was about year 5 that's better this year?

Teachers' talking

124. P3: That it's easy in maths.

Teachers' talking

125. MO: Shall we wait a minute for that noise?

Waiting a minute for talking to stop

126. MO: So that what was little bit trickier? What's what happens when things were tricky? Like not liking the teacher. Can you remember anything?

127. P3: That I sitted on my own table, and I still do, because it helps me.

128. MO: Okay, and what is it about sitting on your own table that helps you?

129. P3: That I sometimes felt alone

130. MO: On your own table?

131. P3: Yeah.

132. MO: Okay. What do you do when that when you feel in a bit alone?

133. P3: Um I try to talk to people.

Personal	Social	Past	Present	Future	Context

134. MO: Okay, and what happens when you try and talk to people?

135. P3: They, they, they like ignore me and talk to other people. Kind of.

136. MO: Is that because you sat on your own?

137. P3: Um no? R always like…R…um is my friend and O and I'm not quite sure about F.

138. MO: Mm hmm.

139. P3: and O…but

140. MO: Okay, so how do you know if someone's your friend?

141. P3: Because they would say do you want it to be my friend?

142. MO: That's good. And what do you look for in a friend? What makes a good friend to you?

143. P3: They help me and…**looks around the room**

144. MO: That sounds good. And is there any times that you get to sit with the other children?

145. P3: Um. At lunchtime? There's lots of seats like taken. So, like, it's very hard at lunchtime to sit down.

146. MO: What? In the hall?

147. P3: Yeah.

148. MO: Oh, okay. What when you get your dinner?

149. P3: Yeah.

150. MO: So how do you normally find a seat?

151. P3: Just look for spare one. Or if there's a spare one on the other table and there is a spare like gap, I could take that chair, or Mr. C gets me a chair. And I say that table.

152. MO: Oh, that's handy that there's someone there to help you. So, going back to when you say that you sit in on your own? Why do you think it is that you have your own table?

153. P3: So I don't really hurt anyone.

154. MO: Okay, do you think that might be something that might happen if you sat with the other children?

155. P3: Yeah.

156. MO: Do you have any idea why that is?

157. P3: mmm…not quite sure.

Personal	Social	Past	Present	Future	Context

158. MO: Yeah. Okay, we can go back to that. So, thinking back to all the different play times that you had. So, you said in reception, you've got to play a lot. What about for the rest of the years? What sort of playtimes did you have then?

159. P3: Um…Less play times. Because like, when you go up to year five, and six and like, three you get, um, only a break time and lunch time, kind of thing. And reception after like their work, they get to like play.

160. MO: Okay, so and how do you think that works for you? Do you prefer having more time at play or do you mind not mind being in the classroom?

161. P3: I don't mind being in the classroom but…**looks around the room**

162. MO: But it might be nice. So, thinking about next year in year six, what do you think year six will look like?

163. P3: Um…it might get harder

164. MO: What do you think will make it harder?

Pauses and looks at prompt sheet

165. MO: Any thoughts?

166. P3: In year 6 it might become more harder and more like…harder maths.

167. MO: Okay, but you're good at maths, aren't you? something that you quite enjoy. is anything your teachers can do to help you get ready for year six?

168. P3: um…don't know at the minute.

169. MO: You don't know at the minute. Do you think there's somebody at school who you might like to talk to you before you go to year six?

170. P3: um…not quite sure.

171. MO: That's okay…So thinking about all the teachers you've had all the way from nursery up and up to year five do you have somebody in your head that you think you really like to really remember, it doesn't have to be teacher could be anyone in the school.

172. P3: Mr. H

173. MO: Mr. H, and when did you have Mr H?

174. P3: In year four

175. MO: In year four and can you tell me a little bit about what he was like?

176. P3: He, he done put some music on so we can kind of listen while we done some work. and he used to make everyone laugh in class.

Personal	Social	Past	Present	Future	Context

177. MO: You like it when you laugh in the class, don't you? That's pretty good. And thinking about secondary school. Have you given any thoughts about what it would be like there?

178. P3: Not really

179. MO: Not really. So, when you go to secondary school? Do you think it's important that they know you have a diagnosis of ADHD?

180. P3: Hmm **Tilts head and thinks for several moments** not quite sure.

181. MO: Not quite sure. Did you think that they if they knew that they would do anything differently?

inaudible

182. MO: Do you think they probably would do something different? If they know?

183. P3: Probably not.

184. MO: Do you think it'd be helpful if they did anything different for you?

185. P3: Yes

186. MO: What was the best thing that they could do to help you learn or get settled into secondary school? Do you think?

187. P3: um…like…. **looks to teacher in the room**…Help me not to hurt people and speak to someone nicely.

188. MO: That sounds like that. And when you feel like you're gonna hurt somebody, when does that normally happen? Can you think of anything?

189. P3: Mostly break time. But pretty much like not any more.

190. MO: That’s good. And what's different now? Do you remember? Which year that you felt most at play times that you might hurt somebody?

191. P3: Year three and year four

192. MO: Year three and year four. What was different about then do you think? with now?

193. P3: I wasn't really like knowing what I was doing.

194. MO: You didn’t know what you were doing. Do you feel a bit different now?

195. P3: Yeah.

196. MO: So how did you feel at play times now?

197. P3: Good

Personal	Social	Past	Present	Future	Context

198. MO: And football helps?

199. P3: Yeah,

200. MO: Always. So, thinking about the future. So, when you all finish school and you're all finished secondary school, what is it you think you might like to do?

201. P3: Doing lots of maths

202. MO: Doing lots of maths. And what sort of jobs do you think would use maths?

203. P3: um

204. MO: I think most jobs…you use it…quite anyway don’t you?

205. P3: Yep

206. MO: That sounds like something that's good. So, we're going to go back what what years haven't we've spoken about? So you went to dizzy ducks in preschool. And you had a really nice teacher who made you laugh at reception. And then you…

207. P3: There was another one.

208. MO: Oh, yeah.

209. P3: I ..he..I…he had he own guitar he got out and he got another guitar out of the cupboard.

210. MO: Yeah?

211. P3: He got that guitar for me, so I could play with him.

212. MO: Really so what was that like?

teacher talking in the room so inaudible

213. MO: So that's good. And then we've never mentioned much about year one. Do you remember anything about there?

214. P3: Year one. Not really. I used to play a lot in there too.

215. MO: That's all right. And when you were talking a little bit earlier about sometimes play times been a little bit more difficult. Do you remember which year that they started to be a little bit more difficult?

216. P3: Not really, but I can remember one thing. One thing is that I used to pretty much hurt everyone.

217. MO: Did you? Do you remember why?

Personal	Social	Past	Present	Future	Context

218. P3: because **shrugs** I couldn't think like if that was the wrong thing or the right thing at the time.

219. MO: Okay, what do you think about that now?

220. P3: um…**long pause**…I don't really hurt anyone now so…

221. MO: Okay, Okay, that's good. That's good. So thinking about all of these years that we've done this, which year do you think has been your favourite? You said year five, didn't you?

222. P3: Yeah.

223. MO: So, we've got lots of information about year five, and thinking about your diagnosis of ADHD. Do you ever have a little chat with anybody at home about that?

224. P3: um

225. MO: At the time?

226. P3: My mum.

227. MO: When do you remember when you first started talking about that?

228. P3: No. I

229. MO: That's ok. Do you remember what she said?

230. P3: That…if you have playdates just still, still be yourself.

231. MO: I like that advice. Would you think that means?

232. P3: um…I'm not really quite sure.

233. MO: That's okay. So, if you were to describe your school for another child, he was thinking about coming to your school, what would you say?

234. P3: um

235. MO: Would you recommend that?

236. P3: Yes.

237. MO: It looks like you did lots of fun things on Friday with children in need? Do you get to do stuff like that often?

238. P3: Mmm no

239. MO: It's all a bit a bit different at the minute isn't it?

No answer

Personal	Social	Past	Present	Future	Context

240. MO: Yeah, that's okay. But lots of information about your school and lots of different things. So, when you spoke a little bit earlier about when play times don't go as well? What happens if a time don't go so well? Do you have like a system?

241. P3: Um, not really.

242. MO: Not really. So, if you've got into trouble at break, what would be? Would there be something that happened? Or was it just depend?

243. P3: It depends.

244. MO: depends on that. okay. Right. So, we've gone all the way from nursery reception in year one all the way to the future. Is there anywhere on that map that you would like to talk about a little bit more or we haven't had enough of a little chat about?

245. P3: No

246. MO: No, not quite. I think we've got so much information this morning. And I'm really pleased that I got to speak to you again, I'm sorry that I couldn't come into school to see you. Is there anything else that you think we need to chat about? Or you'd like to ask me?

247. P3: Not really

248. MO: That's absolutely fine. Thank you so much for talking to me today. I hope you have a really nice day today. Again, what I'm going to do what I'm going to do now is I'm going to write your story that you've told me and put it into order. I'm going to come back before

Christmas. And I'm going to tell your story to you and you can hopefully give me some more information or tell me what's right or what needs changing. Okay, and hopefully I'll be able to see you otherwise it'll be on the computer again. Okay?

249. P3: Okay.

250. MO: Brilliant. Thank you so much for your time this morning. Nice to see you again. See you later.

251. P3: See you later.

252. MO: Bye bye.

253. P3: Bye bye.

Appendix 13: The Organisation of Each Participants Transcript using Clandinin and Connelly's (2000) Three-Dimensional Space Structure.

Participant 1 (P1) Organisation

Personal	Social	Past	Present	Future	Context
6. I don't really know that one [Definition of ADHD] 173 [How would his best friend describe him] I don't know.	169. She's still my best friend. 171. She's a good friend and she's really nice. That's what I would say.	167. Probably Sophie is one person [who has helped throughout him school] 169. She's been my friend from through reception through to year five right now.			School
60. I don't know what she thinks (His mum about ADHD diagnosis)		8. [ADHD diagnosis was] quite a long while ago. 12. I think it was like my mum who told me first.			Home

		14. I can’t really remember that much. 56. when I was at home once [heard the word ADHD] 58. I don’t remember that much about what she said.			
		65.I didn't go to preschool in this school 69. **Animated**. In the little playground. There used to be a little gate. 71. Leading onto a cycle path. My mum used to walk past sometimes when she was going work. 73. I used to see her sometimes at lunch **smiling** 75. And she was walking back…back to our house through the gate.			Pre school

		79 [don’t remember] Not that much [about the teachers]			
	88. My friend. and my best friend Sophie. She used to be my best friend since reception.	156. I was good when I first started.			Starting school/reception
		127. No [times where he remembers feeling wound up]			Year 1
158. I was good until I left about year two					Year 2
		179. P1: Then in year four, my favourite teacher would have been in year four. Miss Bruce. Same as in year three. 42. In that class the work was really easy…I liked doing the maths the most. 46. ‘Cos you don’t have to do as much writing with words			Year 3/4 (same teacher)

121. I felt quite angry and annoyed. 123.. Just being on my own [helped] 158. I wasn't that good.	119. in year four or five was when he started winding me up. 158. [He] kept winding me up…he kept on annoying me.	149. P1: In about year, year three [realised he was good at maths] 151. Cos I kept. I kept doing the work really easy. 158. And then in year three…Kenny 113. Kenny joined in year three. 117 He was best. We was…quite good friends in year three.			
			21. It's okay. The work is a little bit hard… It depends on what like we are doing sometimes 25. it's one of my favourite classes. 27. cos…teachers. 29. They help me sometimes, whenever like, I need some help with the work.		Year 5

94. But I always end up winning. **Laughter** 95. I like know more hiding spots. 97. Some that only I know 107. I feel quite angry and annoyed. 111. just being on my own [helps me] normally.	101. He always, he winds me up sometimes…both of them wind me up. 113. I got wound up in Year five		48. English…and…I don't mind R.E…PSHE or that's quite easy…. (quieter) sometimes. 50. the teachers help me quite a bit with work. 52. whenever I need some help with doing like questions…sometimes…the teachers help me in like maths…and English sometimes. 92. We [best friend] play together. Most break, nearly like every break or lunch. 94. It. We play hide and seek. Sometimes. 101. It's just there's this person called Kenny … so does Stan. It's one of his best friends Stanley. 103. I normally walk off because like there's a little pond. on my playground and I normally walk off over there.		

105. Yeah, [it helps] a little bit sometimes. Sitting there as they're winding me up. 184. I don't really know that much… About my school? [how to describe] Uh I don't really know much about that. 188. I don't know [how to describe school to another child] 192. I don't really know what it means [ADHD diagnosis] 160. I don't know [what is			147.. Maths. P.E and uh that's it [favourite subjects] 177. I put Miss Lyon in year five [onto story map for person who has helped him] 182. Then in Year five, Miss Lyon helps me quite a bit. Quite a lot. 204. No…I don't really know [what his teachers know or think about his ADHD diagnosis]		

looks like when he is not 'good']					
				31. I don't really know [what it will be like] 33. Harder work. 35. The teachers…I'd say they help the most. 130. I don't know [what can help him at school]	Year 6
				132. No [thoughts] I don't know which [Secondary school] one I might go to. 134. Yeah [he thinks he has a choice to decide which school] 136. Yeah, I think my mum might tell them.	Secondary school

				[about AHDH diagnosis] 138. I don’t know [what she will tell them]	
				145. I don’t know (what he’d like to do after leaving school) 194. Yeah [would like to know more about what ADHD diagnosis means for him at school] 196. I don't know [who can help him find out more] 198. No [never spoken to his mum about ADHD diagnosis] but I will do after school. 200. When she gets back from work cos my	Future

				granddad picks me up.	

Participant 2 (P2) Organisation

Personal	Social	Past	Present	Future	Context
33. Uh no [I don't know the word ADHD. 38: I don't know what it means 42: Not really [remember anybody using the word] 213. **nodding yes** [things have changed since the teachers know about diagnosis] 215. when I didn't understand work like I used to get in trouble. 217. Sometimes [I get in trouble now] 221. Normally when I kick the ball and it just hit someone. 223. You get moved down the ladder. 225. Sometimes [I get moved]	257. How could your teachers or the adults in your school help you? 258. I'm not sure.		209. Yeah [I think the teachers know about my diagnosis] 211. They just give me a bit a bit of help.		School

227. Not doing work and um… 229. Yeah {it's very often] 231. By being well behaved [you can go back up] 233. [by] Just doing your work and that 235 Both [go up and down] 237. Some sometimes I just stay on green. 242. I understand the work more [in Y3 & Y5 up the ladder more] 245. Because I end up finishing a worksheet [it made a difference] 249. Yeah [I found that helpful] 251. There's gold [at the top] 254. [I got there in] Year 2. Year 3. Year 5. I think year 4. 256. [by] Mostly doing work 328. [years, two, three, and four didn't have as much help] worrying. 330. Not sure [what used to worry me] 346. It's hard [what I would tell another child about ADHD diagnosis]					

348. Not sure. **shrugs** [any advice] 350. **Shakes head.** No... I…[no tips] 352. I'm not really that guy… 354. I'm not really that person that gives out tips.					
		206. I can't remember. I don't really listen.	200. I see a doctor. 202. [He's] ok 208. No [I don't talk about it afterwards]		Home
		310. Like at my old school we only had like three minutes or five.	49. I play basketball and football. 51. In the playground. 53. At break…we play football no basketball. And then at lunch we play football. 55. I like football. 57. the bit where you can just kick the ball. 61. Good [works out good without a referee] 63. sometimes it don't work out. 65. You can just get into a fight. 67. people just say pick it up when it goes too far away? 69. they come back and they'll just shout handball. 71.sometimes [get into fights about football] 73. Sometimes end up getting banned.		School Playground

			77. [I play] Basketball [instead]. 101. Kinda [play tag more now] 103. **Nodding** [it's better now] 306. It's not long, not too short [Y6 playtime]		
87. No [I don't remember any of the teachers or children] I wasn't really one that played with anyone. 99. Cos everyone used to go for me first because I was the slowest.		81. I went to a private preschool. 82. near my granddad's house. 84. not sure [what it was like] 89. I just play stuff. 91. Dinosaurs 93. The T Rex. 95. [I like them] Cos you can do anything with them. 97. [I wasn't keen on] tag.			Preschool
261. down the most? 262. reception when I weren't in school. 264. Cos all the kids were annoying me.		105. I didn't really go to school in reception. 107. I can't remember.			Reception

266. Cos when I was playing with something they just take it. 268. I just took it back. 272. I'm not sure [if anything helped with that].		109. I think I used to get home schooled in reception. 111. Yeah [it was fun] 113. [I did] Like maths and that. Division.			
119. I was shy. 121. I didn't like everyone looking at me. 123 No [I don't remember why]. 179. Yeah [I felt a little bit shy when starting my school]		116. Year one [I stopped home schooled] 167. I was home schooled but I'm not sure. 169. I think I was home schooled for a bit…like not all of year one. But like year one. 173. yeah [my mum was my teacher] 175. [it was] Easy. 318. I don't think was home school.			Year 1

		320. Yeah [I was home a little bit in Y1]			
125. It [the shyness] got better. 129. I knew everyone then. 131. Yeah [that helped]		133. I found it [the work] difficult. 135. times-ing 137. Not really [did anything help]			Year 2
	183. Sit next to me and help me	181. It [starting Y3] was easy.			Year 3
					Year 4
151. **Shrugging** [it felt]. Kind of scary…I guess 161. I missed her 163. Um [not sure what I missed]		143. Kind of hard…cos I had…cos people were always shouting. 145. just there was this kid called Rxx. 147. He always shouted. 149. in general. 153. he got kicked out of school.			Year 5

165. Um [not sure how I would describe her]		155. He got into too much trouble. 157. **He shrugs.** Not sure [how he felt about that] 159. My year five teacher moved to my old school.			
192. Sometimes I ask for help.	194. I'll ask the person sitting next to me. 196. Yeah. **Nodding in agreement. [**lots of helpful people in school] 198. No [one I particularly remember]		44. It's a little bit hard. 47. [I like] My Friends. 141. It's hard work 185. They help me with the question. With my work. 186. **nodding** [I often find things tricky] 188. [like] Divided dividing, times ing number is by over 1000 190. A number square [helps me] 334. [I'm doing] Good		Year 6
277. [I'm] kind of worried 282. They [teachers] would understand [if they knew about ADHD diagnosis] 286. They would know I am one of the different ones.			276. because my sister goes there…and I have to go there for something…and the teachers all shout.	278. **shrugs** Not sure [what teachers should know about me]	Secondary school

288. Because I've got a short…um...fuse? 290. I can get angry 292. Quickly. 294. Not sure [what that feels like] 296. [the most important thing is] To make sure there's a person on my side…so that I can get help. 298. Yeah [I found that useful]				280. **Nodding** yes [helpful if they knew about a diagnosis of ADHD]	
			340. He's an electrician.	338. I was gonna work for my dad. 342. Yes **nodding** [will need to think about ADHD diagnosis] 344. Not sure [why]	Future

Participant 3 (P3) Organisation

Personal	Social	Past	Present	Future	Context
14. mmm, yeah [I remember hearing the word] 16. Not really [remember what it was about] 230. [Mum said] That…if you have playdates just still, still be yourself. 232. um…I'm not really quite sure [what that means]		226. My mum [spoke about it once] 228. No. I [don't remember when]			ADHD
161. I don't mind being in the classroom [preference over break or classroom]		159. Um…Less play times. Because like, when you go up to year five, and six and like, three you get, um, only a break time and lunch time, kind of thing			Playtime

189. [I normally hurt people at] Mostly break time. But pretty much like not any more. 193. I wasn't really like knowing what I was doing. 195. Yeah [I feel different now] 216. P3: Not really [remember which year playtime was difficult] but I can remember one thing. One thing is that I used to pretty much hurt everyone. 218. [why?] because **shrugs** I couldn’t think like if that was the wrong thing or the right thing at the time. 220. um…**long pause**…I don’t really hurt anyone now so…		191. Year three and year four [I most felt like I might hurt someone] 243. It depends [what will happen if you get into trouble]			
		75. [I don’t remember] not			Pre school

77. And what makes me sad there was that my dad wasn't there. 85. I did like one teacher there 91. P3: Because…because every time I went in she…said something to me…always makes me laugh. 101. Yeah [it's important that people make me laugh] 103. P3: Um lots of stuff. Like…um… funny jokes [make me laugh the most]		that much …When I was going to this school next, and I got this, like this thing. A funny hat when you graduate. High school or something? 83. I'm not really quite [sure] how that he can make. 87. she was only at the front of the where…where I can go in [reception] 207. There was another one [nice teacher] 209I ..he..I…he had he own guitar he got out and he got another guitar out of the cupboard.			

		114. They used to play a lot 159. And reception after like their work, they get to like play.			Reception
		214. Not really [remember much] I used to play a lot in there too.			Year 1
					Year 2
120. I didn't really like a teacher in there [Y3 so year 5 is better now]		127. That I sitted on my own table,			Year 3
		172. Mr. H [someone I really remember] 176., he done put some music on so we can kind of listen while we done some work. and he used to make everyone laugh in class.			Year 4
118. [Y5] Definitely [best year so far]			23. maths in there is quite easy.		Year 5

66. No, not anymore [doesn’t happen as much] 68. Not quite sure [what’s different now]	49. because the teacher helps me to do 56. sometimes when people like push at me for kicking the football over and we can't get it back [playtime doesn’t go as well] 58. [they get cross] That I kick the football over and they can't get it back until lunch time.		25. English is quite hard for me. 27. when I’m trying to do write…I don’t really do the thing I’m supposed to write…cos…I can’t really remember what I remember can’t remember what I’m going to put in there. 39. Not really [anything that helps] except for maybe writing on my whiteboard so I can remember it. 41. Yeah {whiteboard gives me a reminder] 45. Yes. It’s maths [is my favourite] 49. I'm not quite sure what they are doing for maths at the minute. I think they have these sheets to stick into our maths books. And and I don't really know how to do but not do 52. play football [everyday] 60. Yeah [you get it back at the next break]		

127. because it helps me. 137. Um no? [not because I sit on my own] I'm not quite sure about F. 153. [I have my own table] So I don't really hurt anyone. 155. Yeah [that might happen if I sat with the other children] 157. mmm…not quite sure [why]	62. Well chase me because they make… then because I kick the football over and they can't get it back. 64. Yeah [they get annoyed about that] 133. I try to talk to people. 135. they, they like ignore me and talk to other people. Kind of. 141. [How would you know someone is your friend?] Because they would say do you want it to be my friend? 143. [Good friends] They help me		62. And then we just chase each other. 127. That I sitted on my own table, and I still do, 145. At lunchtime? There's lots of seats like taken. So, like, it's very hard at lunchtime to sit down. 151. Just look for spare one. Or if there's a spare one on the other table and there is a spare like gap, I could take that chair, or Mr. C gets me a chair. And I say that table. 236. Yes [I would recommend my school]		

168. P3: um…don't know at the minute [how teachers could help with move to y6] 170. P3: um…not quite sure [who to talk to about it]				163. Um…it might get harder 166. In year 6 it might become more more harder and more like…harder maths.	Year 6
180. Hmm **Tilts head and thinks for several moments** not quite sure [if they should know about ADHD diagnosis] 183. Probably not [do anything differently] 187. um…like…. **looks to teacher in the room**…[they could help me] Help me not to hurt people and speak to someone nicely.				178. Not really [given it much thought]	Secondary school
				201. [I might do]	Future

				Doing lots of maths 203. um [not sure what jobs would use maths]	

Appendix 14: The Interim and Subsequent Storied Narrative for Each of the Three Participants.

Participant 1

Interim narrative	Storied narrative
Understanding of having a diagnosis of ADHD 6. I don't really know that one 8. [ADHD diagnosis was] quite a long while ago. 12. I think it was like my mum who told me first. 56. when I was at home [in y3] once [heard the word ADHD] 14. I can't really remember that much. 58. I don't remember that much about what she [mum] said. 60. I don't know what she thinks (His mum about ADHD diagnosis) 204. No…I don't really know [what his teachers know or think about his ADHD diagnosis] 194. Yeah [would like to know more about what ADHD diagnosis means for him at school] 196. I don't know [who can help him find out more] 198. No [never spoken to his mum about ADHD diagnosis] but I will do after school. 200. When she gets back from work cos my granddad picks me up.	***Understanding of having a diagnosis of ADHD*** I don't really know about that one. I first heard that word quite a long while ago, I was in Year 3 and at home. I think it was my who told me first but I can't really remember that much or what she said. I don't really know what she or my teachers think of the diagnosis. I would like to know more about what it means for me at school but I don't know who can help me find out more. I haven't spoken to my mum about it but I will do after school.
The beginning 65.I didn't go to preschool in this school	***The beginning*** I didn't go to pre-school in this school. There was a little playground in my nursery and there used to be a little gate. My

69. **Animated**. In the little playground. There used to be a little gate. 71. Leading onto a cycle path. My mum used to walk past sometimes when she was going work. 73. I used to see her sometimes at lunch **smiling** 75. And she was walking back…back to our house through the gate. 79 [don't remember] Not that much [about the teachers] 156. I was good when I first started [Reception] 88. My friend. and my best friend S. She used to be my best friend since reception. 127. No [times where he remembers feeling wound up in Y1] 158. I was good until I left about year two	mum would walk past sometimes when she was going to work. I used to see her at lunch sometimes. I don't remember any of my teachers from there. I was good when I first started in Reception at my school. This is where I met my best friend S. She's been my friend since then. I don't remember ever feeling wound up in Reception or Year 1. I was good until I left Year 2.
Good and bad experiences of friendships 167. Probably Sophie is one person [who has helped throughout him school] 169. She's been my friend from through reception through to year five right now. 169. She's still my best friend. 171. She's a good friend and she's really nice. That's what I would say. 173 [How would his best friend describe him] I don't know. 92. We [best friend] play together. Most break, nearly like every break or lunch. 94. It. We play hide and seek. Sometimes. 94. But I always end up winning. **Laughter** 95. I like know more hiding spots. 97. Some that only I know	**Good and bad experiences of friendships** Sophie is probably the one person who has helped me through school. She's been my friend from through reception through to year five where I am right now. She's still my best friend. She's a good friend and she's really nice. That's what I would say about her. I don't know how she would describe me. We play together nearly every break and lunch time. We play hide and seek sometimes and I always end up winning. I know more hiding spots. Some that only I know. I wasn't that good in Year 3 and 4. In Year 3, K joined. We were quite good friends at first. But in Year 4, he began to wind me up. He kept on winding me up and annoying me. I felt quite angry and annoyed. K and now his friend S both try to wind me up in Year 5. I normally walk off. There's a little pond on my playground and I go there. Being on my own help me a little bit

158. I wasn’t that good [in Y3/4] 158. And then in year three…K 113. K joined in year three. 117 He was best. We was…quite good friends in year three. 119. But in year four, in year four or five was when he started winding me up. 158. [He] kept winding me up…he kept on annoying me. 101. It's just there’s this person [in Y5] called K … and S. It’s one of his best friends S. 101. He always, he winds me up sometimes…both of them wind me up. 113. I got wound up in Year five 121. I felt quite angry and annoyed. 123.. Just being on my own [helped] 103. I normally walk off because like there’s a little pond…on my playground and I normally walk off over there. 105. Yeah, [it helps] a little bit sometimes. Sitting there as they’re winding me up. 107. I feel quite angry and annoyed. 111. just being on my own [helps me] normally. 160. I don’t know [what is looks like when he is not ‘good’]	sometimes. I sit there on my own when they’re winding me up. I don’t know what it looks like to others when I’m not good.
Learning and support in school 179. Then in year four, my favourite teacher would have been in year four. Miss B. Same as in year three. 42. In that class [Y3] the work was really easy…I liked doing the maths the most. 46. ‘Cos you don’t have to do as much writing with words 149. In about year, year three [realised he was good at maths] 151. Cos I kept. I kept doing the work really easy.	***Learning and support in school*** I had the same teacher for Year 3 and 4. She was my favourite teacher. In that class, the work was really easy. I liked doing maths the most because you don’t have to do as much writing with words. I realised I was good at maths in Year 3. I kept doing the work as it was really easy.

21. It’s okay [Y5] The work is a little bit hard… It depends on what like we are doing sometimes 25. it’s one of my favourite classes. 27. cos…teachers. 29. They help me sometimes, whenever like, I need some help with the work. 48. English…and…I don’t mind R.E…PSHE or that’s quite easy…. (quieter) sometimes. 50. the teachers help me quite a bit with work. 52. whenever I need some help with doing like questions…sometimes…the teachers help me in like maths…and English sometimes. 147.. Maths. P.E and uh that’s it [favourite subjects inY5] 177. I put Miss L in year five [onto story map for person who has helped him]	It’s okay in Year 5. The work is a little bit hard sometimes. It depends on what we’re doing. It’s one of my favourite classes because of the teachers. They help me sometimes, when I need some help with the work. I don’t mind English, R.E or PHSE. They are quite easy sometimes. The teachers help me quite a bit with my work. Whenever I need some help with questions, the teachers help me in maths and English sometimes. Maths and P.E are my favourite subjects. Miss L in Year 5 helps me.
The future 31. I don’t really know [what it will be like in Y6] 33. Harder work. 35. The teachers…I’d say they help the most. 130. I don’t know [what can help him at school] 132. No [thoughts] I don't know which [Secondary school] one I might go to. 134. Yeah [he thinks he has a choice to decide which school] 136. Yeah, I think my mum might tell them.	**The future** I don’t know what it will be like in Year 6. I think it will be harder work. I’d say the teachers will help the most. I don’t know what can help me at school. I don’t know which secondary school I might go to. I think I’ll have a choice to decide. I think my mum might tell them about my diagnosis of ADHD. I don’t know what she might tell them. I don’t know what I would like to do after leaving secondary school.

[about AHDH diagnosis] 138. I don't know [what she will tell them] 145. I don't know (what he'd like to do after leaving school)	

Participant 2

Interim narrative	Storied narrative
Understanding of having a diagnosis of ADHD 33. Uh no [I don't know the word ADHD. 38: I don't know what it means 42: Not really [remember anybody using the word] 213. **nodding yes** [things have changed since the teachers know about diagnosis] 215. when I didn't understand work like I used to get in trouble. 209. Yeah [I think the teachers know about my diagnosis] 211. They just give me a bit a bit of help. 217. Sometimes [I get in trouble now] 221. Normally when I kick the ball and it just hit someone. 200. I see a doctor. 202. [He's] ok 208. No [I don't talk about it afterwards] 206. I can't remember. I don't really listen. 346. It's hard [what I would tell another child about ADHD diagnosis] 348. Not sure. **shrugs** [any advice] 350. **Shakes head.** No... I… [no tips]	***Understanding of having a diagnosis of ADHD*** I don't really know the word ADHD or what it means. I don't really remember anyone using that word. Things have changed since the teachers the teachers know about my diagnosis. When I didn't understand the work, I used to get into trouble. They just give me a bit of help now. I still sometimes get into trouble now but it's normally when I kick the ball and it hits someone. I see a doctor sometimes. He's ok. I don't talk about it afterwards. I can't really remember anything. I don't really listen. I would tell another child that an ADHD diagnosis is hard, I'm not sure what advice I would give the. I'm not really that guy. I'm not really that person that gives out tips.

352. I'm not really that guy… 354. I'm not really that person that gives out tips. 278. **shrugs** Not sure [what teachers should know about me] 280. **Nodding** yes [helpful if they knew about a diagnosis of ADHD] 282. They [teachers] would understand [if they knew about ADHD diagnosis] 286. They would know I am one of the different ones. 288. Because I've got a short…um...fuse? 290. I can get angry 292. Quickly. 294. Not sure [what that feels like] 296. [the most important thing is] To make sure there's a person on my side…so that I can get help. 298. Yeah [I found that useful] Future 342. Yes **nodding** [will need to think about ADHD diagnosis] 344. Not sure [why]	I'm not really sure what the teachers should not about me at secondary school. It would be helpful if they knew about my diagnosis of ADHD. They would understand. They would know I am one of the different ones. I've got a short fuse. I can get angry. Quickly. I'm not sure what that feels like. It's important to make sure that there's one person on my side. So that I can get help. I think I will need to think about my ADHD diagnosis in the future. I'm not sure why.
The beginning, worries and getting better 81. I went to a private preschool. 82. near my granddad's house. 84. not sure [what it was like] 87. No [I don't remember any of the teachers or children] I wasn't really one that played with anyone. 89. I just play stuff. 91. Dinosaurs 93. The T Rex. 95. [I like them] Cos you can do anything with them. 97. [I wasn't keen on] tag. 99. Cos everyone used to go for me first because I was the slowest.	***The beginning, worries and getting better*** I went to a private preschool nears my Grandad's house. I wasn't one that played with anyone. I just play stuff like dinosaurs. I like the T Rex. You can do anything with them. I wasn't keen on Tag because everyone used to go for me first because I was the slowest. I didn't really go to school in reception. I think I was home schooled. It was fun. We did maths and division. In year 1 I stopped being home schooled but I'm not sure. My mum was my teacher. I think I was home schooled for a bit in Year 1 too. I was shy when I started school in Year 1. I didn't like everyone looking at me. I don't remember why. It got better in Year 2. I knew everyone then so that helped.

105. I didn’t really go to school in reception. 107. I can’t remember. 109. I think I used to get home schooled in reception. 111. Yeah [it was fun] 113. [I did] Like maths and that. Division. 116. Year one [I stopped home schooled] 167. I was home schooled but I’m not sure. 169. I think I was home schooled for a bit…like not all of year one. But like year one. 173. yeah [my mum was my teacher] 175. [it was] Easy. 318. I don't think was home school. 320. Yeah [I was home a little bit in Y1] 119. I was shy. 121. I didn’t like everyone looking at me. 123 No [I don’t remember why]. 179. Yeah [I felt a little bit shy when starting my school] 125. It [the shyness] got better. 129. I knew everyone then. 131. Yeah [that helped] 328. [years, two, three, and four didn’t have as much help] worrying. 330. Not sure [what used to worry me] 159. My year five teacher moved to my old school. 161. I missed her 163. Um [not sure what I missed] 165. Um [not sure how I would describe her]	In Years 2, 3 and 4, I didn’t have as much help. That was worrying. My Year 5 teacher moved to my old school. I missed her.
Experiences of behaviour polices 223. You get moved down the ladder.	***Experiences of behaviour polices***

225. Sometimes [I get moved] 227. Not doing work and um… 229. Yeah {it's very often] 231. By being well behaved [you can go back up] 233. [by] Just doing your work and that 235 Both [go up and down] 237. Some sometimes I just stay on green. 242. I understand the work more [in Y3 & Y5 up the ladder more] 245. Because I end up finishing a worksheet [it made a difference] 249. Yeah [I found that helpful] 251. There's gold [at the top] 254. [I got there in] Year 2. Year 3. Year 5. I think year 4. 256. [by] Mostly doing work 261. down the most? 262. reception when I weren't in school. 264. Cos all the kids were annoying me. 266. Cos when I was playing with something they just take it. 268. I just took it back. 272. I'm not sure [if anything helped with that].	There is a behaviour policy at school. I get moved down sometimes for not doing my work. This can happen quite often. You get moved back up the ladder by being well behaved and doing your work. I go up and down the ladder. Sometimes I just stay on green. In Year 3 and Year 5 I went up the ladder more as I understood the work more. I always ended up finishing the worksheets. There is gold at the top of the ladder. I got there in Year 2, Year 3, Year 5 and maybe Year 4. This was mostly for doing my work. I went down most in Reception when I wasn't in school. This was because all the kids were annoying me. When I was playing with something they would take it. So, I just took it back. I'm not sure if anything helped me with that.
Learning and support in school Year 2 133. I found it [the work] difficult. 135. times-ing 137. Not really [did anything help] 181. It [starting Y3] was easy. 183. Sit next to me and help me 257. How could your teachers or the adults in your school help you? 258. I'm not sure.	***Learning and support in school*** I found the work difficult in Year 2, especially the maths. Nothing really helped. It was easy starting in Year 3. Someone would sit next to me and help me. Year 5 was kind of hard because people were always shouting. There was this kid called R. He always shouted and he got kicked out of school. He got into too much trouble. It felt kind of scary I guess.

143. [Y5] Kind of hard…cos I had…cos people were always shouting. 145. just there was this kid called Rxx. 147. He always shouted. 149. in general. 153. he got kicked out of school. 155. He got into too much trouble. 151. **Shrugging** [it felt]. Kind of scary…I guess 157. **He shrugs.** Not sure [how he felt about that] 44. [Y6] It's a little bit hard. 47. [I like] My Friends. 141. It's hard work 185. They help me with the question. With my work. 186. **nodding** [I often find things tricky] 188. [like] Divided dividing, times ing number is by over 1000 190. A number square [helps me] 334. [I'm doing] Good 192. Sometimes I ask for help. 194. I'll ask the person sitting next to me. 196. Yeah. **Nodding in agreement. [**lots of helpful people in school] 198. No [one I particularly remember]	Year 6 is a little bit hard. I like my friends. It can be hard work and they help me with the questions. With my work. I often find things tricky like dividing and timsing a number by over 1000. A number square helps me. Sometimes, I'll ask for help. I'll ask the person sitting next to me. There are lots of helpful people in school but I can't remember anyone.
Stories from the Playground 101. Kinda [play tag more now] 103. **Nodding** [it's better now] 306. It's not long, not too short [Y6 playtime] 49. I play basketball and football. 51. In the playground.	***Stories from the Playground*** I play tag at bit more now. It's better now. Year 6 playtime is not long but not too short. I play basketball or football at break and then football at lunch. I like football. I like the bit where you can just kick the ball. We don't have a referee. Sometimes, it doesn't work out. You can just get into a fight. People pick the ball up when it goes too far away and they come back and

53. At break…we play football or basketball. And then at lunch we play football. 55. I like football. 57. the bit where you can just kick the ball. 61. Good [works out good without a referee] 63. sometimes it don't work out. 65. You can just get into a fight. 67. people just say pick it up when it goes too far away? 69. they come back and they'll just shout handball. 71.sometimes [get into fights about football] 73. Sometimes end up getting banned. 77. [I play] Basketball [instead].	people shout hand ball. Sometimes you get into fights and sometimes it ends up getting banned. I play basketball instead.
The future Secondary school 277. [I'm] kind of worried 276. because my sister goes there…and I have to go there for something…and the teachers all shout. 338. I was gonna work for my dad. 340. He's an electrician.	***The future*** I am kind of worried about going to secondary school. My sister goes there and I had to go there once for something and heard the teachers shouting. In the future, I am going to work for my dad. He is an electrician.

Participant 3

Interim narrative	Storied narrative
Understanding of having a diagnosis of ADHD 14. mmm, yeah [I remember hearing the word] 16. Not really [remember what it was about] 226. My mum [spoke about it once]	***Understanding of having a diagnosis of ADHD*** I have heard the word ADHD but I don't really remember what it was about. My mum

228. No. I [don’t remember when] 230. [Mum said] That…if you have playdates just still, still be yourself. 232. um…I'm not really quite sure [what that means] 180. Hmm **Tilts head and thinks for several moments** not quite sure [if secondary school should know about ADHD diagnosis] 183. Probably not [do anything differently] 187. um…like…. **looks to teacher in the room**…[they could help me] Help me not to hurt people and speak to someone nicely.	spoke about it once but I don’t remember when. She said that if you have playdates just still be yourself. I’m not really quite sure what that means. I’m not really sure if my secondary should know about my ADHD diagnosis. They probably won’t do anything different. They could help me not to hurt people and speak to someone nicely.
Interacting with others 216. P3: Not really [remember which year playtime was difficult] but I can remember one thing. One thing is that I used to pretty much hurt everyone. 189. [I normally hurt people at] Mostly break time. But pretty much like not any more. 191. Year three and year four [I most felt like I might hurt someone] 52. play football [everyday] 56. sometimes when people like push at me for kicking the football over and we can't get it back [playtime doesn’t go as well] 58. [they get cross] That I kick the football over and they can't get it back until lunch time. 60. Yeah [you get it back at the next break] 62. And then we just chase each other 62. Well chase me because they make… then because I kick the football over and they can't get it back. 64. Yeah [they get annoyed about that] 66. No, not anymore [doesn’t happen as much] 68. Not quite sure [what’s different now] 195. Yeah [I feel different now]	***Interacting with others*** One thing about playtime, is that I used to pretty much hurt everyone. Normally at break time. I’m not really like that anymore. Year 3 and 4 was when I might most hurt someone. I play football every day. Sometimes, playtime doesn’t go as well when people push at me for kicking the football over and we can’t get it back. They get cross that I’ve kicked the football and they can’t get it back until lunchtime. We just chase each other instead, well, they chase me. It doesn’t happen as much now. I’m not sure what’s different now. I feel different now though. Before, I couldn’t think if something was the wrong thing or the right thing at the time. I don’t really hurt anyone now. I sat on my own table in Year 3 and I still do now in Year 5. It helps me so I don’t really

243. It depends [what will happen if you get into trouble] 218. [why?] because **shrugs** I couldn’t think like if that was the wrong thing or the right thing at the time. 220. um…**long pause**…I don’t really hurt anyone now so… 127. That I sitted on my own table [in Y3] and I still do, 127. because it helps me. 153. [I have my own table] So I don't really hurt anyone. 155. Yeah [that might happen if I sat with the other children] 157. mmm…not quite sure [why] 133. I try to talk to people [when sat on own table] 135. they, they like ignore me and talk to other people. Kind of. 141. [How would you know someone is your friend?] Because they would say do you want it to be my friend? 143. [Good friends] They help me	hurt anyone. That might happen with the other children. I’m not sure why. I try to talk to people when I’m sat on my own table. They will ignore me and talk to other people. I know when people want to be my friend as they will ask me to be their friend. Good friends help me.
Important people 85. I did like one teacher there [at pre-school] 87. she was only at the front of the where…where I can go in [reception] 91. P3: Because…because every time I went in she…said something to me…always makes me laugh. 207. There was another one [nice teacher at Pre school] 209I ..he..I…he had he own guitar he got out and he got another guitar out of the cupboard. 120. I didn't really like a teacher in there [Y3 so year 5 is better now] 172. Mr. H [someone I really remember in Y4]	***Important people*** I liked one teacher at pre-school. She was in the reception at the front. Every time I went in, she always said something and made me laugh. There was another nice teacher. He had his own guitar and he got another guitar out of the cupboard for me. I didn’t really like the teacher in Year 3 so it’s better now in Year 5. I really remember Mr H from Year 4. He would put music on so we could listen to it when we did our work. He used to make everyone laugh in class. I

176., he done put some music on so we can kind of listen while we done some work. and he used to make everyone laugh in class. 101. Yeah [it's important that people make me laugh] 103. P3: Um lots of stuff. Like…um… funny jokes [make me laugh the most]	like people making me laugh. Lots of stuff is funny. Funny jokes make me laugh the most.
Learning through the years 75. [I don't remember] not that much …When I was going to this school next, and I got this, like this thing. A funny hat when you graduate high school or something? 77. And what makes me sad there was that my dad wasn't there. 159. And reception after like their work, they get to like play. 114. They used to play a lot 214. Not really [remember much] I used to play a lot in there too. 118. [Y5] Definitely [best year so far] 23. maths in there is quite easy. 25. English is quite hard for me. 27. when I'm trying to do write…I don't really do the thing I'm supposed to write…cos…I can't really remember what I remember can't remember what I'm going to put in there. 39. Not really [anything that helps] except for maybe writing on my whiteboard so I can remember it. 41. Yeah [whiteboard gives me a reminder] 45. Yes. It's maths [is my favourite] 49. I'm not quite sure what they are doing for maths at the minute. I think they have these sheets to stick into our maths books. And and I don't really know how to do but not do 49. because the teacher helps me to do	***Learning through the years*** I wore a funny hat when I graduated from pre-school to go to this school. What makes me sad is that my dad wasn't there. In Reception after their work, they get to play. They used to play a lot. I used to play a lot in there too. Year 5 is definitely the best year so far. The maths is quite easy but the English is quite hard for me. When I'm trying to write, I don't really do the thing I'm supposed to write because I can't remember what to put in there, nothing really helps me, expect maybe writing on my whiteboard to I can remember it. Maths is my favourite. I'm not quite sure what they are doing for maths at the minute. I think they have sheets to stick in our maths books. I don't really know how to do some things but the teacher helps me to do it.

Uncertainty about the Future 163. Um…it might get harder 166. In year 6 it might become more harder and more like…harder maths. 168. P3: um…don't know at the minute [how teachers could help with move to y6] 170. P3: um…not quite sure [who to talk to about it] 178. Not really [given secondary school much thought] 201. [I might do] Doing lots of maths 203. um [not sure what jobs would use maths]	***Uncertainty about the Future*** I think the work in Year 6 may get harder. Like, harder maths. I don't know at the minute who might help me. I'm not quite sure who to talk to about it. I've not really thought about secondary school. I might do a job doing lots of maths.

Appendix 15: Debriefing sheet for Parents/Carers and CYP

School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ
email: u1617785@uel.ac.uk

Parent/Carers Debriefing Sheet

Thank you for letting xxxx take part in my research study that was asking: **What are the stories of children and young people with a diagnosis of ADHD?**

This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that xxxx has provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- All data is confidential and has used anonymised names.
- All data will be kept in a password protected file.
- Only myself and my research supervisor will access to the data. It will also potentially be shared with the examiners who will mark my research.
- All original interview recordings and transcriptions will be kept in accordance to university guidelines for 5 years and then destroyed. This will be kept secure and confidential.
- You have up to 3 weeks to withdraw xxxx from this study. No reason needs to be given for withdrawal.

Please do contact me or my research supervisor if you have any further questions.
I would also like to take this opportunity to say thank you! xxxx contributions to my study have been greatly appreciated.

Kind regards,

Michelle Oakey
Trainee Educational Psychologist

Research supervisor: Dr Mary Robinson
Programme Director: Doctorate in Educational and Child Psychology
School of Psychology
University of East London
Stratford Campus
Water Lane
London E15 4LZ
Email: m.robinson@uel.ac.uk Tel.: 020 8223 4455

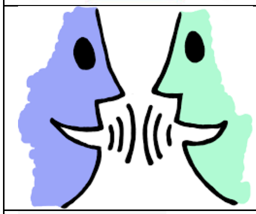
School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

Email:
u1617785@uel.ac.uk

Children and Young Person’s Debrief Sheet

I would like to say thank you for taking part in my research to find out:

What are the stories of children and young people with a diagnosis of ADHD?

	All of your stories (data) will be kept in password protected file. No one will know your real name. Only me and my research supervisor will be able to look at your stories. They will be kept for 5 years in a safe place at my university.
	If you have changed your mind, you can still choose to not take part. I just ask that you let me know within the next 3 weeks.
	If taking part has made you feel like you would like to talk to someone then please do! Speak to xxxx or xxxx and they will be able to support you and discuss your feelings.
	If you have any questions then please do ask!

Appendix 16: An Overview of the Mapped Narrative Story Elements and Subsequent Narrative Themes and Sub-Themes

P1	P2	Billy
Not knowing the term ADHD	Not knowing the term ADHD	Diagnosis
Diagnosis	Diagnosis	Not remembering what was discussed about diagnosis
Not knowing what mum or teachers thinks of the diagnosis	Little memory of diagnosis	Reactions to diagnosis from others
Seeing mum at pre-school from the playground	Getting ‘into trouble’ for not understanding work	Not knowing if secondary school should know about diagnosis
Not remembering any teachers from pre-school	Seeing a doctor and not listening when there	Lack of confidence in anything being done differently
Positive start to school	Receiving help from teachers since diagnosis	Asking for help to not hurt people
Being ‘good’	Lack of confidence in own advice	Hurting other people
Meeting best friend	Wanting others to know about diagnosis	Not knowing why he hurts others
Help from friend	Wanting understanding about diagnosis from others	Playing football
Breaktime and playing games	Perceiving self as different	Fights at playtime
Not ‘being good’	Recognising that he gets angry and has a ‘short fuse’	Annoying other people
Being ‘wound up’ by others	Uncertain how ADHD diagnosis will impact his future	Things being different now
Getting annoyed with others	Not knowing how angry feels or looks like	Not knowing if something was ‘right’ or ‘wrong’
Getting angry with others	Playing on his own at pre-school	Feeling different now
Being on his own to ‘calm down’	Not liking playing ‘tag’ as he was the slowest and caught first	Isolated in the classroom
Not knowing what ‘not good’ looks like	Being home schooled but uncertain of the timeframes	Not sure why he hurts others
Favourite teacher	Enjoying being taught by his mum	Being ignored by others
Work being easy	Being shy when starting school in Y1	Understanding of friendships

Liking maths	Not liking others looking at him	Importance of laughter
Not liking to write or English	Not having as much help with work	Relationships with teachers
Receiving help from others	Being worried	Graduation from pre-school
Finding work hard	Missing teacher who moved schools	Play based learning
Not knowing what Year 6 will be like	Behaviour policies	Finding work hard
Unsure of secondary school	Perception of finished work = good behaviour Unfinished work = bad behaviour	Not knowing what to write
Not knowing if his ADHD diagnosis will be discussed at secondary school	Being annoyed by others	Favourite subjects
Unsure what he would like to do when leaving school	Finding work difficult	Help from teacher
	Other people shouting and finding it scary	Prediction of harder work
	Finding work hard	Not knowing who will help
	Receiving help with work from friends	Not considered secondary school
	Asking for help with work from friends	Future job in maths
	Enjoying football and basketball at breaktimes	
	Football getting banned – lack of referee to support the game	
	Getting into fights at playtime	
	Behaviour policy – up and down for ‘good or bad’ work	
	Going ‘down’ for interaction with others	
	Worries about secondary school	
	Future job as an electrician	

Appendix 17: Additional Scoping Review

Database 11.03.21	Filter	Search term	No. of articles identified	Relevant articles identified
EBSCO (Academic Research Complete, Education research complete, ERIC, APA PsychINFO)	2010-2021 English language Academic journal Duplicates removed	*DE "Attention Deficit Disorder with Hyperactivity" AND (child or “young person” or pupil or student or adolescent) AND “lack of awareness”*	4	0
		DE "Attention Deficit Disorder with Hyperactivity” AND "understanding of diagnosis"	2	0
		DE "Attention Deficit Disorder with Hyperactivity” AND " self-perception "	70	1. Scholtens, S., Rydell, A., & Yang-Wallentin, F. (2013). ADHD symptoms, academic achievement, self-perception of academic competence and future orientation: A longitudinal study. *Scandinavian Journal of Psychology*, *54*(3), 205-212. 2. Jiang, Y., & Johnston, C. (2016). Controlled Social Interaction Tasks to Measure Self-Perceptions: No Evidence of Positive Illusions in Boys with ADHD. *Journal of Abnormal Child Psychology*, *45*(6), 1051-1062. 3. Dvorsky, M., Langberg, J., Evans, S., & Becker, S. (2016). The Protective Effects of Social Factors on the Academic Functioning of Adolescents With ADHD. *Journal of Clinical Child & Adolescent Psychology*, *47*(5), 713-726.
		DE "Attention Deficit Disorder with Hyperactivity” AND "learning” AND ‘perspectives”	51	4. Bellanca, F., & Pote, H. (2012). Children's attitudes towards ADHD, depression and learning disabilities. *Journal of Research in Special Educational Needs*, *13*(4), 234-241.

		DE "Attention Deficit Disorder with Hyperactivity" AND Friendships	67	5. Normand, S., Ambrosoli, J., Guiet, J., Soucisse, M., Schneider, B., & Maisonneuve, M. et al. (2017). Behaviours associated with negative affect in the friendships of children with ADHD: An exploratory study. *Psychiatry Research*, *247*, 222-224. 6. Mikami, A. (2010). The Importance of Friendship for Youth with Attention-Deficit/Hyperactivity Disorder. *Clinical Child and Family Psychology Review*, *13*(2), 181-198.