# THE LIVED EXPERIENCES OF ACTIVE-DUTY MILITARY PARENTS CARING FOR A CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN GRADES 6 – 12: A PHENOMENOLOGICAL STUDY

by

Anna Marie Douglas

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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## Abstract

The purpose of this phenomenological study was to describe the experiences of active-duty, Reserve, and National Guard military parents concerning their efforts to cultivate an environment of academic success for their children diagnosed with attention deficit hyperactivity disorder (ADHD). Bowlby and Ainsworth's theory on attachment guided this study, explaining the correlation between insecure attachments and the display of worsening ADHD symptoms when breaking or not adequately establishing a secure attachment. The method this research study used was phenomenological hermeneutic. The sample for this study included 10 active-duty and Reserve military parents with at least one child diagnosed with ADHD and an Individualized Education Program (IEP) or 504 Plan. The setting for this study was the United States of America (US). Data was collected using personal interviews, focus groups, and letter-writing following a prompt. The data was analyzed using two rounds of coding to develop seven themes, along with multiple subthemes, and three salient findings that describe the participants' lived experiences. The seven themes were Doing My Best as a Parent, Navigating the Nuances of My Dual Roles, It Is Possible, You Can Thrive, Protection Equals Expression, Communication is the Secret Ingredient, Getting the Right Help Provokes Action, and If I Could Do It All Over. The three salient findings have overarching implications for practice and policy. They are: military parents lack knowledge of military-related resources that will help them foster an environment of academic success for their ADHD-diagnosed children; when attachment between parents and children breaks, there is an increase in the likelihood of ADHD development, and there is a significant genetic link between ADHD in parents and children.


*Keywords*: active-duty military, adolescent, ADHD, attachment theory, military-related resources

**Copyright Page**

## Dedication

First and foremost, I must give recognition and praise to my heavenly father, God. There were so many times that I wanted to give up, but you kept reminding me that through Christ, all things are possible!

To my best friend and husband, Chris, I would not have been able to make it this far without your resounding love, patience, and motivation! Thank you for your continued support!

To my three children, Tenay, Christina, and Christopher Jr. thank you for your patience and continued support in pursuing my dream!

I dedicate this pursuit to the memories of my mother, Regina Hopkins-Ward; my father, Geary McCall; my grandmother, Reverend Eleanor Dorothy Hopkins; and my two maternal great-grandmothers, Annie Simpson and Mable Hopkins. Your legacies live on and continue to inspire me.

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## List of Abbreviations

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

Centers for Disease Control and Prevention (CDCP)

Department of Defense Education Activity (DODEA)

Diagnostic and Statistical Manual of Mental Disorders (DSM)

Domestic Dependent Elementary and Secondary Schools (DDESS)

Exceptional Family Member Program (EFMP)

Executive Functioning (EF)

Homework, Organization, and Planning Skills (HOPS)

Individualized Education Program (IEP)

Individuals with Disabilities Education Act (IDEA)

Institutional Review Board (IRB)

Interstate Compact Educational Opportunity for Military Children (Interstate Compact)

National Defense Authorization Act (NDAA)

Other Health Impairment (OHI)

Permanent Change of Station (PCS)

Reaching out to Educate and Assist Caring Families (REACH)

United States (US)

World War II (WWII)

# CHAPTER ONE: INTRODUCTION

## Overview

Approximately two million children worldwide are from United States (US) military families (Aleman-Tovar et al., 2022). Studies show that at least 20% of these children have a disability, including Attention Deficit Hyperactivity Disorder (ADHD) (Aleman-Tovar et al., 2022; Boltz et al., 2020). Military families with children with disabilities face even more significant challenges (Boltz et al., 2020). The purpose of this phenomenological study was to describe the experiences of active-duty, Reserve, and National Guard military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This chapter provides the study's context, problem, purpose, significance, and research questions. Understanding how the service of active-duty military parents can disrupt the feelings of safety, security, and support for their children diagnosed with ADHD was critical to providing necessary support and resources.

## Background

When examining a research problem, it is essential to consider the surrounding context. Active-duty service members commit to serving and protecting this country (Feaver & Kohn, 2021; Kennedy, 2020). However, their service often results in high levels of stress because of frequent changes and a lack of control over lifestyle adjustments, such as deployments and Permanent Change of Stations [PCS] (Aleman-Tovar et al., 2022; Cox et al., 2022; DiPietro-Wells et al., 2020; Kucera et al., 2023). Many active-duty service members also balance raising a family during their military service. However, for families with a child who has a disability, it often leads to additional stress, financial struggles, and difficulties within the family (Jagger & Lederer, 2014; Lewis-Fleming, 2014; Sweeney, 2020; Wong et al., 2022; Zendarski et al., 2022).

As a result, children diagnosed with ADHD may feel unsafe, insecure, unsupported, and struggle academically.

This section provides the historical, social, and theoretical contexts that underpin the background information on the potential formulation of this problem. The historical section offers valuable insights into the evolution of education and special education in the U.S., including its impact on military families. Meanwhile, the social aspect sheds light on the effects of these issues on society and the potential benefits of further research. Finally, the theoretical context outlines other theories referencing military families with children.

**Historical Context**

In the earliest forms of education, parents were solely responsible for teaching their children basic arithmetic, reading, writing, Latin, and Greek while preparing them spiritually (Lohr, 2020; Richard, 2009). However, education was only sometimes prioritized, and typically, formal teachings were reserved for the wealthy (Melcher, 1976). The establishment of universities in the 13th century and the introduction of secondary schools in the 14th century marked significant advancements in educating youth (Cubberley, 1919). As colonization expanded in America, children's education varied (Melcher, 1976). For instance, Massachusetts passed the Massachusetts General School Law of 1647 mandating the education of all children; however, other colonies did not direct the education of children (Dexter, 1919; Lohr, 2020). Massachusetts legislation also required children to be taught scripture and grammar (Lohr, 2020).

A continued European influence in the 1700s shifted the view of education (Richard, 2009; Swanson et al., 2013). A movement in the mid-1800s led by Horace Mann aimed to provide free public education for all children (Graham, 2005). How America viewed youth

education shifted following the Protestant Reformation in Germany (Cubberley, 1919; Luke, 1989). The 1950s and 1960s drove a significant increase in public school creation and changed the definition of adolescence in the US (Kulik, 2015; McKenzie, 2005). By the 19th and 20th centuries, education had wholly shifted, with every state within the U.S. passing a law requiring that all children receive an education (Swanson et al., 2013), with curriculum including mathematics, grammar, and history (Watras, 2012).

Alexander Bell mentioned the term special education during a presentation given in 1884 (Rotatori et al., 2011). Children with disabilities and physical ailments were considered less than citizens, treated harshly, and excluded from receiving an education (Melcher, 1976; Rotatori et al., 2011; Yell et al., 1998). Once again, European influence led to a shift in societal views toward those with disabilities (Swanson et al., 2013). It was not until the 20th century, following World War II (WWII), that the view of children with disabilities changed for the better in the U.S. (Melcher, 1976; Rotatori et al., 2011). The passing of the Civil Rights Act and the Supreme Court ruling in Brown vs. the Board of Education are historically known as the turning points in special education that enabled all students, regardless of race, color, and ethnicity, to receive educational services (Yell et al., 1998). The subsequent federal legislation, the Education for All Handicapped Children Act 1975, significantly changed the special education field (Swanson et al., 2013; Yell et al., 1998).

Following WWII, providing education services to dependent children of active-duty service members became necessary due to the segregation of public schools in southern parts of the U.S. (Bugaj, 2013). Congress established the Domestic Dependent Elementary and Secondary Schools (DDESS) in response to this need in the 1950s (Kingston, 2002). In 1994, another federal legislation policy, Public Law No. 103-337, changed the name of DDESS to the

U.S. Department of Defense Education Activity [DoDEA] (Bugaj, 2013). The number of DoDEA schools extended to include overseas, offering more opportunities for the children of active-duty service members to receive an optimal education (Kingston, 2002).

**Social Context**

The societal implications of this issue are far-reaching, affecting not only military children with ADHD but also their communities, educators, and peers (McKay et al., 2023; McQuade et al., 2021). The U.S. military includes six branches: the Navy, Marines, Army, Air Force, Coast Guard, and Space Force, with more than one million service members on active duty and approximately 818,000 Reserve and National Guard service members (Mancini et al., 2020). A table can be found in Appendix M that lists the ranks of United States Navy service members. Socially, active-duty service members are often separated from their families and relocate every three years, resulting in social isolation and the need to find new friends and support systems (Sands et al., 2023; Shaw, 2022). Conversely, Reserve and National Guard service members do not move every few years throughout their military career. However, Reserve and National Guard members may not have access to the same resources as active-duty members because they may not live near a military base (Huebner, 2019). Despite these differences, active-duty and Reserve and National Guard service members face similar challenges, such as lengthy deployments, challenges reintegrating with society upon return from deployment, and separation from family (Huebner, 2019; Huhtanen, 2021; Kritikos et al., 2019).

Close to 40% of active-duty, Reserve, and National Guard service members have a family that includes at least one child (Rossiter et al., 2022). Active-duty service members serve 365 days per year, seven days per week, in addition to requirements to deploy away from home at periodic intervals, which often increases the need for family members to find new support

systems and resources to accommodate their family's needs (Cox et al., 2022; DiPietro-Wells et al., 2020; Hanna, 2020; Mancini et al., 2020). Service members who have a child with a disability, such as ADHD, may find an increase in the societal implications of military service because of their child's inability to make and maintain friendships and face stigmas associated with displaying ADHD symptoms (Hill et al., 2022; Metzger & Hamilton, 2021; Sands et al., 2023). The increased disruptive behavior for children with ADHD is typical for military children diagnosed with ADHD (Sands et al., 2023). Often, a child's ADHD symptoms can negatively impact peer relationships (McQuade et al., 2021). Social rejection and isolation from community members are common for children diagnosed with ADHD (Metzger & Hamilton, 2021; Meyer et al., 2022). This research topic is valuable for educators because understanding the unique challenges that military children and children with disabilities face can create better opportunities to reach and teach this unique population (De Pedro et al., 2011; Jagger & Lederer, 2014; Mulholland et al., 2023). Furthermore, removing or lessening negative societal impacts is possible if military parents can utilize the family support resources provided to them and their families (De Pedro et al., 2011; Wong et al., 2022).

**Theoretical Context**

There is extensive research available on active-duty military parents and their children, with various theories utilized to understand this unique population better (Briggs et al., 2022; Carr, 2020; Cunitz et al., 2019; Farnsworth & O'Neal, 2021; Woodall et al., 2023). Understanding the theoretical contexts applied to this topic is crucial in gaining a deeper understanding of the experiences of this distinctive population and how to explain those experiences through different theories. The family systems theory contends that family systems have various components that intertwine separately and jointly (Briggs et al., 2022). According

to family systems theory, family systems have several interdependent components that can affect one another (Briggs et al., 2022). In the case of active-duty military parents with children diagnosed with ADHD, the research infers that the parent's time in service may influence the child's ADHD symptoms, primarily if the parent was deployed or away for an extended time during their military service.

On the other hand, the family stress model focuses on the stress factors that may disturb the functioning of active-duty military families, which can negatively affect the child's academic success (Woodall et al., 2023). The social ecological theory applies to active-duty military parents with children (Farnsworth & O'Neal, 2021). The use of the social-ecological approach helps to understand active-duty military families, focusing on how active-duty military parent stress can impact a child's ADHD symptoms, inferring that when active-duty military parents experience stress due to their military service can affect a parent's parenting style (Farnsworth & O'Neal, 2021).

Moreover, attachment theory is also helpful in understanding attachment issues unique to the population of ADHD children with active-duty parents. Establishing a secure attachment is crucial during the early stages of a child's life (Granqvist, 2021). Multiple studies indicate that most children of military families will experience several periods of separation from their active-duty military parents, making it difficult to form a secure attachment (Briggs et al., 2022; Carr et al., 2020; Cunitz et al., 2019; Farnsworth & O'Neal, 2021; Shaw, 2019). Therefore, it is essential to consider these theoretical frameworks when examining the experiences of active-duty military parents and their children. Understanding the population of ADHD children with active-duty parents' unique challenges can help inform interventions and policies to improve their well-being.

## Problem Statement

The problem is that the service of active-duty military parents disrupts the feelings of safety, security, and support for their children diagnosed with ADHD, resulting in low academic success. Attention-deficit hyperactivity disorder, often referred to as ADHD, is a common neurological development disorder that affects approximately 10% of school-aged children (Owens, 2020; Rhinehart et al., 2022). ADHD can significantly impact a student's academic success due to the disruptive symptoms that can interfere with their learning (Mascarenhas dos Santos & Rocha de Albuquerque, 2021; Rhinehart et al., 2022). When children are a part of military families, their ADHD symptoms are often further compounded due to the military lifestyle (Shaw, 2020; Tupper et al., 2020).

Research denotes that change is a prevalent factor in the lives of military families (Sweeney, 2020). The unusual circumstances military families experience include permanent change of stations, deployments, and separation from family and friends (Huhtanen, 2021; Shaw, 2019). Service members who are also parents of children with special needs are part of a unique military population (Sands et al., 2023). Research studies reveal that having a child with a disability can increase family stress levels (Arzeen et al., 2020; Christopher et al., 2020; McGrane et al., 2021; Suárez et al., 2022). A child's development, happiness, and comfort depend on the emotional well-being of their parents (Sands et al., 2023). Research shows that frequent deployments and moves, occurring every two to three years, can lead to behavioral changes in children that negatively impact their educational success (Boltz et al., 2020; DiPietro-Wells et al., 2020). Although there are resources available to military service members with children with disabilities, many service members are unaware of these assistance services. Consequently, they miss out on the opportunities that the resources provide, resulting in

academic challenges for children who exhibit symptoms of ADHD (Sands et al., 2023; Shaw, 2019).

## Purpose Statement

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. Cultivating an environment of academic success for children diagnosed with ADHD for active-duty military parents is defined as utilizing school-based interventions, evidence-based practices, and military family resources to improve the feelings of support, safety, and security in ADHD-diagnosed active-duty military children. The theory guiding this study is John Bowlby and Mary Ainsworth's (1954) attachment theory, which explains the relationship between attachment and decreased feelings of support, safety, and security that can negatively affect academic achievement in children with ADHD from active-duty military families.

## Significance of the Study

This section explains how this research adds to the existing knowledge about active-duty military parents, creating an environment that fosters academic achievement for their children diagnosed with ADHD. Additionally, this section identifies the current gap in research on this topic and highlights the significance of this study from theoretical, empirical, and practical viewpoints.

### Theoretical

The theoretical significance of this research study is grounded in the attachment theory, which is broadly associated with understanding the complex issues that military families encounter. Attachment difficulties are challenging for children and their families, causing

hardships for both. Attachment difficulties significantly impact children's emotional and social development, while military parents often experience challenges in their relationships and overall well-being (Syrjänen et al., 2019). Moreover, studies have demonstrated that military service can increase children's ADHD symptoms due to children experiencing security, fear, avoidance, and anxiety issues during their parent's military service (Dresvina, 2020; Sweeney, 2020). These symptoms can disrupt academic success and create further challenges for the child and their family (Darling Rasmussen et al., 2019; Sluiter et al., 2020; Willis et al., 2019).

My chosen theory is attachment theory, another theoretical perspective applied to the research topic of military parents and their children's academic success (Kim & Yeary, 2008; Louie & Cromer, 2014; Villarreal-Davis et al., 2021). I chose this theoretical framework because it provides a comprehensive account of how a parent's military service can impact the development of the child's initial relationships with their parents (Carr et al., 2020; Darling Rasmussen et al., 2019; Granqvist, 2021; Harlow, 2021; McClean et al., 2021; Pace et al., 2023). Despite the challenges facing military families, it is vital to understand that they can overcome them and create an environment that cultivates academic success using support and guidance (Garcia et al., 2015; McLaughlin, 2020; Military Child Education Coalition, 2020).

**Empirical**

Empirically, this study is vital for military families with kids who have special needs, particularly ADHD. Little research has been done on military families with children who have special needs, such as those who have been diagnosed with ADHD, although previous studies have focused on military families and their children (Briggs et al., 2022; Classen et al., 2019; Cunitz et al., 2019; Veri et al., 2021; Wong et al., 2022; Woodall et al., 2023; Zendarski et al., 2022). There is little information on how military families manage ADHD symptoms brought on

by their parent's military service status (Boltz et al., 2020; DiPietro-Wells et al., 2020; Farnsworth & O'Neal, 2021; Pace et al., 2023).

### Practical

The practical significance of this research study explores the many benefits of educating active-duty military parents about the wide range of resources available for children diagnosed with ADHD. Research studies attest to the reduction of disruptive behaviors and symptoms associated with ADHD in children, leading to improvements in their academic performance and a decrease in the negative impact of ADHD in classrooms and at home (Kissgen et al., 2009; Pace et al., 2023; Wylock et al., 2023). Moreover, this education can provide invaluable support to military families across the US in raising a child diagnosed with ADHD while actively serving in the military (Fitton, 2013; Kissgen et al., 2009; Darling Rasmussen et al., 2019).

## Research Questions

At the heart of this research study are the experiences of active-duty military parents creating an environment of academic success for their children diagnosed with ADHD. The central research question and its three sub-questions were derived from the problem and purpose statements previously identified. The sub-questions explore the attachment theory's relevance to the central research question and problem statement.

### Central Research Question

What are the experiences of active-duty military parents with children diagnosed with ADHD in cultivating an environment of academic success?

### Sub-Question One

How do active-duty military parents maintain a sense of security in their children diagnosed with ADHD to cultivate an environment of academic success?

**Sub-Question Two**

How do active-duty military parents maintain a sense of safety in their children diagnosed with ADHD to cultivate an environment of academic success?

**Sub-Question Three**

How do active-duty military parents maintain a sense of support for their children diagnosed with ADHD to cultivate an environment of academic success?

## Definitions

This study describes the experiences of active-duty military parents creating an environment of academic success for their children diagnosed with ADHD. The following definitions are provided that are specific to this research study and may not be commonly known.

1. Active-duty military – The length of service or the nature of military service by an individual (Truusa & Castro, 2019).
2. Adolescence – The phase of life between ages 12 through 18 years old (Danielson et al., 2022).
3. Aggressiveness – Actions that entail blatant displays of anger and may result in disturbances or disruptions (Ayasrah & Saleem Khasawneh, 2022).
4. Attention hyperactivity deficit disorder – "A persistent pattern of inattention and hyperactivity-impulsivity that interferes with functioning or development" (Kauffman et al., 2017, p. 301).
5. Inhibition control – The ability to not be reactionary and demonstrate spontaneous behaviors (Daley & Birchwood, 2010).
6. Insecure attachment - A child cannot establish a principal caregiver who will care for their basic needs and aid them during times of crisis (Dresvina, 2020).

7. Secure attachment - Children become confident in their attachment only if they can establish a principal caregiver who will care for their basic needs and aid them during times of crisis (Dresvina, 2020).
8. Temporary duty assignment (TDY) – "Duty at one or more locations, away from the permanent duty station" (Navy Military Personnel Manual 1320, 2016).
9. Working memory - Temporary storage and manipulation of information (Read et al., 2020).

## Summary

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. Specifically, this study aims to shed light on the problem that the service of active-duty military parents may make children who are diagnosed with ADHD feel unsafe, insecure, unsupported, and struggle academically. To better understand the experiences of these parents, the study proposes one central and three sub-research questions based on the attachment theory. This chapter offers background knowledge on the historical, social, and theoretical context of the problem and discusses the significance of this research study from theoretical, empirical, and practical viewpoints. By analyzing the research topic's problem, purpose, and background, the study aims to gain a deeper understanding of the experiences of active-duty military parents with children diagnosed with ADHD in cultivating an environment that enables their children to thrive academically.

# CHAPTER TWO: LITERATURE REVIEW

## Overview

This chapter explores the literature encompassing active-duty military parents in fostering an environment of academic success for their children diagnosed with attention deficit hyperactivity disorder (ADHD). The chapter examines the attachment theory's relevance to active-duty military parents with ADHD-diagnosed children. The chapter also seeks to view the history and current state of ADHD diagnoses, symptoms, and legislation that supports students with ADHD. Furthermore, the chapter will explore the critical role of parents in managing their child's ADHD symptoms and utilizing school-based interventions, evidence-based practices, and military family resources to improve children's feelings of support, safety, and security. Finally, the chapter will summarize the literature and identify a significant research gap, the influence of military service on the attachments between active-duty service members and their ADHD-diagnosed children's academic performance.

## Theoretical Framework

This research has a theoretical framework based on the attachment theory developed by John Bowlby and Mary Ainsworth (1969). The theory describes the experiences of active-duty military parents in managing their child's ADHD symptoms and utilizing school-based interventions, evidence-based practices, and military family resources to improve their children's feelings of support, safety, and security. Bowlby and Ainsworth's theory provides a framework for exploring the problem that the service of active-duty military parents disrupts the feelings of safety, security, and support for their children diagnosed with ADHD, resulting in low academic success.

Before creating the attachment theory, John Bowlby coined the term attachment behavior (Ainsworth & Bowlby, 1991) through his research on attachments following infant births (Amundson, 2006; Bowlby, 1958). Bowlby's initial research centered on infants' attachment to their mothers (Vicedo, 2011). Combining two of Bowlby's earlier theories, the primary object sucking and the primary object clinging, Bowlby created the attachment theory (Bowlby, 2003). The primary object-sucking theory focuses on an infant's instinct to breastfeed, which the infant correlates to its mother (Bowlby, 1958). The primary object-clinging approach is an infant's instinct for human contact, which generally occurs with its mother (Bowlby, 2003). Ainsworth learned under William Blatz's tutelage; Ainsworth became familiar with the security theory (Bretherton, 1992). The security theory was influenced partly by Sigmund Freud's ideologies (Bretherton, 1992). The premise of the security theory is that children must establish a secure attachment to a caregiver before starting in an environment or situation that is unfamiliar to that child (Bretherton, 1992). Ainsworth was instrumental in expanding Bowlby's initial views of attachment behavior by analyzing and subsequently classifying the specific attachment behaviors displayed by children (Amundson, 2006). Bowlby and Ainsworth did not cross paths until the 1960s (Ainsworth & Bowlby, 1991), and together, with their inspirations from the other theorists, they created what is known today as the attachment theory (Kelley, 2009).

Attachment theory has two attachment styles: secure and insecure (Bowlby, 2003; Dresvina, 2020). Secure attachment asserts that a child becomes secure in their attachment only if a child can establish a principal caregiver who will care for their basic needs and aid during times of crisis (Dresvina, 2020). In contrast, insecure attachments form when a child cannot establish a principal caregiver who will care for their basic needs and aid during times of crisis (Dresvina, 2020). When a child cannot show a secure attachment or the secure attachment

becomes broken, the child, in turn, will develop a loss resulting in psychological symptom development (Ainsworth & Bowlby, 1991; Vicedo, 2011). Bowlby and Ainsworth continued to define attachment theory nuances from the mid to late 1900s (Dresvina, 2020). The attachment theory has been a foundational element, furthering its initial findings over the last three decades (Waters et al., 2005).

The continuous absence of active-duty parents from their home, caused by being on call and deployed, can adversely affect a child's ability to form attachments (Bowlby, 2003). When insecure attachments form, children are at an increased risk of displaying symptoms that can worsen ADHD, such as disruptive behaviors (Kissgen et al., 2009). Recent studies reveal that children with secure attachments demonstrate better social skills, emotional regulation, and emotional health than children with insecure attachments (Al-Yagon et al., 2023; Wylock et al., 2023). Current research further suggests that a child diagnosed with ADHD receives influence from various factors, such as their immediate environment and interactions with parents, teachers, and peers (Miklas et al., 2021). Negative experiences with adults during a child's upbringing can expand the symptoms associated with ADHD (Pace et al., 2023; Thorell et al., 2012). Understanding the attachment theory is essential in examining how insecure attachments between active-duty military parents and their children correlate to the display of ADHD in children (Amundson, 2006; Carr et al., 2020).

## Related Literature

Although several studies examined the effects of the military lifestyle on military dependents, there has been little research on the impact of active-duty military service on children diagnosed with ADHD and how attachment affects ADHD symptoms in adolescents. This review will assess the history of ADHD, common ADHD symptoms, legislative policies

surrounding ADHD, and the role of parents serving in the military while parenting a child with ADHD to provide a thorough analysis. This in-depth investigation will lay the groundwork for future research into how to support and care for children with ADHD in military families.

## ADHD

ADHD is a common neurological development disorder that affects approximately 10% of school-aged children (Owens, 2020; Rhinehart et al., 2022). Having ADHD can present challenges for students, and it is becoming increasingly common. ADHD diagnoses are not limited to the U.S.; globally, approximately 16% of children are diagnosed with ADHD (Ayasrah & Saleem Khasawneh, 2022; Ching'oma et al., 2022). It is common for children to start experiencing ADHD symptoms during their childhood; research suggests that ADHD is usually diagnosed around the age of seven and is more prevalent in boys than girls (Burley & Waller, 2005; Dmitrzak-Weglarz et al., 2021; Eng et al., 2023; Foley-Nicpon & Assouline, 2020; Rios-Davis et al., 2023; Shabestari et al., 2023). Additionally, some research suggests that ADHD is underdiagnosed in girls (Rennó et al., 2020; Skogli et al., 2013; Walters, 2018). Unfortunately, research indicates that up to 80% of teenagers still experience ADHD symptoms, demonstrating that many children do not outgrow ADHD symptoms (McKay et al., 2023).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) 5th edition characterizes ADHD as distraction, hyperactivity, and inattention that typically start before age 12 (Coxe & Sibley, 2023). ADHD is "a persistent pattern of inattention or hyperactivity-impulsivity that interferes with functioning or development" (Kauffman et al., 2017, p. 301). As children age, hyperactive behaviors decline while inattentiveness remains the same (Eng et al., 2023). Some researchers also view ADHD as a disorder that involves difficulties with self-regulation and unpredictable emotions (Ramsey et al., 2022). When students are in classrooms,

the primary characteristics of ADHD demonstrate students struggling with organization, staying on-task, frequently being out of their seats, and lacking patience (DeShazer et al., 2023).

ADHD has undergone several name changes throughout history (Fortes et al., 2021; Lufi, 1990). The second version of the DSM referred to ADHD as hyperkinesis, while the third version labeled it as attention deficit disorder [ADD] (Fortes et al., 2021). However, it was not until the fourth version that it was officially named ADHD, still its name today (Lufi, 1990). As the DSM versions changed, so did the criteria for diagnosing ADHD. The fourth version added a requirement for functional impairments to be present for a diagnosis, while the fifth version extended the onset of symptoms to before age 12 (Dmitrzak-Weglarz et al., 2021). The diagnostic manual has introduced different categories of ADHD, including inattention, hyperactivity, impulsiveness, or a combination of all three (Gascon et al., 2022). It is important to note that research suggests that ADHD symptoms often persist into adolescence and adulthood, which highlights a need to properly diagnose and manage this condition (Di Lorenzo et al., 2021; DuPaul & Eckert, 1998).

**Causes of ADHD**

Some researchers believe that the exact cause of ADHD is still unknown, but others suggest that genetics and environmental factors are contributing factors (Hodge & Asola, 2019; Polaris, 2021). Recent research identified 12 genes associated with ADHD, including TIE1 and MED8 (Chen et al., 2022; Demontis et al., 2019). Additionally, exposure to toxins and stress during pregnancy is linked to a higher risk of ADHD in children (Kacharava et al., 2022; Landrigan et al., 2020). Although genetics and environmental factors may play a role in the development of ADHD, they are not the only causes. Aside from genetic or environmental factors, other researchers suggest that society, a child's diet, parenting style, social support, or

brain injury may influence ADHD symptoms (Aral & Usta, 2022; Barreto-Zarza et al., 2022; Di Lorenzo et al., 2021; Kauffman et al., 2017; Russell et al., 2016; Ryu et al., 2022). It is crucial to acknowledge that the actual cause of ADHD remains unknown.

## Symptoms of ADHD

The common characteristics of ADHD are inattentiveness, hyperactivity, and impulsivity (Loe & Feldman, 2007; Wang et al., 2021). Additionally, the symptoms must be present in multiple environments and inhibit the ability to function (Centers for Disease Control and Prevention [CDCP], 2022). In some instances, the hyperactive symptom of ADHD declines while the other symptoms of ADHD remain (Rogers et al., 2011). These characteristics bring forth a variety of manifestations in the form of disruptive behaviors, aggressiveness, inability to follow tasks, impairment of the executive functions of the brain, disorganization, excessive talking, and emotional deregulating (Daley & Birchwood, 2010; Ek et al., 2011; Groves et al., 2021; Hodge & Asola, 2019; Loe & Feldman, 2007; Sluiter et al., 2020; Vaidya et al., 2020). During adolescence, children with ADHD may also experience disturbances in their sleep and struggle in social settings (Frick et al., 2023). On the other hand, certain studies suggest that talking too much might be due to a pragmatic language deficiency rather than ADHD (Green et al., 2014). This deficiency is caused by the brain's executive functioning (EF) not performing correctly, which similarly affects ADHD EF (Al-Yagon et al., 2020; He & Huang, 2022; Morsink et al., 2021).

### *Disruptive Behaviors*

Disruptive behaviors are a common symptom displayed by children with ADHD and often cause classroom disruptions (CDCP, 2022; Rhinehart et al., 2022). However, some researchers believe that ADHD is not the only reason children demonstrate disruptive behaviors in class; instead, some believe that overpopulated classrooms result in disruptive behaviors

(Burley & Waller, 2005; Domsch et al., 2022; Sanders et al., 2020). Disruptive behaviors include a lack of attentiveness, a craving for attention, and disturbance of teachers and classmates (Domsch et al., 2022). Some problematic behaviors encompass unwarranted conversations, inability to follow directions, avoidance, inability to remain still, and lack of focus (CDCP, 2022; Polaris, 2021). Furthermore, the challenging behaviors displayed by students with ADHD are insistent and generally result in low academic performance (Jitendra et al., 2008). In some instances, the hyperactive symptom of ADHD declines while the other symptoms of ADHD remain (Rogers et al., 2011).

### *Aggressiveness*

The concept of aggressiveness pertains to actions that cause blatant displays of anger and may result in disturbances or disruptions (Ayasrah & Saleem Khasawneh, 2022). Several studies suggest that children with ADHD and impulsive tendencies are likelier to exhibit heightened levels of aggressive behavior (Hsu et al., 2019). There are two types of aggressive behaviors: reactive and proactive (Ayasrah & Saleem Khasawneh, 2022). Reactive aggression is displayed as students' impulsivity using hostility due to feeling provoked (Murray et al., 2020). However, proactive aggression occurs when a student uses anger with a goal in mind (Speyer et al., 2022). Children with ADHD are more likely to become aggressive during adolescence than their peers without ADHD (Yoo et al., 2021).

### *Inability to Follow Tasks*

Children diagnosed with ADHD often struggle with following tasks due to cognitive deficits that significantly affect their self-monitoring skills (Alrahili et al., 2022). The struggle to follow tasks through to completion is a symptom commonly associated with adolescence (Rofiah et al., 2021). Children with ADHD often struggle to complete tasks, such as homework, tests, and following instructions, due to disorganization (DuPaul et al., 2021; Poulou & Norwich,

2000). This inability to follow tasks can significantly impact their academic performance and well-being. Cognitive deficits are the root cause of this difficulty in following tasks and can pose a significant challenge for children with ADHD (Sluiter et al., 2020).

### *Impairment of Executive Functioning*

ADHD is a condition that often affects the brain, precisely the EF area (Al-Yagon et al., 2020; Morsink et al., 2021; Rhinehart et al., 2022). The EF exists in the brain's cortical, subcortical, and frontal lobes and is an internal process to help manage tasks (Mikaye et al., 2000; Vaidya et al., 2020). The root cause of ADHD's impact on the brain's EF area occurs in the transmission of information via neurotransmitters to the three sections of the brain where EF occurs (Hodge & Asola, 2019). ADHD can cause impairment in these areas, making it difficult for individuals with the condition to perform daily tasks efficiently or have academic success (Morsink et al., 2021). The EF portion of the brain connects various functions that may cause deficits in EF (Bu et al., 2023; Daley & Birchwood, 2010; Ek et al., 2011; Groves et al., 2021; Kofler et al., 2019; Mikaye et al., 2000; Morsink et al., 2021). EF links to other functions such as inhibition, cognitive functioning, intellect, and working memory (Daley & Birchwood, 2010; Hodge & Asola, 2019; Morsink et al., 2021; Rhinehart et al., 2022). However, some children with ADHD, 11% to 79%, have no impairments to their EF, and ADHD does not hinder their academic performance (Daley & Birchwood, 2010; Groves et al., 2021).

ADHD may also impact areas related to timing, reward processing, and temporal processing (Faraone & Larsson, 2019). Studies indicate that seven percent of teenagers diagnosed with ADHD experience adverse effects on their cognitive functioning (Bu et al., 2023). A lack of inhibition is typically displayed in children who do not follow the rules, fail to pay attention and struggle to control their behaviors (Rosetti et al., 2018). Inhibition control, which involves avoiding impulsive behavior, is a critical factor affecting cognitive functioning

(Daley & Birchwood, 2010; Faedda et al., 2019; Morsink et al., 2021). Inhibition control is the ability not to be reactionary and demonstrate spontaneous behaviors, which is crucial for children's healthy development. Inhibition control negatively impacts 21% to 46% of children with ADHD (Daley & Birchwood, 2010; Groves et al., 2021; Morsink et al., 2021).

Other components, such as working memory, also impact the intellectual functioning of students with ADHD (Ek et al., 2011). Working memory is responsible for storing and utilizing information to accomplish tasks (Ek et al., 2011; Kofler et al., 2019; Morsink et al., 2021). Research suggests that a lack of control (Morsink et al., 2021) and low working memory are the primary causes of low academic performance in students with ADHD (Rhinehart et al., 2022). It is essential to understand the effects of ADHD on the EF areas of the brain to manage the condition effectively. Educators need to recognize the significance of executive functioning, which plays a role in academic success and school-aged children's emotional, behavioral, and social needs (Walenista et al., 2023).

### *Excessive Talking*

Consistent talking out during classroom time is a familiar problem that educators everywhere experience; however, for children diagnosed with ADHD, excessive talking may be uncontrollable (Daley & Birchwood, 2010; Poulou & Norwich, 2000). Excessive talking is a child's inability to self-regulate their behavior using cognitive functioning, which is essential for academic success (Oana & Diana, 2012). By providing appropriate support and resources, educators can help children with ADHD overcome their challenges and reach their full potential in school. Providing support and resources may help students manage their symptoms and achieve academic success.

### *Emotional Deregulation*

Adolescents diagnosed with ADHD often struggle to regulate emotions (Groves et al., 2021; Vaidya et al., 2020). A deficit in emotional regulation appears in the form of unregulated emotions or an inability to regulate emotions in differing situations and often coincides with other EF deficits, such as social and cognitive functioning (Eyuboglu & Eyuboglu, 2020; Groves et al., 2021; Vaidya et al., 2020). Current research emphasizes a correlation between secure attachments and deficiencies in the functioning of emotion and mental regulations in children with ADHD (Frick et al., 2022). When caring for and treating children with ADHD, it is crucial to consider the effects of emotional regulation deficits (Groves et al., 2021; Vaidya et al., 2020). These deficits can have a wide-reaching impact on a child's life, including their social, familial, and physical well-being (Eyuboglu & Eyuboglu, 2020).

**Diagnosing ADHD in Children**

The pediatrician is primarily responsible for diagnosing children with ADHD; however, school psychologists can also diagnose ADHD (Bannett et al., 2021; Foley-Nicpon & Assouline, 2020; Rhinehart et al., 2022). There is no established method for diagnosing children with ADHD (Kauffman et al., 2017). However, to ascertain whether the typical symptoms of ADHD occur in various contexts, pediatricians and school psychologists usually rely on evidence-based assessments using questionnaires (Di Lorenzo et al., 2021; Morsink et al., 2021). A child must exhibit at least six symptoms for at least six months (Lauzé, 2020). Children in military families with a deployed parent are more likely to be diagnosed with ADHD than children of service members who are at home (Briggs et al., 2022).

Once diagnosed, students with ADHD who meet the criteria for special education services could receive an Individualized Education Program [IEP] (McKinley & Stormont, 2008). IEPs provide students with classroom accommodations and other interventions or services

that meet each child's individualized needs (Kulkarni & Sullivan, 2019). On the other hand, students who receive an ADHD diagnosis but do not meet the criteria for special education services can still receive assistance under Section 504 of the Vocational Rehabilitation Act of 1973 (Rhinehart et al., 2022). Section 504 of the Vocational Rehabilitation Act prevents discrimination against students with disabilities. This legislation ensures that students with disabilities have the same rights to free and public education as their peers without disabilities (McKinley & Stormont, 2008). A 504 Plan provides the same individualized accommodations as an IEP; however, students are not eligible for special education support services with a 504 Plan (Rhinehart et al., 2022). It is essential to understand the different options available for students with ADHD to receive the appropriate support and accommodations they need to succeed academically and socially. By utilizing evidence-based assessments and implementing individualized plans, educators and healthcare professionals can help students with ADHD reach their full potential (Lewis-Fleming, 2014).

**Strategies to Reduce ADHD Symptoms**

Parents and educators have a responsibility to help children with ADHD by reducing or removing any barriers that impede their education (Dalton, 2018; Nutting et al., 2006). Federal legislation requires educators to provide a classroom learning environment that embraces students and utilizes evidence-based interventions for students eligible for an IEP or 504 Plan (Gratton-Fisher & Zirkel, 2021; Khan et al., 2019). The disruptive behaviors of students with ADHD can negatively impact the teacher's instruction time and other students' ability to learn and limit their academic performance (Rhinehart et al., 2022). Teachers spend a significant portion of time with students and are typically able to recognize the signs of ADHD in their students when inside academic environments (Guay, 2022; Khan et al., 2019). However, some

educators believe that ADHD is not a disorder that can negatively affect students and instead think that students should try harder (Bateman, 1992; Lowe, 2019).

Research recommends that teachers use a combination of methods to help students with ADHD manage their symptoms in the classroom (Hodge & Asola, 2019). The approaches used inside the school can often be used at home and vice versa (Gasparro et al., 2023). The combined method incorporates classroom interventions that target positive behavior and various teaching strategies to foster academic success (Hodge & Asola, 2019; Mascarenhas dos Santos & Rocha de Albuquerque, 2021). One approach that can be used in classrooms and at home is a positive attitude. When parents and teachers show a positive attitude and genuineness, they can help motivate students with ADHD, especially when learning is challenging (Dimpka, 2015). Moreover, when teachers are genuine and positive, students perform better academically (Dimpka, 2015; Khan et al., 2019).

Teachers and parents should collaborate to create strategies to improve not only the ADHD symptoms related to the student's academics but also treat the student's apparent social and cognitive impairments (Jia et al., 2021). Using strategies that extend the focus past a singular concentration on academics, parents and teachers can drive the change into the child's middle and high school years (Sibley et al., 2014). It is worth noting that various strategies become ineffective as students enter high school due to the significantly higher number of students per teacher compared to elementary and middle school years (Sibley et al., 2020).

Other strategies that parents can initiate for their child with ADHD involve medication and psychosocial interventions (Fabiano et al., 2021). Psychosocial interventions target the behaviors and reward the positive display of behaviors, which will drive a lifestyle change for the student with ADHD (Fabiano et al., 2021; Schein et al., 2022). The psychosocial

interventions typically used for students with ADHD are self-regulation, cognitive-based interventions, peer relationships, and skills training (Hustus et al., 2020; Schein et al., 2022; Schmengler et al., 2023). A hybrid approach, which combines training and behavior management, is the most effective for adolescent students (Rios-Davis et al., 2023). However, combining various psychosocial interventions may be ineffective for many students (Fabiano et al., 2021). Additionally, teaching children how to mitigate their behaviors through positive reinforcement and training will help adolescents continue displaying positive behaviors into adulthood (DuPaul et al., 2020).

### *Medication vs. Non-Medication*

Some parents allow doctors to prescribe their children medication to manage their ADHD symptoms, while others seek a natural remedy (Polaris, 2021). The inability to remain still, pay attention, and remain engaged during adolescence can be extremely difficult for children with ADHD (Ching'oma et al., 2022; Chitiyo et al., 2011). Parents may use medication to treat these symptoms (Schmengler et al., 2023). Studies suggest that prescribing stimulant medications is one of the most effective approaches to treating children with ADHD (Power et al., 1995; Sibley et al., 2022). Some parents use stimulant medication to treat symptoms of ADHD, while other parents prefer to collaborate with educators and use non-medication alternatives (Hahn-Markowitz et al., 2018; Lincă, 2018; Liu, 2020).

For parents who choose the medication route, some prescription medications may become ineffective in managing ADHD symptoms after children take the medicine for a long time or the child perceives that the drug no longer works (Titheradge et al., 2022). Anywhere from 1/2 to 2/3 of children with diagnosed conditions of ADHD are taking prescription medication to treat their symptoms (Danielson et al., 2022). Research suggests that 2/3 of

students diagnosed with ADHD use the prescription medication route (Danielson et al., 2022; Liu, 2020). A third of children who do not use prescription medication have parents who negatively perceive prescription drugs (Dixon et al., 2023). It is common for children who start taking prescription medication to stop within the first year (Dixon et al., 2023). Other parents follow the most common medication route, prescribing a psychostimulant to treat ADHD symptoms (Domsch et al., 2022). Ritalin, Concerta, and Adderall are the most prescribed medications for ADHD symptoms (Rios-Davis et al., 2023; Shabestari et al., 2023).

There are two types of prescription medication paths that a parent can choose for their child with ADHD: methylphenidate or atomoxetine, also known as pharmacotherapy medications, or psychosocial drugs, also known as lisdexamfetamine, guanfacine, or dexamfetamine (Sasaki et al., 2021; Scholle et al., 2021). Pharmacotherapy medications can tackle the underlying ADHD symptoms of hyperactivity and inattention; however, these medications have not proven successful in treating subsequent symptoms of ADHD (Boland et al., 2020; Cortese, 2020).

The two medications that fall under the pharmacotherapy umbrella are often referred to as the first-line course of treatment due to the immediate effects and safety as opposed to other medicines (Pang & Sareen, 2021). Psychosocial medications take longer to become effective and often have severe side effects (Bedrossian, 2019). Adverse side effects are common in all ADHD prescription medications (Solmi et al., 2020). The common side effects of ADHD medication are a loss of appetite, insomnia, high blood pressure, increased heart rate, and seizures (Cortese, 2020).

In contrast to prescription medication used to treat ADHD symptoms, many children use herbal supplements or coffee (Mazhar et al., 2020). The parent's choice of drugs versus non-

medication is a result of the parent's knowledge of ADHD or their view of prescription medication use (Mikami et al., 2019). Other factors contributing to parents' choice of prescription versus nonprescription medication for ADHD treatment come from outside influences, such as friends, family, and teachers' opinions (Alvarado & Modesto-Lowe, 2017). Significant caffeine use combats some children's executive function deficits and inattentiveness (Ágoston et al., 2022). However, minimal research supports the effectiveness of non-medication approaches, such as coffee, vitamins, and diet modification (Kauffman et al., 2017). Either option a parent chooses can help their child manage the symptoms of ADHD (Stroh et al., 2019).

### *Self-Regulation*

One method of removing obstacles that interfere with the education of students with ADHD is utilizing interventions (Jitendra et al., 2008). Some interventions used in the classroom can also help at home (Labauve, 2003). Two symptom management techniques that work in school and at home to manage ADHD symptoms are self-regulation and cognitive behavior interventions such as self-regulating behaviors (Hahn-Markowitz et al., 2018; Lincă, 2018). Students with ADHD have limitations on their self-control (Gagne & Nwadinobi, 2018). Their impediment occurs because of how ADHD impacts the neurological functioning of their brain (Polaris, 2021). The self-regulation component of the EF area of the brain regulates an individual's display and control of emotions and behaviors (Gagne & Nwadinobi, 2018; Nucifora & Walker, 2021). Deficiencies with self-regulation are common in students with ADHD (Ros & Graziano, 2020). The deficiencies ADHD causes in the EF area of the brain intercept a child's typical development (Lincă, 2018). The limitations of self-control manifest in the inability to focus and self-regulate their classroom behaviors (Sluiter et al., 2020). Without

self-regulating their behavior, students with ADHD will display poor academics and disruptive behaviors (Ros & Graziano, 2020).

### *Cognitive Behavior Intervention*

Interventions that focus on behavior are typically the first option for treatment (Liu, 2020). Cognitive behavior intervention emphasizes helping students with ADHD build up their cognitive processes by teaching them how to recognize their disruptive behaviors and subsequently learn how to control them (Abramowitz & O'Leary, 1991). Furthermore, cognitive behavioral intervention for children with ADHD seeks to improve the replication of positive thought processes and increase motivation (Champ et al., 2021). This form of intervention is also beneficial in helping older children with ADHD to learn basic skills, such as managing time and organization (Liu, 2020). Cognitive behavior intervention has proven effective for classroom and home ADHD symptom management (Dekkers et al., 2022; Hahn-Markowitz et al., 2018; Lincă, 2018). Providing this type of intervention, particularly during adolescence, can assist students in their transition to adulthood (Sibley et al., 2023). Repeating positive thought processes will lead to students' perception of themselves (Rofiah et al., 2021). Additionally, researchers believe that the use of cognitive behavioral interventions in classrooms can lead students to acquire self-regulation of their behaviors (Abramowitz & O'Leary, 1991). Receiving behavior therapy during adolescence can improve the chances of managing ADHD symptoms in adulthood (Sibley et al., 2023).

### *Peer Relationships*

During adolescence, children are more prone to seek out friendships and mingle at social events (McQuade et al., 2021). Still, ADHD can significantly impact the child's ability to form peer relationships (McKay et al., 2023). An ADHD diagnosis alone can cause a negative stigma

among a child's teachers and peers (Metzger & Hamilton, 2021). This stigma is particularly challenging for children of active-duty service members who frequently relocate and need to form new friendships (Shaw, 2022). Additionally, children with ADHD may find it even more challenging to maintain relationships with peers and loved ones (Milledge et al., 2019). The challenges faced by children with ADHD in establishing and maintaining social connections are partly due to their behavior (Meyer et al., 2022). However, some children with ADHD are prone to other disorders that can cause similar symptoms (Al-Yagon et al., 2023; Di Lorenzo et al., 2021; Kauffman et al., 2017).

Programs to improve peer relationships among children with ADHD are helpful (Lombardi et al., 2020); however, research indicates that programs with adult mentors may be more effective (Haft et al., 2019). Moreover, pairing a student with ADHD with a peer without disabilities can significantly reduce negative behaviors and improve social awareness (O'Rourke et al., 2020). One example of a peer relationship is peer tutoring (Daley & Birchwood, 2010). Pairing a student with ADHD with a peer who does not have ADHD, the latter provides academic support and models positive behavior (Daley & Birchwood, 2010). Peer tutoring also helps students with ADHD develop social relationships, which are essential for adolescent development (O'Rourke et al., 2020).

### *Skills Training*

As previously mentioned, medications and non-medications treat the primary symptoms of ADHD – hyperactivity, inattention, and impulsivity (Danielson et al., 2022); however, the secondary symptoms of ADHD can be equally problematic (Schein et al., 2022). Adolescence is also a time when family and peer relationships may become strained, along with changes in academics and behavior (Rios-Davis et al., 2023). Training adolescent children with ADHD in

time management and organization is a vital skill to help mitigate ADHD symptoms (Rios-Davis et al., 2023; Sibley et al., 2022). When children transition from elementary to middle school, they often struggle with losing homework, missing class assignments, incomplete homework, and forgetfulness (Breaux et al., 2019; Langberg et al., 2012). One example of a skills training program designed explicitly for adolescent use is the homework, organization, and planning skills (HOPS) intervention (Sibley et al., 2022). A mental health counselor implements this training during school hours over 16 sessions (Breaux et al., 2019). In addition to teaching adolescent students time management and organizational skills, a planning element is included (Langberg et al., 2012). Two of the 16 sessions are designed to encourage parent participation (Breaux et al., 2019). Parent participation is essential as it drives praise for the child and reinforces positive behaviors (Bikic et al., 2021; Nutting et al., 2006).

**Adolescence and ADHD**

Adolescence occurs between 12 and 18 when children encounter internal and external body changes, such as puberty, physical alterations, and identity (Crosnoe & Johnson, 2011; Lucier-Greer et al., 2016). Adolescence is a critical time central to adulthood because adolescents are met with more responsibility due to their increased age (Danielson et al., 2022; Noona et al., 2020; Yeguez et al., 2022). There is a divide in research on which gender is more likely to display more ADHD symptomology and receive a diagnosis: males or females (Buźniak et al., 2022; Di Lorenzo et al., 2021; Littman & Wagenberg, 2023; Stibbe et al., 2020). Research contends that the magnitude of ADHD during adolescence will dictate the impact of this disorder into adulthood (Sibley et al., 2023). The study further asserts that the percentage of adolescents with ADHD going into adulthood drops in half (Di Lorenzo et al., 2021).

**Legislative Policies**

There are two primary forms of federal legislation in special education: the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Vocational Rehabilitation Act (Hustus et al., 2020; Martin et al., 1996). For over four decades, federal legislation has aided students with disabilities and their families (Grigorenko et al., 2020). Federal legislation is a protective barrier for students with ADHD and establishes a system of checks and balances for school systems, especially in special education (Martin et al., 1996). ADHD is considered an other health impairment (OHI) and is assessed when students cannot achieve the standards set for their grade level and state (Grigorenko et al., 2022). Federal legislation ensures that students with ADHD remain in learning environments that do not limit the ADHD students from general classrooms and interactions with peers to assist with the child's academic and social development (Little & Little, 2008).

IDEA (2004) is the primary legislation that holds school districts accountable for specifying eligibility for special education services (United States Government Accountability Office, 2010). IDEA is a federally funded program that is free of charge (Shaw, 2019). However, students require an evaluation for ADHD before receiving services (Liu, 2020). The assessment will determine if the student's diagnosis negatively impacts their academic success, which is critical to receiving support under IDEA (Liu, 2020; Schwartz et al., 2021). A central tenet of IDEA is the requirement for students within special education to receive an IEP and for schools to implement evidence-based practices, such as positive behavior support [PBS] (Chitiyo et al., 2011; Schwartz et al., 2021). IEPs are standardized documents that help parents and educators identify a child's disability, limitations, and the support the child needs (Schwartz et al., 2021).

Evidence-based practices are critical to ensuring standardization in treating students with ADHD (Rios-Davis et al., 2023).

IDEA classifies recognizable disabilities into 13 categories (Foley-Nicpon & Assouline, 2020). However, there is no disability category specifically for ADHD (Rhinehart et al., 2022). Instead, ADHD students use the OHI category (McKinley & Stormont, 2008). In addition to an ADHD diagnosis, students must meet their state's specific criteria to receive special education services (Obiakor & Bakken, 2019). It is important to note that special education services can help students with ADHD improve their academic performance and social interactions in the classroom (Rhinehart et al., 2022).

**Academic Challenges of Students with ADHD**

As children age and advance from one grade to the next, the demand for their academic achievement steadily increases, which puts pressure on students to perform well to meet the expectations of their teachers and parents (Owens, 2020). Academic performance in school settings transpires when students learn and then apply the information from homework, tests, and assessments (Hodge & Asola, 2019). However, students with ADHD typically perform at lower levels than their peers who do not have ADHD (Mascarenhas dos Santos & Rocha de Albuquerque, 2021; Rhinehart et al., 2022). In academic settings, children with ADHD are typically less engaged due to their inattentiveness, which increases the students' risk for low academic performance resulting in being retained in their current grade (DuPaul et al., 2018; Lawrence et al., 2021; Tegtmejer, 2019; Zendarski et al., 2022).

During adolescence, students may experience a decline in academic performance due to the increased expectations and demands placed on them by their teachers (DuPaul et al., 2021). Close to 30% of students with ADHD struggle with their academic performance and experience

difficulties that occur across all subjects, which can lead to feelings of inadequacy and low self-esteem (Morsink et al., 2021; Rogers et al., 2011). The primary cause of low academic performance in students with ADHD is a lack of control, low working memory functioning, and deficits in executive functioning (Daley & Birchwood, 2010; Morsink et al., 2021; Rhinehart et al., 2022). Therefore, teachers and parents must provide support and accommodations such as providing extra time for tests, breaking assignments into smaller tasks, and using visual aids to help with memory retention to help students with ADHD succeed academically (Hannon, 2022; Martel, 2020; Schmengler et al., 2023). With the proper support, students with ADHD can thrive academically and reach their full potential.

**The Parent's Role in Support**

Parenting is complex and challenging, especially when caring for children with disabilities like ADHD (Fortes et al., 2021). Studies indicate that parents with children diagnosed with ADHD experience more conflict with their children, higher stress levels, financial strain, lower satisfaction in their marriages, and an increased risk for mental health disorders (Park et al., 2023; Ringer et al., 2020; Rios-Davis et al., 2023; Suárez et al., 2022; Walenista et al., 2023; Zhao et al., 2019). Parents must be involved in their children's lives as they provide a combination of advocacy, praise, discipline, and treatment essential to their child's well-being (Girard-Lapointe et al., 2023; Nosratmirshekarlou et al., 2019; Park et al., 2023; Walenista et al., 2023). Children continue to grow and develop as they transition into adolescence, which can be particularly challenging for parents of children with ADHD as they navigate puberty (Brinksma et al., 2023). Adolescents typically undergo various changes to their relationships over time, but parents' support typically remains the same (Noona et al., 2020). While ADHD symptoms tend to decrease as children age, the decrease varies with each child (Shaw & Sudre, 2021). There is a

significant focus on understanding the role of parental involvement in managing ADHD and its associated challenges (Arzeen et al., 2020). Parenting can be particularly demanding for children with special needs, leading to increased emotional strain and pressure on both the child and the parent (Fortes et al., 2021). Furthermore, there are many occasions where children diagnosed with ADHD also have at least one parent with an ADHD diagnosis (Carr-Fanning & McGuckin, 2022; Karakaş et al., 2015; Uchida et al., 2021; Waite & Ramsay, 2010). A research study found a correlation between ADHD diagnoses in children and first-generation relatives diagnosed with ADHD, in addition to parents (Karakaş et al., 2015). Approximately 60% of parents with an ADHD diagnosis have at least one ADHD-diagnosed child (Carr-Fanning & McGuckin, 2022). Therefore, it is crucial to provide support and resources to parents to help them navigate the unique challenges of parenting a child with ADHD (Leich et al., 2019; McMenemy & Nicholas, 2022).

### *Parental Perception*

ADHD is a complex disorder influenced by various factors, including socioeconomic status, race, culture, and gender, as highlighted in recent research studies (Ching'oma et al., 2022). Parental and teacher perceptions identify and manage children with ADHD, as evidenced by several research studies (Alrahili et al., 2022; Mulholland et al., 2023). Cultural background, family and friends, and societal norms often influence parents' perceptions of ADHD (Wong et al., 2017). Despite the increasing awareness and understanding of ADHD, some parents and educators still believe that ADHD is not a genuine medical condition that negatively affects a child's life (Bateman, 1996; Singh, 2005). Parents' perceptions heavily influence the course of treatment a child with an ADHD diagnosis receives (Alrahili et al., 2022).

It is worth noting that primary caregivers are typically the primary source of identifying ADHD symptoms, as research has shown (Wexler et al., 2022). This could be attributed to the fact that teachers are legally bound not to diagnose a child with a medical condition such as ADHD (Simoni, 2021). Nonetheless, the views and knowledge of primary caregivers are crucial in acquiring an accurate diagnosis of ADHD, followed by proper treatment of the diagnosed condition (Alvarado & Modesto-Lowe, 2017; Dixon et al., 2023). ADHD is a complex disorder that requires a comprehensive approach to diagnosis, treatment, and management, considering various factors such as culture, family dynamics, and societal norms (Schmengler et al., 2023).

### *Advocating for Their Child's Needs*

Parents must understand that ADHD requires a comprehensive treatment approach (Burley & Waller, 2005). Treatment options may incorporate medication, behavioral therapy, and parent training (Mikami et al., 2019). However, advocating, removing barriers, and selecting treatment options are three primary responsibilities a parent carries when a child is diagnosed with ADHD (Aleman-Tovar et al., 2022; Knopf, 2015; Mikami et al., 2019). Advocacy consists of working with their child's teacher and other school staff to acquire the proper accommodations in the classroom (Knopf, 2015). The removal of barriers can stem from student homework struggles to classroom challenges (Aleman-Tovar et al., 2022; de Vries et al., 2023). Barriers surrounding life as a military dependent are also common. The effects of relocating homes and parent deployments can cause children with ADHD to experience various difficulties, often requiring parent advocacy (Aleman-Tovar et al., 2022). Parents must work closely with their child's healthcare provider to develop an individualized treatment plan that addresses their child's needs (The Care of Military Children, 2019). Parents can help their children thrive at home and school by actively participating in their child's care (Russell et al., 2019).

### *Collaboration with Educators*

Parents and teachers must work together to diagnose ADHD in school-aged children and manage the child's symptoms before and after diagnosis (Tahillioğlu et al., 2021). A positive collaborative effort between parents and teachers is critical for children with ADHD (Russell et al., 2019). Positive collaborations prevent disruptive behavior and create an environment that helps students with ADHD focus to overcome their inattentiveness (Gratton-Fisher & Zirkel, 2021; Khan et al., 2019; Knopf, 2015). Studies suggest that general education classrooms will likely have students with ADHD, with at least one student with ADHD in a school of 30, even when special education services are provided (Jitendra et al., 2008; Khan et al., 2019). Additionally, military families may not always receive support from their child's school (Sweeney, 2020). By working together, parents and educators can create an environment that allows students to focus and overcome the challenges associated with inattentiveness (Gratton-Fisher & Zirkel, 2021).

## Military Parenting

Military life is rewarding and challenging (Kritikos et al., 2019). The recruitment of service members underwent a paradigm shift from a forced draft to an all-volunteer service (Griffith, 2020). This paradigm shift increased the number of military families (Griffith, 2020). Research revealed that being a military parent can significantly impact family life (Boltz et al., 2020; Farnsworth & O'Neal, 2021). One of the primary challenges that service members face is working through their trauma upon return from deployment, such as mental health struggles resulting from exposure to direct or indirect combat (Karre et al., 2022; Kritikos et al., 2019). The emotional trauma of deployments, remoteness from family and friends, and frequent

relocations can take a toll and impact how service members parent their children (Bommersbach et al., 2022; Primack et al., 2020).

Reserve and National Guard members face a military lifestyle that is just as challenging as active-duty service members (Corry et al., 2021). In addition to their military duties, Reserve and National Guard members also hold civilian jobs (Griffith, 2020). The National Guard branch of the Army consists of 350,000 personnel, making it the most significant component of the National Guard (Veri et al., 2021). Approximately 41% of National Guard and Reserve personnel have families (Rossiter et al., 2022). Their military responsibilities require them to dedicate one weekend per month and two full weeks per year and be on-call 24/7 when activated, like active-duty members (Griffith, 2020). Since the 9/11 attacks, Reserve and National Guard members have been frequently deployed (Veri et al., 2021; Zhang et al., 2020). Balancing military, civilian, and parenting responsibilities is an additional challenge for Reserve and National Guard members on top of their regular military duties (Catignani et al., 2021; Veri et al., 2021).

**Dual Roles – Service Member and Parent**

The active-duty Navy, Marines, Coast Guard, Army, Air Force, and Space Force make up a significant portion of the Armed Forces, accounting for nearly 90% of the total force (Boltz et al., 2020). Studies suggest that change is a prevalent factor in the lives of military families (Primack et al., 2020; Sweeney, 2020; Tupper et al., 2020). Moreover, active-duty military service members commonly relocate every three years to support global operations and remain on-call 24 hours per day, seven days per week (Cox et al., 2022; DiPietro-Wells et al., 2020). Military service members experience unusual parenting challenges such as permanent change of stations, deployments, and separation from family and friends (Huhtanen, 2021; Shaw, 2019).

The unique circumstances that military parents face make life difficult for their dependent children, especially those with ADHD who cannot thrive in unstable environments (Shepherd-Banigan et al., 2020; Sweeney, 2020).

### *Military Culture*

Service members and their families face unique difficulties due to their culture and operational requirements (Aleman-Tovar et al., 2022). For example, in the Navy, there is a tradition of sailors residing primarily on ships, which can lead to frequent deployments to support naval operations (Aleman-Tovar et al., 2022). Parents in the Reserve and National Guard may struggle even more as they often are not located near a military installation and must travel significant distances for their military work (Walsh et al., 2014). This lifestyle can be challenging for military families, who, on average, have at least two children (Huebner, 2019; Mancini et al., 2020). Although the military lifestyle can be demanding, it also provides numerous advantages, such as financial stability, opportunities to travel and interact with people worldwide, and access to healthcare facilities (Rossiter et al., 2022).

### *Permanent Change of Station*

Service members typically relocate every three years, on average, to support global operations and often have little input into where they are assigned, resulting in separation from family and friends (Aleman-Tovar et al., 2022; DiPietro-Wells et al., 2020; Kucera et al., 2023). It is not uncommon for an active-duty person to receive PCS orders to move solo, leaving their family behind (Huhtanen, 2021). A disconnected culture can hurt families and their well-being (Kucera et al., 2023). Despite these challenges, many individuals stay in the military and sacrifice to serve their country (Briggs et al., 2022).

### *Deployment*

Military parents face a significant challenge regarding the possibility of deployment (Bommersbach et al., 2022). The impact of deployment on families has been an issue since World War II [WWII] (Griffith, 2020). Over the past decade, military service members experienced a consistent rise in both the quantity and duration of deployments (Cunitz et al., 2019). Since 2001, around two million kids have had at least one parent go on deployment, while an astonishing three million service members have deployed (Huebner, 2019; Shepherd-Banigan et al., 2020). Occasionally, deployments occur with only a two-week notice before departure (Carroll et al., 2008). Deployments consist of separation from family members and friends, sometimes for a year or longer (Tupper et al., 2020). Additionally, some deployments can place service members in hazardous areas (Briggs et al., 2022). Deployments can cause changes in the family's routine and structure, negatively impacting children with ADHD (Boldrin, 2013). The absence of mothers during military deployments can have a more significant impact on the family unit than the absence of fathers (Kelly et al., 2014). A military parent's deployment can harm their children's sense of security and safety (Lester & Flake, 2013).

Behavioral changes are an expected negative impact of deployment on children with ADHD (Barker & Berry, 2009). Nearly 50% of children experience behavioral difficulties when one of their parents deploys (DiPietro-Wells et al., 2020). However, findings from a recent study indicate no correlation between a child's well-being, temperament, or behavior when a parent deploys (Bommersbach et al., 2022). The return of a deployed parent reintegrating into home life can cause just as much difficulty as leaving for the deployment (Kelly et al., 2014). An insecure attachment resulting from a child's separation from their parent is typical during deployments (Barker & Berry, 2009). Sometimes, the problem of insecure attachment can worsen upon the parent's return home from deployment (Boldrin, 2013). It is essential to provide support and

resources to military families, especially during times of deployment (Shaw, 2019). Military children and families can navigate these challenges and thrive with proper care, attention, and support (Barreto-Zarza et al., 2022; Boldrin, 2013).

### *Unique Challenges of Military Families*

Challenges are inevitable in most families (Jagger & Lederer, 2014). Still, the struggles are unique for military families and especially for those military families with children with disabilities (Aleman-Tovar et al., 2022; Jagger & Lederer, 2014; Lewis-Fleming, 2014). Typical challenges that affect the general population include a lack of employment opportunities, insecure health benefits, or homelessness (Classen et al., 2019). Military families, however, face additional complexities due to the nature of their service commitment (Shaw, 2020; Shepherd-Banigan et al., 2020). They often have little to no say in the changes and challenges that come their way (Huhtanen, 2021). After leaving the military, the service member's child may no longer qualify for any special services they previously received (Shepherd-Banigan et al., 2020; Veri et al., 2021).

Military children also face unique challenges, such as frequent relocation and a lack of continuity of health care (Aleman-Tovar et al., 2022; Hill et al., 2022). Military families experience frequent moves, separating them from their loved ones and childhood friends they rely on for emotional support (Haddad & Nadworny, 2022; Tupper et al., 2020). Additionally, frequent moves may prevent families and children from establishing a continuity of care in special education services (Sweeney, 2020). It is common for children of active-duty service members to attend at least six different schools during their formative years (Shaw, 2020). Research suggests that these interruptions in care can cause significant stress in attempts to reinstitute care (Abbott, 2019). Inefficient family stability is one of the main symptoms

exacerbating ADHD symptoms in children (Haddad & Nadworny, 2022). When children lack a secure attachment, ADHD symptoms can worsen (Al-Yagon et al., 2023; Barker & Berry, 2009).

### *Internal Support*

The military has attempted to support military families with children who have special needs, including ADHD, through various initiatives (Jagger & Lederer, 2014; Shaw, 2019; Shepherd-Banigan et al., 2020). However, implementing these initiatives is inconsistent across all military branches (Military Child Education Coalition, 2020). One example of such support is the establishment of the Exceptional Family Member Program [EFMP] (Shaw, 2019). For instance, in the late 1970s, the Navy created the EFMP program (Huhtanen, 2021). Today, each military branch has its version of EFMP on many military installations across the U.S. (Jagger & Lederer, 2014). The purpose of this program is to provide a resource to military families with a child with special needs (Aronson et al., 2016; Support for Families the Essentials, 2019). The resources involve placing service members in heavily populated geographic areas that can support their child's needs and help the parents establish stability in managing care and their child's needs (Boltz et al., 2020).

Another example of the support that the military provides to families who have children with special needs is the creation of the Interstate Compact Educational Opportunity for Military Children (Shaw, 2019). The purpose of the Interstate Compact is to aid in the transition of military-dependent children as they complete a PCS with their parents (Moving with an Individualized Education Plan, 2021). Interstate Compact aims to make the child's transition less intimidating, cumbersome, and easier to manage (The Interstate Compact Makes Changing Schools Easier for Military Children, 2020). The Interstate Compact works in all 50 states within the U.S. and the District of Columbia, as well as in all Department of Defense Education

Activity (DODEA) designated schools (Helping Your Children Change Schools, 2021). In addition to the Interstate Compact, the military created school liaison positions throughout the U.S. (Shaw, 2019, 2020). The school liaison program works similarly to the EFMP, where each military branch provides this service to their military families across various installations around the U.S.; however, the school liaison program is open to all military families with children (Jagger & Lederer, 2014). The purpose of the school liaison position is to provide guidance and advocacy to military families, especially those who have children with special needs (Shaw, 2019).

A third example of the Navy's support to families with children with special needs is the passing of federal legislation in 2010, known as the National Defense Authorization Act [NDAA] (Hickman et al., 2008). This act aims to keep active-duty families with children with special needs inaccessible locations where health care is readily available (Aronson et al., 2016). Additionally, the program assigns an advocate and a case manager to aid parents in establishing continuity of care through healthcare referrals and services (Aronson et al., 2016). A fourth example of the military's commitment to helping children with disabilities of active-duty military parents succeed is the designation of Purple Star Schools (Military Child Education Coalition, 2023). Purple Star Schools make individualized commitments to recognize the exceptional circumstances that children of service members experience (Farrell & Whiddon, 2022).

ADHD symptoms are challenging in school environments as well as at home (Stroh et al., 2008). However, military families face an added challenge as they navigate the frequent changes brought on by the military lifestyle (Sands et al., 2023; Shaw, 2020; Sweeney, 2020). Therefore,

it is crucial to provide adequate support and resources to individuals with ADHD and their families, especially those in military communities.

## Summary

ADHD is a growing problem in schools all over the world. This chapter provides an overview of the theoretical framework based on attachment theory. The chapter explores the complexities of ADHD's historical background, giving context to the causes, classic symptoms, strategies designed to reduce ADHD symptoms in children, diagnostic criteria, and adolescent attributes. Due to various legislative requirements, there are now more children with ADHD in classrooms than ever before, and this chapter provides a review of the legislative policies that govern ADHD management under the special education umbrella. This chapter concludes by examining the literature on the roles of parents and the challenges faced by active-duty military parents with children diagnosed with ADHD. Despite the many difficulties, active-duty military parents are often the primary caregivers, and they must navigate the demands of military life while also effectively managing their children's symptoms. However, there is a lack of data on the relationship between military service and the difficulties of active-duty service members' employment and the academic performance of their children diagnosed with ADHD. Developing strategies to support military families better and enhance the outcomes for ADHD-afflicted military-dependent children is the purpose of this research study.

# CHAPTER THREE: METHODS

## Overview

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This chapter provides an overview of the study, including the types of design employed, the questions asked, the settings and participants involved, researcher positionality, the role of the researcher, the procedures followed, and the data collection plan. Additionally, I focus on how I established trustworthiness throughout the study. By gathering and analyzing this information, I gained unique insights and approaches to the resources active-duty military parents with children diagnosed with ADHD use to foster academic success during their unique military lifestyle.

## Research Design

This study utilized a qualitative research design method. The qualitative research method uses various assumptions and frameworks to investigate a problem that impacts a singular person or a group of people (Creswell & Poth, 2018). The depth of this research design type is to describe the lived experiences of individuals within a phenomenon, including their thoughts and feelings while encountering the phenomena (Marshall et al., 2022). Within the confines of the qualitative research method are five design approaches that researchers can choose: narrative, phenomenological, grounded, case study, or ethnographic (Creswell & Poth, 2018). The specific research approach subtype selected varies depending on the study's purpose (Moustakas, 1994). Researchers choose a qualitative research study over a quantitative one when the researcher believes a problem requires examination instead of from only a numerical or quantifiable standpoint (Creswell & Poth, 2008).

I chose a phenomenological design within the qualitative research design for this study. Typical of phenomenological research, researchers question how and why experiences occur (Van Manen, 1997). I selected a phenomenological approach for this study because the study's design is to describe the experiences of active-duty military parents with a child diagnosed with ADHD in cultivating an environment of academic success. I selected the hermeneutical method for this research study to delve deeper into the research because I have firsthand experience in dual roles as an active-duty service member and parent of a child diagnosed with ADHDwith an IEP and 504 Plan. Research postulates that Frederick Schleiermacher created the hermeneutic-driven philosophy (Patton, 2002). When separated and viewed individually, research emphasizes that phenomenology analyzes how a person adapts to their lived experience, while hermeneutics helps to express how they interpret their lived experience (Van Manen, 2016).

Hermeneutic phenomenology contains many elements that paint a comprehensive picture of a person's lived experience; however, Van Manen (2016) clearly states that researchers should be open to more than a succession of stages to complete the hermeneutic process. Instead, researchers should remain subjective and objective (Van Manen, 2016). Subjective in acquiring as much detail and material from research participants to truly capture the phenomenon's essence and objective by staying focused on each participant (Van Manen, 2016). At the core of every hermeneutic phenomenological research study is the person's lived experience (Van Manen, 2015).

## Research Questions

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This research explored how active-duty military

parents navigate the challenges of deployment, relocation, and temporary duty assignments while meeting their children's educational needs. By examining the perspectives of these families using a central research question and three sub-questions, I gained a deeper understanding regarding active-duty military parents utilizing school-based interventions, evidence-based practices, and military family resources to improve their children's feelings of support, safety, and security.

### Central Research Question

What are the experiences of active-duty military parents with children diagnosed with ADHD in cultivating an environment of academic success?

### Sub-Question One

How do active-duty military parents maintain a sense of security in their children diagnosed with ADHD to cultivate an environment of academic success?

### Sub-Question Two

How do active-duty military parents maintain a sense of safety in their children diagnosed with ADHD to cultivate an environment of academic success?

### Sub-Question Three

How do active-duty military parents maintain a sense of support for their children diagnosed with ADHD to cultivate an environment of academic success?

## Setting and Participants

The study explored the problem that the service of active-duty military parents disrupts the feelings of safety, security, and support for their children diagnosed with ADHD, resulting in low academic success. To better understand the problem, it is vital to first grasp the study's

components. This section details the research study's setting, participant selection, and recruitment plan.

**Site**

I conducted this study in the U.S., which was open to all active-duty military parents from all military branches, including the Navy, Army, Airforce, Marine, Coast Guard, and Space Force branches. I considered participants from all 50 states within the U.S. for this study; however, participants could not live or work on a military installation during the interviews, focus groups, or letter-writing prompts. I chose to use the U.S. as my setting location since other countries have different internal processes for their active-duty service members (Maffey & Smith, 2020). While some countries allow females to join their ranks, their military organizations' internal operating structure did not fit the context of this study (Carr, 2020). Furthermore, school systems vary widely across different countries, making the U.S. a more appropriate study location (Thorn & Vincent-Lancrin, 2022).

**Participants**

This study was designed to include 10-15 active-duty military parents with at least one child diagnosed with ADHD who had an IEP or 504 Plan. Individuals had to be current active-duty service members to participate in this study. The study had 10 participants, consistent with the small sample size typically used in qualitative studies (Patton, 2014). There were no restrictions on branch, age, gender, ethnicity, or rank for study participants. I ensured diversity by recruiting participants representing different service branches, ranks, lengths of service, geographical locations, and tour duty assignments for active-duty military parents. The study was open to active-duty military parents who had commands at sea, in the field, based on land, or stationed overseas in any military branch, including the Navy, Army, Airforce, Marines, Coast

Guard, or Space Force. The study required participants to have at least one deployment or temporary duty assignment over 60 days. However, disclosure of the specific deployment location or temporary duty was not required.

**Recruitment Plan**

After gaining approval from the IRB, I recruited a sample population of 10 to 15 active-duty, Reserve, and National Guard military parents who have a child diagnosed with ADHD and have an IEP or 504 Plan. The IRB Approval is in A, while the two Recruitment Flyers are in Appendix B and C. First, I utilized purposeful sampling techniques, such as maximum variation and snowball sampling, to select participants most familiar with the study's phenomenon. Purposeful sampling is the best choice when the researcher needs a group of people most familiar with the research phenomenon (Creswell & Poth, 2018). Maximum variation sampling aims to select a diverse group of well-suited participants to respond to the research questions (Schwandt, 2014). While the study included active-duty, Reserve, and National Guard military parents with a child diagnosed with ADHD who have an IEP or 504 Plan, each participant varied in their location, branch of service, length of service, and child age. To ensure a wide range of diverse participants, I promoted my research study through various Facebook groups that contained an active-duty, Reserve, or National Guard military presence. These groups included but were not limited to, Female Navy Enlisted Sailors, ADHD Parent Support Group, Military Kids – Special Education Alliance, ADHD Parenting, Moms in the Military, Parents of Very Severe ADHD Children, Retiring & Retired Female CPOs, Female CPO Berthing, Liberty's Ph.D. & Graduate Programs, Liberty University's Doctoral Cohort, and Support Group for parents with kids with ADHD, ADD, Autism, and other issues. I crafted a post requesting voluntary participation from active-duty military, Reserve, and National Guard service members

with at least one child diagnosed with ADHD who has an IEP or 504 Plan. The post included the study's objective, a Google Forms link for participants to complete a demographic survey, and a statement that outlines participation terms. Only a subset of volunteers participated, and those selectees received further instructions.

I waited seven days after posting my volunteer request before I selected from the interested participants who completed the demographic data via Google Forms. I chose participants who reflected a diverse background and experience with the phenomenon being studied. Combining snowball sampling with purposeful and maximum variation sampling techniques can expand the pool of participants and gather diverse perspectives for the research study (Creswell & Poth, 2018). When needed, I asked study participants for recommendations for other individuals who meet the study's criteria to participate in the study. I emailed the IRB-approved Consent Form and requested a signature for participants selected to participate in my research study. The Consent Form can be found in Appendix E.

## Researcher's Positionality

Researchers must acknowledge the interpretive framework and philosophical assumptions that shape their research views (Creswell & Poth, 2018). These assumptions influence how and why research is conducted in a particular way and can sway a researcher's thoughts and perspectives, potentially hindering hermeneutic phenomenological studies by creating a closed mindset (Hofer & Pintrich, 1997). Understanding my ontological, epistemological, and axiological assumptions is vital to establishing a solid foundation for the "reality, knowledge, and values that are brought to the research" (Creswell & Poth, 2018, p. 19). Therefore, taking the time to understand and explain philosophical beliefs is vital, leading to accuracy and impact on the research outcomes. By recognizing assumptions and adjusting the

interpretive framework, researchers can establish quality research quality and contribute to advancing knowledge in their respective fields (Creswell & Poth, 2018).

**Interpretive Framework**

Everyone brings certain viewpoints and expectations to their study, which arise from their educational journey and items left undiscovered (Creswell & Poth, 2018). People's views and expectations are driving factors in how they apply their assumptions during the research study (Creswell & Poth, 2018). My upbringing influenced my views and experiences in the military as a spouse and parent. I can tune into opinions others acquired through shared experiences that drive different outcomes. My viewpoint shapes the interpretative framework I carried into my research (Denzin & Lincoln, 1998). My interpretative framework aligns with the social constructivist paradigm, offering a valuable perspective in examining my worldview. A paradigm influences people's beliefs on how they view the world (Creswell & Poth, 2018; Denzin & Lincoln, 1998). The social constructivism paradigm asserts that individuals form knowledge through social interactions and experiences (Naidoo & Mabaso, 2023). Humans gain knowledge by communicating with their peers and exchanging information and ideas. The more knowledge is shared, the more opportunities a person will have to learn (Adams, 2006).

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. The social constructivism paradigm was ideal for this study as it focuses on how individuals construct knowledge through their experiences and interactions with others (Naidoo & Mabaso, 2023). Therefore, this approach enabled a better understanding of the influence of military service on the attachments between active-duty service

members and their ADHD-diagnosed children's academic performance (Sandu & Unguru, 2017).

## Philosophical Assumptions

Assumptions drive how and why research is explicitly conducted and can affect people's thoughts and perceptions (Denzin & Lincoln, 1998; Hofer & Pintrich, 1997). Creating the basis for an individual's philosophical assumptions is their "reality, knowledge, and values in research" (Creswell & Poth, 2018, p. 19). Collectively, the model of a person's philosophical beliefs forms to enable individuals to view research through a lens that has been molded throughout their lifetime (Denzin & Lincoln, 1998). Acknowledging one's philosophical assumptions is necessary to separate the researcher from the study (Klakegg, 2015). People's ontological, epistemological, and axiological assumptions form their philosophical beliefs (Creswell & Poth, 2018; Denzin & Lincoln, 1998).

### *Ontological Assumptions*

The basis of ontological assumptions is how accurate something is within one's belief system (Creswell & Poth, 2018). Research indicates two types of ontology: objectivism and constructionism (Klakegg, 2015). Objectivism is the belief that only one reality exists, whereas constructivists believe that more than one reality can exist and can be different for each person (Klakegg, 2015; Moon & Blackman, 2017). Constructivism is my research paradigm, but my ontological assumption is that there are multiple realities (Creswell & Poth, 2018). In terms of this research study, my constructivist ontological position was that all active-duty service members make their sense of reality in how to mitigate the circumstances of their service to this country while simultaneously managing their parenting of a child with ADHD. Their experiences and knowledge of their dual roles shape their reality. "Reality is viewed as a continual process of

flux or differentiation…" (Denzin & Lincoln, 2018, p. 706). New knowledge gained through this study may have altered the participants and my sense of reality (Denzin & Lincoln, 2018).

### *Epistemological Assumptions*

Epistemology is the theory of knowledge and entails how the researcher defines and attains knowledge (Creswell & Poth, 2018). Three types of epistemologies exist: objectivist, constructionist, and subjectivist (Moon & Blackman, 2017). The objectivist view of epistemology focuses on reality being independent of a person's mind. In contrast, constructionists focus on establishing truth through various interactions with the world (Moon & Blackman, 2017). Subjectivists believe that reality varies from person to person (Moon & Blackman, 2017). My epistemological assumption was constructionist, and my epistemological position as a researcher was to allow my study participants to control their narratives. In my study, I focused on how military parents' active-duty service may impact their child's academic success, specifically in cases where the child has been diagnosed with ADHD. This area has yet to be studied, so I sought to uncover the truth about the connection between active-duty service and the academic success of military-dependent children with ADHD (Denzin & Lincoln, 2018). From a constructionist point of view, I uncovered the truth mainly through interviews and focus groups, where the participant and I corresponded with each other about their various lived experiences.

### *Axiological Assumptions*

People's values and morals, which influence our research, form the basis of axiological assumptions (Peers, 2018). These assumptions also incorporate preconceived notions we acquire throughout people's lives (Creswell & Poth, 2018). Values and biases, like the ontological and epistemological assumptions, are driven by a person's environment, background, societal

influences, and other areas that shape and mold their lines of thinking (Creswell & Poth, 2018; Peers, 2018). Personal traits affecting my axiological assumptions concerning the influence of military service on the attachments between active-duty service members and their ADHD-diagnosed children's academic performance are:

- The mother of two children with ADHD, among other learning disabilities.
- A parent with negative experiences in public schools advocating for two children with ADHD and other learning disabilities.
- A person who is pursuing a Ph.D. in special education.
- A personal belief that ADHD is challenging for every parent in managing their child's symptoms.
- A personal belief is that there are a variety of resources, military and non-military, that offer resources to help children with ADHD have academic success.

**Researcher's Role**

Phenomenological research studies require the researcher to act as a human instrument (Lincoln & Guba, 1985). Serving as a human instrument means that the researcher collects and interprets the data while simultaneously watching participants' nonverbal cues, utilizing active listening, empathizing, and clarifying information with participants (Lincoln & Guba, 1985). Additionally, as a human instrument, the researcher should approach the study with an open mind and a willingness to learn so that the researcher can discover valuable information that ultimately contributes to the ability to gain a deeper understanding of the human experience (Hofer & Pintrich, 1997). Therefore, the role of the researcher is not just limited to data collection but also the interpretation of data and making sense of the experiences shared by the participants (Lincoln & Guba, 1985; Peredaryenko & Krauss, 2013).

My personal experiences gave me a unique perspective that helped me accurately convey the study participants' experiences. Specifically, I was interested in studying how parents can create an environment that supports academic success for children diagnosed with ADHD. The hermeneutic approach is a powerful tool for uncovering new insights (Van Manen, 1990). Having experienced the challenges of military parenting firsthand, I effectively conveyed these experiences to others (Van Manen, 2016). However, as a former military member, I had no prior interaction or connection with the participants in the research study.

Military parents experience distinctive obstacles, such as juggling work and family responsibilities while catering to the needs of a child with conditions like ADHD. Using a hermeneutic approach, I helped shed light on how parents navigate these challenges. It is important to note that I brought my biases to the study as a former active-duty military service member and a parent of children with ADHD. As the human instrument in this research study, bringing my preconceived notions into the study is known as bridling, which means that I am acknowledging my biases while keeping an open mind to new information acquired through the research (Stutey et al., 2020). However, these biases helped me better understand the participants' experiences and draw more meaningful conclusions from the study.

## Procedures

Establishing trustworthiness in a research study is essential to ensure replication of the study. Before beginning this study, I required approval from the IRB (Rossman & Rallis, 2016; Slovin & Semenec, 2019). The IRB's approval is in Appendix A. Soliciting and selecting volunteers to participate in this study was the next step in this research project. I chose the initial participants who responded to my posts on various Facebook groups and completed the demographic survey through Google Forms. Once I selected the participants, I emailed the

selected participants an electronic Consent Form that was digitally signed and returned to me via email. This email also asked the selected participants to provide the personal interview dates and focus group dates that fit their schedules. Additionally, the email contained the letter-writing prompt and requested that the letter-writing prompt be completed within two weeks. The Consent Form asked for participants' permission to record the interviews and focus groups, protect study data, and ensure privacy and confidentiality (Rossman & Rallis, 2016). Appendix D contains a copy of the survey sent via Google Forms containing participants' demographic data.

I used snowball sampling techniques and asked each participant to recommend other potential voluntary participants (Creswell & Poth, 2018). I stored all signed consent forms on a secure iCloud drive. I scheduled personal interviews via Microsoft Teams within two weeks of the initial email, lasting approximately 45 to 60 minutes. The focus groups occurred approximately 3-5 weeks after the initial email announced participant selections. Before the individual interview and focus groups occurred, I briefed the participants on the risks and benefits of their voluntary participation, confidentiality, and privacy, as well as details on the how and why of this research study (Denzin & Lincoln, 1998; Slovin & Semenec, 2019).

After each interview and focus group, I placed the information into the ATLAS.ti software for coding purposes. I applied the same process to each response I received for the letter-writing prompt. After analyzing the data, I concluded the study by writing the remaining chapters, including the findings, discussions, conclusions, and recommendations. Additionally, my dissertation committee members were responsible for completing the audit trail. To ensure the collected data and interpretations were reliable and trustworthy, I followed up with each participant to ensure I accurately related their lived experiences. Appendix K contains a sample

member checking email that was sent to all participants.

## Data Collection Plan

Central to the notation of qualitative studies are various types of data that enable a researcher to delve into the heart of the research study's purpose and problem (Patton, 2002). By immersing oneself in the participants' native settings, researchers can gain insight into the study's phenomena from the participants' perspective (Erlandson et al., 1993). While interviewing is the traditional data collection method in phenomenological studies, I used two additional approaches to collect data (Van Manen, 2014). The data collection methods that I used to complete this study were individual interviews, focus groups, and letter-writing (Erlandson et al., 1993). Research postulates that using three data collection methods will strengthen the study (Patton, 2002).

### Individual Interviews

The Google Forms demographic survey was critical for conducting individual interviews because the data collected from this survey provided some background information on my research participants before beginning the personal interviews. The survey on Google Forms contained two sections. The first section included the survey's title, required the participant's email address, and ensured that the participant only completed one survey. The second section consisted of 10 questions about the participant's demographic information, such as their full name, email address, branch of service, active-duty, Reserve or National Guard status, rate and rank, length of military career, duty station name, and location, number of children with ADHD, child's current age and grade level, and whether the child has an IEP or 504 Plan. Chosen participants received an email requesting the completion of the electronic Consent Form and the opportunity to select the dates and times that were most convenient for them to complete the

personal interview. Additionally, participants were requested to be available for the next 45 days. This timeframe allowed the researcher ample time to schedule interviews and focus groups based on participant availability.

Conducting individual interviews is a significant aspect of qualitative research, as it allows the researcher to gather the participants' personal experiences (Moustakas, 1994; Patton, 2002). The interviews are purposeful conversations structured and initiated with a grand tour question to establish a rapport with each participant (Erlandson et al., 1993; Kvale & Brinkmann, 2009). I used a combination of phenomenological and hermeneutic interview approaches. A phenomenological interview focuses on participants' lived experiences (Marshall & Rossman, 2015).

I followed the basic demographic questions with personal interview questions: opinion, value, experience, and behavior-based (Patton, 2015). These open-ended questions were prepared well before the interviews (Li, 2022). The personal interview questions are in Table 1 and F. To enhance the effectiveness of my research, I crafted the questions to encourage participants to delve deeper into the topic by posing stimulating follow-up questions related to the original question (Marshall & Rossman, 2015). The personal interviews lasted approximately 45 minutes using Microsoft Teams with automated transcription. Before commencing the discussions, I confirmed that each participant submitted the demographic information through the Google Forms survey and returned a signed Consent Form. I stored the signed consent forms alongside other research study documents and data on a secure iCloud drive.

With this data collection method, I sought to answer the central research question and the three sub-questions. I took notes throughout the interview and focus groups based on each participant's body language and tone of voice (Marshall & Rossman, 2015). When the interview

concluded, I provided each participant with a copy of their transcribed personal interview (Erlandson et al., 1993). Appendix K contains a sample of this email sent to each participant. By conducting interviews, I gained insight into the influence of military service on the attachments between active-duty service members and their ADHD-diagnosed children's academic performance.

**Table 1**

*Individual Interview Questions*

1. Tell me about yourself, your military experience, and your family. CRQ
2. Please describe the circumstances relating to your child receiving an initial ADHD diagnosis. CRQ
3. Please describe your perception before your child's diagnosis and how or if your perception has changed. CRQ
4. Please describe your experiences as an active-duty military and parent of a child with ADHD. CRQ
5. Please describe how you cultivate an environment of academic success for your ADHD-diagnosed child. CRQ
6. Describe your view on the impact of your active-duty military service on your child's education. CRQ
7. Regarding deployments and temporary duty assignments over 60 days, please describe your experiences as active-duty military and parent of a child with ADHD in fostering an environment of academic success. CRQ

8. Regarding Permanent Change of Station (PCS), please describe your experiences as an active-duty military and parent of a child with ADHD in fostering an environment of academic success. CRQ
9. Describe when you have been away from your family for an extended time and how this separation impacted your child with ADHD academically. SQ1
10. What steps do you take to create a feeling of security and protection for your child with ADHD? How do these steps differ when you are deployed? How about when you are on a temporary duty assignment away from home for an extended time? How do these steps differ when you PCS? SQ1
11. What resources, if any, have you used to help your child feel secure during a permanent change of station? Deployment? Departure from active duty? SQ1
12. What recommendations would you have for other active-duty military parents who have a child with ADHD in creating a sense of security? How would your recommendations change with deployment? PCS? Extended temporary duty assignments? SQ1
13. Describe a time when you've had to protect your child with ADHD. Did this time occur at school or outside of school? How did your child's behavior change after this occurrence? Was the behavior change primarily negative or positive? SQ1
14. Describe your child's feelings of safety/protection/well-being during your deployment/permanent change of station/extended temporary duty assignment over 60 days. SQ2
15. Describe any concerns you have encountered as an active-duty military parent with a child who has ADHD. SQ2

16. Describe any experiences of evasion or shunning that your child with ADHD may have encountered (including bullying). How did this experience impact their academics? How did this experience impact your performance at work (missed time at work due to parent-teacher conferences)? SQ2
17. Describe your experience utilizing support resources to help your child with ADHD, including military, school/school district, and non-military related resources. SQ3
18. Please describe any transition planning you have completed for your student diagnosed with ADHD, including teaching self-advocacy. SQ3
19. Please describe any resources or support you have utilized or sought to assist in transition planning for your student diagnosed with ADHD. SQ3
20. Describe any difficult decisions you have faced regarding your military career due to your child's ADHD. SQ3
21. Describe a situation related to your military service that you have avoided because your child has ADHD, such as participation in a command function or attending a conference with your child's teacher that would have resulted in you missing work). SQ3
22. Is there anything else you'd like to share with me on this topic, or any additional questions you advise I ask other participants? SQ3

Before the interview, I collected demographic information and the signed Consent Form from each participant using Google Forms and email, as noted in the recruitment plan section. After collecting demographic data and the signed Consent Forms, I connected personally with each participant. I asked one icebreaker question, "Tell me about yourself, your military experience, and your family." Upon answering the question and statement (Consalvo, 2023), I reviewed the demographic information and consent that each participant completed. Once I

established rapport, I began the interview by asking the central research question to gather the participants' perspectives on being both an active-duty military parent and a child with ADHD (Kvale & Brinkmann, 2009; Moustakas, 1994). Through questions two through eight, I gathered information to answer the central research question, learning about the lived experiences of active-duty military children diagnosed with ADHD in cultivating an environment of academic success. Questions nine through 13 provided insight into how active-duty military parents describe ensuring the feelings of security remain constant in their child's life, answering the first sub-research question. Questions 14 through 16 sought to answer to the second sub-research question regarding the sense of safety that active-duty military children experience. Questions 17 through 21 answered the final sub-research question regarding the feelings of support that active-duty military children experience. Participants shared additional information in Question 22, the last interview question.

**Focus Groups**

Focus groups are a valuable research tool that provides participants with a platform to share their personal experiences and opinions in a group setting (Van Manen, 2014). Conducting focus groups can provide a valuable method of collecting data alongside personal interviews (Creswell & Poth, 2018). By allowing multiple individuals to share their experiences, focus groups can provide useful insights for researchers to understand the perspectives of their participants (Marshall et al., 2022; Patton, 2015). The validation provided by others who have had similar experiences can help to corroborate and strengthen the findings obtained through communication (Erlandson et al., 1993). The focus group followed the same guidelines as the individual interviews. I informed participants that they could end the voluntary discussion anytime. There were three focus group discussions with two to four active-duty military or

Reserve parent participants in each group, and the focus group discussions were recorded (Kvale & Brinkmann, 2009; Marshall & Rossman, 2015). The focus groups were scheduled approximately three weeks after selecting diverse participants for the study. The focus groups were held using Microsoft Teams, which has an automated transcription feature for the initial transcription. During the focus group, I noted each participant's body language and tone of voice (Marshall & Rossman, 2015). The focus group questions are in Table 2 and Appendix G.

**Table 2**

*Focus Group Questions*

1. Please provide a brief overview of your role in the military and the impact that ADHD has had on your family, specifically the impact on your child with ADHD.
2. Describe your views on the impact of your military service on your child's academic success. CRQ
3. Describe what you have learned as a parent regarding your time as an active-duty service member with a child diagnosed with ADHD. CRQ
4. Describe the importance of my research topic on active-duty military parents with children diagnosed with ADHD, knowing the available resources to help their children succeed academically. CRQ
5. Please describe the best resource you have used that has given you a sense of security for your child diagnosed with ADHD and why this was chosen as your best resource. SQ1
6. Please describe the best resource you have used that has given you a sense of safety for your child diagnosed with ADHD and why this was chosen as your best resource. SQ2
7. Please describe the best resource you have used that has given you a sense of support for your child diagnosed with ADHD and why this was chosen as your best resource. SQ3

8. Please describe any strategies you have used to foster an environment of academic success for your children diagnosed with ADHD. SQ3
9. Please share with the group any other insights or thoughts you might have about how to help your child with ADHD thrive academically while being on active duty.

I designed a series of focus group questions to understand active-duty Reserve, and National Guard military parents' experiences and how to foster an environment of academic success for their ADHD-diagnosed children while serving in the military. The first question allowed me to re-establish rapport with the participants. It is important to hear directly from the military service members about the significance of this research topic and how it impacts their lives. Thus, questions two through four allowed military service members to share their opinions and insights to answer the central research question. I also recognized the importance of understanding the resources that military service members use to create a sense of security, safety, and support during active duty. As such, questions five through seven intended to answer the three sub-questions. The eight-focus group question explored the strategies and methods active-duty, Reserve, and National Guard military parents use to establish and maintain a sense of support for their children diagnosed with ADHD. The final focus group question allowed the participant to offer words of wisdom.

**Letter-Writing**

Letter writing is a practical way to complete data triangulation. This approach provides a reliable means of verifying the information gathered from interviews and focus groups while allowing for participation from individuals across various regions of the U.S. (Ward & Shortt, 2020). Rapport is still necessary with this data collection method, as participants must feel comfortable conversing with me (Letherby & Zdrodowski, 1995). Upon initial selection, the

research study participants received the letter-writing prompt via email. The objective of the letter-writing was to collect information on their experiences as military parents with a child diagnosed with ADHD. The letter-writing prompt can be found below and in Appendix H.

The prompt of the letter was:

> Please write a letter to your former self. If you could go back in time, what would you tell yourself when your child was diagnosed with ADHD? What would you do differently? What would you do the same? What advice would you offer to other military parents with a child diagnosed with ADHD? What military or nonmilitary family resources would you recommend to families who have a child diagnosed with ADHD?

The prompt asked participants to imagine themselves back in time to when they first received their child's diagnosis of ADHD. The prompt asked them to consider what they would do differently and what information they would share with themselves. Additionally, the prompt asked participants to recommend military or nonmilitary family resources that could help care for their ADHD-diagnosed child. To ensure that participants had ample time to reflect and respond, I allowed them up to two weeks to complete their letter and return it to me via email. The responses were no longer than one page. Using a letter-writing prompt allowed for a thorough exploration of the various resources and strategies that military parents have used to foster academic success in their ADHD-diagnosed children, which could be immensely helpful to other active-duty parents facing similar challenges.

## Data Analysis

After each interview, I utilized the transcription feature within Microsoft Teams. After Microsoft Teams completed an automated transcription of the entire interview, I used an analytic framework approach to review the discussion and make any corrections to errors made via the

computerized transcription process (Marshall & Rossman, 2015). An analytical framework review occurs when the researcher goes question-by-question throughout the interview transcription, reading through the response to each question (Patton, 2015). After carefully transcribing and meticulously verifying the data, I used *The Coding Manual for Qualitative Researchers* by Johnny Saldaña as a guide to coding each interview thoroughly (Saldaña, 2016). Additionally, I used the ATLAS.ti software to organize the study's data and track code generation. Once I transcribed the data, it was no longer raw data; the raw data is now known as processed data (Marshall & Rossman, 2015).

Coding is essential to a phenomenological study as it summarizes the raw data as a word or symbol (Rogers, 2018). I input each code into the ATLAS.ti software so that I could track the structural codes I created. I repeated this process for each interview. Once I completed all interviews, I placed structural codes into the ATLAS.ti software. Using the software, I logically analyzed the information by comparing the codes across all interview transcriptions to generate new codes (Marshall et al., 2022; Marshall & Rossman, 1989). Refer to Appendix I for the Master Code List, which includes the first round of codes, grouped codes, and the theme development. Analyzing the data collected brought the data together to form a comprehensive picture of the lived experience (Marshall & Rossman, 1989). I searched for resounding themes among the data to combine all the coding. Identifying the themes is vital to completing the hermeneutic circle (Dibley et al., 2020).

I followed the same process I did for the personal interviews to thoroughly analyze the focus group discussion. To ensure that I gathered comprehensive information, I used open-ended questions, as recommended by Erlandson et al. (1993). I used Microsoft Teams to simplify the transcription process, allowing for automated transcription. Once the computerized transcription

was complete, I reviewed the automatic transcription with the live recording using an analytic framework approach and made any necessary corrections (Patton, 2015). This approach allowed me to obtain valuable insights and thoroughly analyze the focus group discussion.

To ensure accuracy and completeness in my research following the transcription process, I utilized Saldaña's (2016) method to create the initial coding of each sentence. Categorizing the data using codes is crucial in hermeneutic phenomenology (Rogers, 2018). I kept track of the codes for each focus group using the ATLAS.ti software because it helped me easily organize and analyze the data (Marshall et al., 2022). Refer to Appendix I for the Master Code List, which includes the first round of codes, grouped codes, and the theme development. After creating the initial codes, I compared the developed codes from the personal interviews and focus groups to identify recurring themes. It is essential to identify these themes to complete the hermeneutic circle (Dibley et al., 2020). I can generate meaningful and reliable insights using a systematic and rigorous data collection and analysis approach.

As I received letters from all participants, I reviewed each using the same approach I used for the interviews and focus groups. The key to studying written letters is to interpret the lived experiences of each person (Patton, 2015). I reviewed each written letter and assigned an initial code to sentences with significance within each letter. Upon determining a structural code for each sentence, I input the data into the ATLAS.ti software (Marshall et al., 2022) and continuously compared prior written letters utilizing the logical analysis methodology (Marshall & Rossman, 2015). Through logical analysis, I established new codes and then themes within the processed data (Dibley et al., 2020). Refer to Appendix I for the Master Code List, which includes the first round of codes, grouped codes, and the theme development. All data was kept safe on my secure iCloud drive and password-protected ATLAS.ti software, which undergoes

daily backups. After analyzing the data, identifying codes, recognizing themes, and triangulating the data, I wrote this document's fourth and fifth chapters, along with the findings, discussions, conclusions, and recommendations. At the same time, independent reviewers and my dissertation committee members completed the audit trail, member checks, and peer reviews to ensure the collected data and interpretations were reliable and trustworthy.

## Trustworthiness

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. Establishing the trustworthiness of a research study is critical. Still, it can be challenging in phenomenological studies because acquiring and interpreting data for qualitative research studies is often compared to quantitative studies (Creswell & Poth, 2018; Van Manen, 2014). By design, quantitative studies do not acknowledge the lived experiences of individuals; instead, quantitative studies rely on numbers, and the process for acquiring credibility, transferability, dependability, and confirmability differs (Creswell & Poth, 2018; Peoples, 2021). To ensure that this research study was trustworthy, I took several steps to consider credibility, transferability, dependability, confirmability, and ethics; these factors are crucial to establishing the validity of a qualitative study (Erlandson et al., 1993; Marshall et al., 2022).

### Credibility

Credibility is also known as internal validation and refers to the accuracy and authenticity of the processed data (Merriam, 2002; Nassaji, 2020). During the data collection phase, researchers take the collected data and turn raw data into processed data (Marshall & Rossman, 2015). Researchers' primary issue in establishing credibility is interpreting lived experiences

(Merriam, 2002). To ensure the credibility of this research study, I spent considerable time with each participant to establish rapport and understand the essence of their experiences (Peoples, 2021). Additionally, I utilized data triangulation, a three-data collection approach to validate the raw data (Finfgeld-Connett, 2014; Marshall et al., 2022). The three data collection approaches were individual interviews, focus groups, and letter-writing.

I implemented peer reviews as the third strategy to establish credibility with this research study. Peer reviews involve an external source to validate the research study's methodology, results, and conclusions (Creswell & Poth, 2018; Marshall et al., 2022). I involved peers with experience in education or military service to review the collected data and findings. The final strategy I used to establish credibility within this research study was member checking. The essence of this strategy was to confirm that the translation of lived experiences accurately reflects each participant's thoughts and feelings within that lived experience (Creswell & Poth, 2018). Following each interview transcription, I asked each participant to review their transcript for accuracy to ensure the raw data is interpreted correctly (Marshall et al., 2022).

I established transparency in this research study's setting and participant sections. The setting section explains the context of the study, while the participant section outlines the process for selecting participants. Maintaining transparency in participant selection is crucial for ensuring the study's credibility (Alvarez, 2022). By clearly explaining how I selected participants, I can build trust with the audience and avoid potential bias or conflicts of interest (Burton-Jones et al., 2021). Transparency also contributes to the study's reproducibility, as other researchers can replicate the selection process to achieve similar results (Alvarez, 2022).

**Transferability**

A research study's transferability refers to its ability to apply to other studies and

participants (Erlandson et al.,1993). To ensure trustworthy research, I provided detailed descriptions of the participants, setting, and theme discovery (Creswell & Poth, 2018; Peoples, 2021). By doing so, other researchers can replicate the study accurately (Creswell & Poth, 2018). The descriptions that I used in this research study will provide more than enough detail to paint an accurate picture of the lived experiences of each participant.

**Dependability**

Dependability in research refers to its ability to remain consistent over time (Erlandson et al., 1993). For a study to be reliable, it is crucial to maintain a clear record of the methods used for sample selection, data collection, and analysis (Merriam, 2002). Maintaining an audit trail allows for accurate duplication of the study (Creswell & Poth, 2018). As the transferability section mentions, detailed descriptions of the participants, setting, theme creation, and methods portion enable duplication of this research study and provide more evidence to support the completion of an audit trail. Finally, the designated dissertation chair and the second member of my dissertation team will thoroughly review the literature and methods section to ensure I capture all relevant details.

**Confirmability**

Confirmability ensures an unbiased view of the processed data (Merriam, 2002; Van Manen, 2014). One method of guaranteeing confirmability is using audit trails (Lincoln & Guba, 1985). As mentioned in the previous section, my dissertation team thoroughly reviewed the research study as a validation tactic (Creswell & Poth, 2018). A second option for the confirmability of this research study was to use three data collection methods, commonly called triangulation (Patton, 2015). A final strategy for succeeding in the confirmability of a research study to utilize reflexivity. Reflexivity is the benchmark in establishing trustworthiness within

qualitative research (Dodgson, 2019).

Additionally, reflexivity intertwines the entire phenomenological process, beginning with the researcher establishing their positionality (Lees et al., 2022). Using reflexivity throughout this research study means I utilized memoing (Rossman & Rallis, 2016). Memos are a researcher's thoughts and ideas throughout the research study that identify patterns within their data (Marshall & Rossman, 2015). The memos enabled an outside perspective to see how I gathered my thoughts, which drove my conclusions about each piece of data (Birks et al., 2008).

**Ethical Considerations**

One of the most essential elements of a research study is its ethical basis (Stenfors et al., 2020). The purpose of the ethical consideration section is for the researcher to think of potential ethical situations for the research study (Creswell & Poth, 2018). Three areas could cause moral concern during this study: participants, data storage, and conversion of raw data to processed data (Creswell & Poth, 2018). The most significant potential for ethical violations occurs around the research study's participants (Nigar, 2020).

Before commencing research, researchers must consider ethical considerations to prevent harm to the participants (Orb et al., 2001). The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. Due to my research study including human beings, I had to receive approval from an IRB (Siedlecki, 2022). Following the review board's permission, I gathered consent from the active-duty military parents to demonstrate that they were asked to participate in my study voluntarily (Creswell & Poth, 2018). Before collecting voluntary participation in my research study, I informed participants of the confidentiality requirements, discussed their option to withdraw from

voluntary participation, related how I would store the data I collected, and discussed the potential risks and advantages of participation (Moustakas, 1994). It is important to note that obtaining site permission was not required as the research was conducted remotely through Microsoft Teams and not on military installations. Furthermore, active-duty service members participating in the study were not physically present on any military installations during the approximately 45-minute interviews, focus groups, or letter-writing prompts.

Using my secured iCloud drive, I protected the collected data collection, including all digital files. I will maintain all electronic data for three years following the conclusion of my research study. The three-year data storage period aligns with Liberty University's policy (American Psychological Association, 2020; Liberty University, 2022). In processing the data, I ensured I truthfully conveyed the various perceptions obtained and used pseudonyms when identifying participants (Creswell & Poth, 2018; McMullin, 2023).

### *Permissions*

Before conducting any research involving human subjects, obtaining approval from an IRB is essential to ensure that the study is ethical and complies with relevant regulations (Marshall et al., 2022). The IRB assesses the potential risks and benefits of the study (Rossman & Rallis, 2016; Slovin & Semenec, 2019). Once IRB has approved the study, obtaining an informed Consent Form from all participants was essential and included informing the IRB how I stored collected data to ensure participants' privacy and confidentiality throughout the study (Marshall et al., 2022; Rossman & Rallis, 2016). These steps ensured the research was conducted safely, ethically, and responsibly (Slovin & Semenec, 2019). Since the study did not take place on any military installations, there was no need for site approval.

### *Other Participant Protections*

As part of my research study, I wanted to emphasize that participants had the complete freedom to withdraw their voluntary participation at any point in the study. Maintaining the confidentiality of all participants was essential; therefore, I did not use real names or places in the study to ensure participants' privacy. I stored all information collected during the study on my secure iCloud drive, which backs up data daily. No identifiable unique issues arose during this research study.

## Summary

Phenomenology observes how individuals perceive and interact with everyday occurrences, and hermeneutic phenomenology is a research technique employed to analyze and comprehend these experiences. Researchers typically obtain information through interviews but may supplement their findings with other approaches (Marshall & Rossman, 2015). The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This study employed three methods of data collection: individual interviews, focus groups, and letter-writing. Based on Saldaña's (2016) text, I used coding strategies to analyze the experiences of active-duty military parents and transform them into written reflections. This hermeneutic phenomenological study concluded by organizing the data collected into a written form (Merriam, 2002; Van Manen, 2016). This study highlights the importance of the influence of military service on the attachments between active-duty service members and their ADHD-diagnosed children's academic performance. It has significant implications for military families and their children.

# CHAPTER FOUR: FINDINGS

## Overview

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This chapter provides an overview of the selected research study participants, such as their pseudonyms, and provides demographic data. Next, this chapter will present the themes and subthemes this researcher found in the data. Finally, this chapter will give an overview of the responses from the selected research study participants in answering the central and sub-research questions.

## Participants

This research study is comprised of 10 participants whose identities are being protected by using pseudonyms. Table 4 is a virsual representation of the participants demographics. All 10 participants participated in personal interviews and a letter-writing prompt. Grace is the only participant who did not participate in a focus group. Of the 10 participants, eight were found through various private social media groups, and two participants were found through snowball sampling, being referred to me by the participants Terri and Latavia. The demographic characteristics of the research study are as follows: all participants are from the United States Navy military branch of service. Eight of the 10 participants are active-duty service members, whereas two are Reservists. Nine of the 10 participants are female, leaving only one male participant. Of the 10 participants, nine are enlisted, and one is an officer. More than half of the participants have only one child who was diagnosed with ADHD and has an IEP or 504 Plan, whereas two participants have two children diagnosed with ADHD and had an IEP or 504 Plan. The locations of participants varied, with one participant being in Texas, two participants in

Maryland, one in Illinois, one in North Carolina, three in Virginia, one in Florida, and one in California. The length of service for participants also varied, with no participants being in the military for less than 13 years. The grade range of the participants was split in half, with half of the participants having a middle schooler and the other half having a child in high school.

**Table 4**

*Active-duty/Reserve Participants*

| Pseudonym | Gender | # of Children | # of Children w/ADHD | Grade of Child(ren) | Enlisted or Officer | Active Duty/Reserve | Years in Military |
|---|---|---|---|---|---|---|---|
| Grace | Female | 3 | 2 | 10th & 7th | Enlisted | Active duty | 23 |
| Emily | Female | 2 | 1 | 9 | Officer | Reservist | 23 |
| Haley | Female | 2 | 2 | 6 & 12 | Enlisted | Active duty | 19 |
| Brianna | Female | 2 | 1 | 11 | Enlisted | Active duty | 21 |
| Tammie | Female | 2 | 1 | 10 | Enlisted | Active duty | 21 |
| Latavia | Female | 2 | 2 | 11 | Enlisted | Active duty | 20 |
| Lesley | Female | 2 | 2 | 7 | Enlisted | Reservist | 16 |
| Terri | Female | 3 | 1 | 6 | Enlisted | Active duty | 13 |
| Crystal | Female | 2 | 1 | 10 | Enlisted | Active duty | 18 |
| Jared | Male | 2 | 2 | 6 & 8 | Enlisted | Active duty | 13 |

**Grace**

Grace is a female who enlisted in the Navy 23 years and five months ago and is a senior enlisted sailor who has reached the pinnacle of her career as an E9. Grace is a dual-military family, and the pair have been married for 20 years. At the time of the study, Grace's spouse had retired from the Navy. Although Grace has had some deployments and TAD assignments, her spouse's deployment durations were longer. Their family is currently located in Texas, and they have three children, but only two of their children have been diagnosed with ADHD, and both have an IEP or 504 Plan. Their eldest son has a diagnosis of autism in addition to his ADHD diagnosis, whereas the middle son has only an ADHD diagnosis. Their youngest son has no signs

of ADHD at present. For this research study, Grace preferred to "Focus more on my second son, who only has ADHD." Grace's two eldest children are 15 and 13 years old and in grades 10 and seventh.

**Emily**

Emily is a 23-year-old female Navy officer whose rank is an O5. She is on active duty for special work (ADSW) orders as a Navy Reservist. Emily served in the Marines as both active-duty and Reservists for 11 years and then switched to the Navy. Emily and her spouse have been married for 20 years. Emily and her family reside in Maryland and have two children. Their eldest child is 18 years old; she is the daughter of the spouse from a previous relationship. The couple share a 14-year-old who was diagnosed with ADHD at the age of 12 years old. In addition to the ADHD diagnosis, their youngest daughter has also been diagnosed with autism.

When reflecting on how the ADHD diagnosis came for their youngest daughter, Emily reflected on the high IQ that their daughter has in addition to the symptoms of failing to turn in work and a lack of organization; however, there were never grades less than a "B" on their daughter's report card. Emily asserts that "it actually took a lot of pushing on my part" to get the initial diagnosis after a change in primary care manager (PCM) because of the PCM telling Emily's spouse, "as long as she was getting A's and B's, we should just leave it alone." Unsatisfied with this response and having the mindset of "push push push, even if you need to get an advocate to help," Emily and her spouse kept pursuing ways to help their youngest daughter succeed academically.

**Haley**

Haley is a female enlisted E7 six months shy of retirement, having served nearly 20 years in the Navy. Haley is in a seagoing rate, which means she has spent a significant portion of her

military career at sea-based commands. Haley has been married to her civilian spouse for 20 years. The couple shares three children, but only two have been diagnosed with ADHD, and both have a 504 Plan or IEP. Their eldest child is 18 years old and has suicidal ideations in addition to the ADHD diagnosis. Their middle child is 12 years old and was given a unique nickname because of his hyper-activeness at a very young age. Although their youngest has not been diagnosed with ADHD, Haley has stated, "I kinda see like some of the ADHD, like where he can't focus on schoolwork and everything." While Haley is seeing some ADHD signs and symptoms, she is reluctant to seek the diagnosis: "I don't want to get him into that medication and give him that diagnosis. If I can try to, you know, help him control it." The family resides in Illinois, where they plan to retire once Haley retires in a few months. For this research study, only Haley's middle son is included, as he has an ADHD diagnosis and a 504 Plan.

**Brianna**

Brianna is a female senior enlisted sailor with over 21 years in the Navy. Brianna's spouse is also in the Navy, and the couple share two male children. The youngest son is in the 11$^{th}$ grade, is 16, and has an IEP. Brianna and her spouse have spent most of their military careers working alongside Marine Corps service members because of their job profession in the military as medical personnel. They have also spent most of their military career in North Carolina, on Marine bases. Brianna has had multiple deployments during her 21-year Navy career, with the most extended deployment being one year. Of their two children, their eldest son has no ADHD diagnosis and is "very gifted," while the younger son was diagnosed with ADHD. Brianna felt "it was very challenging as a parent to embrace…rambunctious behavior," mainly because she received a lot of apprehension from her spouse to get their youngest son tested. The ADHD diagnosis of the youngest son came during adolescence because the "Dad was adamant

that he did not want him labeled and he did not want to medicate." Addiction riddles both the mom and dad's side of the family, so this is one reason for the dad's apprehension to get their son diagnosed with ADHD and consider medication as a viable treatment option. Brianna realized early on that her youngest son has excellent athleticism but often wondered, "How do we ensure he's successful in the classroom?"

**Tammie**

Tammie is a female junior enlisted sailor who has been in the Navy for 21 years. Tammie's spouse is a civilian who has had no prior military service. Tammie has one adult stepchild and a daughter before her current marriage. The biological father of Tammie's daughter has not been involved in the daughter's life. Tammie shares one child with her current husband, a son. Tammie's daughter, from her prior marriage, was diagnosed with ADHD and oppositional defiant disorder during her elementary school years and currently has a 504 Plan. Tammie's daughter is 15 years old and in the 10$^{th}$ grade. A few years after the ADHD and ODD diagnosis, the daughter was diagnosed with depression and anxiety. The family is in Virginia and has experienced more lengthy temporary duty assignments than deployments during Tammie's military career.

**Latavia**

Latavia is a female senior enlisted sailor with 20 years of military service in the Navy. She resides in Florida with her non-military affiliated civilian spouse and their two children. Her eldest child, a son, is a 17-year-old high school junior who has been diagnosed with ADHD and has an IEP. Their second child is an elementary school-aged daughter who, while showing the signs and symptoms of ADHD, has not yet been diagnosed. Latavia has had multiple

deployments and temporary duty assignments of varying lengths throughout her time in the Navy.

**Lesley**

A female senior enlisted sailor who has spent 10 ½ years on active duty and seven years as a reservist is the characteristics of the participant named Lesley. Lesley has two children with her former spouse: a 14-year-old son in high school and a 12-year-old daughter in the 7th grade. The son was diagnosed with ADHD during his early elementary school years as well but has not been given an IEP or 504 Plan. The daughter was diagnosed with ADHD, Disruptive mood dysregulation disorder, major depressive disorder, and anxiety. The daughter's diagnosis was made during the early parts of her elementary school years, and she was given an IEP. Lesley and her children's father divorced when the two children were in elementary school. Lesley has recently remarried, and the family resides in Virginia; however, Lesley's Navy command is in Tennessee. Lesley has not had any deployments but has had six months of temporary duty assignments away from home.

**Terri**

Terri is a junior enlisted female sailor who has served in the Navy for 13 years and four months. Terri joined the Navy later in life than most, entering as a 27-year-old. Most of Terri's time in the Navy has been spent at shore-based commands, although Terri has had some periods that took her away from home. Terri was formerly married to another active-duty Navy sailor, and together, they share their 11-year-old son. Their son was diagnosed with ADHD in his early elementary school years and has had both a 504 Plan and now an IEP. After Terri and her first spouse divorced, Terri remarried to a non-military-affiliated spouse. Aside from her biological child, Terri has a 13-year-old stepson, and she and her new spouse have a son together.

**Crystal**

Crystal is a senior enlisted female sailor stationed in Virginia, where she has spent most of her military career. She has served in the Navy for 18 years and three months. Crystal has two children, but only one child, a son, has been diagnosed with ADHD. This son also has a diagnosis of autism, which he received before beginning elementary school. Her son is a 15-year-old 10th grader with an IEP whose ADHD diagnosis occurred early in his elementary school years. Crystal has spent much of her time serving onboard Navy ships, with her most recent deployments being "gone half the year for like the past five years." Crystal is no longer in a relationship with the father of her ADHD-diagnosed son but has re-entered a new relationship. Crystal struggles with the decision: "Am I gonna stay in the Navy after shore duty."

**Jared**

Jared is a male junior enlisted Sailor who has been in the Navy for 13 years. Jared has spent much of his time onboard US Navy ships or serving in an overseas location because of his skill in the medical field. Jared has two male children, the oldest 13 years old and the younger son 11 years old. Both children were diagnosed with ADHD in their early elementary school years, and both children have an IEP. Jared currently resides in California, and although neither of his children currently reside with him, he is a very active figure in their lives. The mother of Jared's 13-year-old son has no military affiliation, and the mother of Jared's youngest son is an active-duty enlisted sailor to whom he was previously married.

## Results

The results of this research study were found using a combination of personal interviews, focus groups, and letter-writing prompt responses from the 10 participants. The three data collection methods were stored in Atlas.ti and then coded. There were 214 codes found. As the

initial coding round was completed and moved into Microsoft Excel, I analyzed the identified codes using Johnny Saldana's *The Coding Manual for Qualitative Researchers* and grouped the codes. Upon grouping the codes, seven themes arose, with all but one theme having two subthemes, as shown in Table 5. The seven main themes are: Doing My Best as A Parent, Navigating the Nuances of My Dual Roles, It Is Possible, You Can Thrive, Protection Equals Expression, Communication is the Secret Ingredient, Getting the Right Help Provokes Action, and If I Could Do It All Over.

**Table 5**

*Themes & Subthemes*

| Theme | Subtheme #1 | Subtheme #2 |
|---|---|---|
| Doing My Best as a Parent | Being a Helicopter Parent from Afar | My Perception Influences How I Parent |
| Navigating the Nuances of My Dual Roles | Your Family Does Not Come in Your Seabag | Impact of My Service on My Family |
| It Is Possible, You Can Thrive | Stability is Key | Strategies We Have Developed to Help Our Child Succeed |
| Protection Equals Expression | Love and Care Goes a Long Way | |
| Communication is The Secret Ingredient | Communication is the Bedrock of Our Life | Creating Security Begins with Communication |
| Getting The Right Help Provokes Action | It Is All About the Quality of the Support | The Not so Missing Component, a Supportive Chain of Command |
| If I Could Do It All Over | If I Knew Then What I Know Now | Recommendations for Other Military Parents |

## Doing My Best as a Parent

The role of a parent can often be described as challenging but rewarding. For parents who have a child diagnosed with any exceptionality, the level of parent effort and involvement can further increase. This first theme is named as such because it captures the essence of what parents are feeling and communicates through their personal interviews, letter-writing prompts, and focus groups. Latavia stated in her personal interview, “Even though this is kind of tough, ultimately, I know that when I retire, the benefit is gonna outweigh the sacrifice.” The most challenging aspect of being a parent to a child who has been diagnosed with ADHD, by far, is communicating with your child, which was a repeated code of 20 times throughout all three data points. Within the context of this theme are two subthemes, *Being a Helicopter Parent from Afar* and *My Perception Influences How I Parent*. These two subthemes delve into the experiences of parents’ day-to-day lives.

### *Being a Helicopter Parent from Afar*

When having a child diagnosed with ADHD and serving in the military, especially during deployments and temporary duty assignments, the struggle becomes even more significant as parents are "having to play teacher and sailor," according to participant Grace. Elements of this subtheme appeared in both personal interviews and focus groups, with four out of 10 participants mentioning the amount of work and struggle that parenting a child with ADHD requires. Haley stated in her personal interview, “The biggest things that we struggle with is, you know, as a mom, you wanna be there, and we can’t be there all the time because of our duty.” Going even further in this area is the notion of parents balancing their involvement in two-person households. “Once we got a rhythm of it, the bouncing ideas off of each other work the best,”

according to Jared during his personal interview. When a parent deploys or is on an extended temporary duty assignment, the other parent or trusted adult "picks up the slack," in Emily's words. However, upon their return home, active-duty parents enjoy having the ability to balance their involvement, often viewing this opportunity to make up for leaving to fulfill their responsibilities to the military. During these periods of absence, all participants in two-parent households reflected that the child's other parent is the best support for their children. Crystal, when asked about the best resource used for her ADHD-diagnosed child in their two-parent household at the time, said, “I would probably say my husband when I was on active duty, and I had to deploy my husband was there to create that sense of safety.”

### *My Perception Influences How I Parent*

Parents approach parenting based on their beliefs and experiences, which shape their perceptions. Their beliefs and experiences can be negative or positive. Tammie explained how growing up in Texas and Louisiana; the perception was “A child didn’t have the ADHD or whatever, they was just bad. They needed to be spanked or something just to get in line.” When exposed to new experiences or knowledge, prior perceptions may change, leading to a different line of thinking. For Haley, her perception of ADHD changed after her daughter was diagnosed. According to Haley, “Before she was diagnosed, I never would thought she was ADHD. But I always thought it was not able to sit still, not able to focus, you know, go, go, go, like a ping pong.” Brianna is another example of changed perceptions after learning new information. During her personal interview, Brianna stated, “I told the pediatrician my concern about addiction, and she actually said that untreated males with ADHD tend to be addicts later in life…I think understanding this piece really help me move forward with giving the medication a try.”

Aside from our perceptions possibly impacting how we care for our children, our perceptions also affect how involved we are in our children's lives. Society teaches us that, traditionally, men are the breadwinners and women are responsible for the child-rearing. In households where one is a female service member, these gender role norms are born. For instance, Tammie stated during the focus group, "I'm the person to maintain his services," referring to her son diagnosed with ADHD. In contrast, Grace and Crystal referred to their spouses as the disciplinarians in their homes. Similarly, participants Terri and Brianna both struggled with their spouse's perception of ADHD being something that can be controlled and that no interventions are needed. Terri's husband told her, " He [their son] needs to do what he's told, "whereas Brianna's husband's reluctance to seek help for their son stemmed from the addiction that riddled both sides of their family. The catalyst for this family was when their son, diagnosed with ADHD, stated to Brianna, " Hey, I'm really struggling here." Brianna told the pediatrician about their concerns with addiction being on both sides of their family, and the pediatrician informed Brianna that "untreated males with ADHD, tend to be addicts later in life because they have very little impulse control and they're quick to experiment" This information frightened Brianna and she stated in her personal interview, " if we give him [their son] the right medication, the dots will connect, and it'll help. So I think understanding that piece really helped me move forward with giving the medication a try… otherwise, I think I would have kept, you know, respecting my husband's feelings."

**Navigating the Nuances of My Dual Roles**

This theme, *Navigating the Nuances of My Dual Roles*, was a significant point of contention, containing 51 codes throughout the personal interviews and focus groups as service members. Upon reflecting on their dual roles, I considered the sacrifices made thus far in career

and family across many participants. Crystal stated, “I pulled a warrant package,” or the “difficult decision on staying active [duty],” that Lesley noted in her personal interview. Even more worrisome, as communicated by Terri during a focus group, “I really tried to focus more on what the military wanted… I didn’t want to be seen as you know, a bad sailor, so I definitely put a lot of what my kids needed…on hold.” Being a service member on active duty or as a reservist demands much time, even more so than your standard nine-to-five job in the civilian workplace because service members are on call 24 hours per day, seven days per week, 365 days per year. For those service members with families, the question often becomes, “Where does your family fit in?” Breaking down the components of this theme, there are two subthemes titled *Your Family Does Not Come in Your Seabag* and *Impact of My Service on My Family*.

***Your Family Does Not Come in Your Seabag***

A common phrase Latavia shared with service members in her personal interview was, “Your family doesn’t come in your seabag.” This phrase is not repeated too often in today’s military culture; however, the mindset remains. A resounding point within this subtheme is the career decisions that the participants have been faced with. Participants mentioned career decisions that they have faced, from “pulling a warrant package,” as stated by Crystal, to choosing whether to study for an advancement exam, “Am I going to study for my test or am I gonna help him study for his test,” as stated by Latavia. Conversely, amid these career decisions, only four out of 10 participants mentioned their impending retirement or desire to possibly exit the military.

Another point of contention within the subtheme of *Your Family Does Not Come in Your Seabag* is the challenges service members face in their dual roles of service members and parents. Aside from making decisions that will have long-term effects on your ability to advance

in grade, earn more money, and spend quality time with your family, service members in these dual roles are also facing the challenge of moving between states, finding a work-life balance, and providing their children with the support that is needed. Both points were consistently made in both personal interviews and focus groups. Haley and Brianna mentioned in their personal interviews the struggle of the military lifestyle, while Terri mentioned during a focus group, "It's been a struggle cause there's been times where you get called out of work to go find out why he's torn the classroom up and trying to explain to your chain of command what's going on with your child can be difficult." In contrast, six other participants, between personal interviews and focus groups, focused on the change in process between states when moving your child diagnosed with ADHD from one state to another. According to Tammie, "The hardest thing to deal with… moving from state to state…their services or different things are different when it comes to a child with ADHD."

***Impact of My Service on My Family***

As mentioned in the *Your Family Does Not Come in Your Seabag* section, service members often struggle with choosing between their military career and their family. As Haley stated, the "Navy comes first," but service members quickly realize that their dual roles often require some give and take, especially senior military leaders. Grace expressed during her personal interview, "Because [of] the leadership part and the family part, that's where you have to adjust and set boundaries…on certain things…if you're trying to be your best in those roles." Having the dual roles of a service member and parent is not always negative. Emily and Grace reflected during personal interviews and focus groups on the positive impact of their military service on their families, stating, "Our insurance Tricare was able to get whatever I needed on the outside; that's the positive thing," said Grace and "It has actually been positive…as far as

healthcare goes," stated Emily. Whereas six out of 10 participants reflected on how their children's ADHD symptoms worsen when their active-duty parent deployments or is away for an extended period.

Additionally, three out of 10 participants reflected on the change in family dynamics and the negative implications associated with military moves, resulting in "Some sort of drop in communication," as Jared mentioned. To lessen the negative impact of her military service on her family, Lesley decided to "Change to reserves to give more consistency to my child." In contrast, other participants' spouses "Have to limit their employment," a statement echoed multiple times across the three focus groups. Military service does, in some capacity, negatively impact the family dynamics and family unit as a whole.

## It Is Possible, You Can Thrive

Haley declared that "Kids are really resilient," and this statement rings true, even for children who have not been diagnosed with ADHD. Not only are kids resilient, but if placed in an environment that cultivates academic success, they can thrive! Lesley stated in the focus group, "You've gotta find the right treatment plan." This theme composes the idea of stability and the use of strategies serving as the backbones to fostering environments of academic success for children diagnosed with ADHD. "Stability is key to building a steady routine," shared Jared in his letter-writing prompt. A combination of motivation, support, and symptom management were the drivers of the subtheme development. Participants' responses contained 31 codes under the *Stability is Key* subtheme and 14 codes under the *Manage Symptoms* subtheme.

### *Stability is Key*

Service members have little control over their day-to-day schedules, deployments, temporary duty assignments (TDY), or permanent change of stations (PCS). Service members

lack control of their careers, with Latavia pointing out in her personal interview, “I’ve left when they were sleeping, came back when they were sleeping for reasons beyond my control.” Of the 10 participants, six indicated that the implementation of stability, a routine, and consistency into their ADHD-diagnosed children’s lives has worked to keep their child “on track with academics,” as per Jared. The most significant benefit of implementing a routine, creating consistency, and stability in children diagnosed with ADHD is cultivating academic success, which begins with planning. Planning and scheduling were mentioned six times in personal interviews, focus groups, and the letter-writing prompt. Parents believe that although their military careers often leave them with little stability, they are determined to provide their children diagnosed with ADHD with as much stability as possible with the help of blood relatives, adopted military families, and friends. “You have a plan of action and milestones when you’re on active duty; you should have a plan of action and milestones for your child when you leave,” as verbalized by Latavia in a personal interview.

### *Strategies We Have Developed to Help Our Child Succeed*

It is not easy being the parent of a child diagnosed with ADHD. Jared said, “Be flexible…. bend but don’t break,” while Lesley revealed how her ex-husband “Almost lost their job because he was having to go to the school every single day.” Nonmilitary and military parents alike have felt the challenge of finding the right strategies to reduce their children’s ADHD symptoms while seeking methods to increase their children’s learning. Terri stated, “You have to be very invested; there is no relaxation time if I am planning to make my son successful when it comes to education.”

Crystal and Brianna utilized a combination of medication and rewards-based systems to help manage their children’s ADHD symptoms. During the focus group, Crystal mentioned using

the strategy, “When my son does all his homework, if he has 100% nothing’s missing and at least 80% on time, then... he gets some type of reward.” At the same time, Lesley, Haley, Terri, and Jared use medication as one of their primary strategies to help with their child’s lack of focus. Two of the participants, Lesley and Grace, utilize nontraditional public schools to help manage their child’s ADHD symptoms, while only one out of 10 participants admitted to previously utilizing physical discipline.

**Protection Equals Expression**

Parents want to feel and know that their children are safe and being protected, especially when a parent is deployed, on an extended TDY, or completing a PCS. Crystal shared in her personal interview referencing her son’s feeling of safety and protection, “He’s not the best at speaking up for himself and telling people what he needs when he has problems, but at the same time, he feels protected in the sense of being in a home environment where he knows people care about him.” Without the feeling of their children being safe and protected, parents struggle with focusing on completing their mission for the Navy. During a focus group, Terri communicated, “It has been learning to stay more positive than negative. You can get into such a headspace where you’re so negative because it feels like there’s no light at the end of the tunnel.” Lesley discussed during a focus group the struggle that she experienced, stating, “When I was gone, my children lived with their grandparents and father, and that’s when the outbursts started occurring…they were lacking a sense of safety and security because they were always with me.”

Parents must develop a safe space for their children to express their feelings of safety and protection. Haley spoke in a focus group about how she believes “The biggest impact has been counseling services…I think that’s really helped them and it does make them feel safe.” Creating a safe space for children is crucial and begins with love and care from the child’s parents. The

subtheme of *Love and Care Goes a Long Way* contains 14 codes about safety, not allowing a child to feel alone, and individual expressions echoed by children of active-duty service members.

***Love and Care Goes a Long Way***

Creating a safe space for children to express their feelings begins with parents utilizing resources to create those opportunities for children to express themselves, especially when a parent is deployed or on an extended TDY. In his letter-writing prompt, Jared stated, "Extra love and care goes a long way in creating a bond that will not break even through the distance of being stationed far away." Terri made it a point to live in military housing her entire career because she wants her child to "never feel alone" or as if "he has to do it on his own." While the other participants have chosen not to live on military installations, this same concept of safety still rang through multiple personal interviews with participants linking safety to security. Emily, during a focus group, uses her military family as an opportunity to create a safe space for her daughter, reflecting, "To make them feel safe is that they know that this kid is going through…similar things and they can relate, so I think that's been…one of the biggest resources for them is just the military family." When reflecting on how to create safe spaces for their children, two out of 10 participants identified therapy as the best resource they have used to create a safe space, while one other participant, Lesley, felt that communication options were the best resource. "I make sure there's open communication with them…I don't want there to be anything that they can't talk about to me…while I was gone, I was still calling the children five times a week," stated Lesley.

## Communicating is the Secret Ingredient

Communication was the most discussed theme among all participants in personal interviews, focus groups, and the letter-writing prompt. Parents connected the influence of communication with establishing a sense of security for their children. When reflecting on how she creates a sense of security and protection for her daughter, Emily stated, "Lots of communication, lots of verbal support, letting our daughter know that she is loved no matter what." Active-duty service members recognize the need to communicate not just with their children but also with others. According to Brianna, "That's what it takes…continuous communication." The two subthemes, *Communication is the Bedrock of Our Life* and *Creating Security Begins with Communication,* are comprised of 49 codes that fall under the theme *Communication is the Secret Ingredient.*

### *Communication is the Bedrock of Our Life*

Four codes made up this subtheme: over-communicate, any form of communication, be honest in your communication, and communicate with the child. The last code, communicate with the child, was the most mentioned phrase across all three data points: personal interviews, focus groups, and the letter-writing prompt. Active-duty service members recognize that communication with their children is vital in their dual roles. Grace makes "sure when my kids are doing good to communicate that not just the bad times as well," whereas Jared believes "it's all about the communicating; I over-communicate." Not only does communication help to solidify the bond that you have with your child, but communication also creates trust and transparency. As shared by Haley, "I think trying to carve out some special time too, you know…just sitting with them and listening and letting them talk about things…just giving them time." When active-duty service member parents are building communication blocks with their

children, they are also applying this same principle to other areas of their lives and their children's lives. For instance, six out of 10 parents discussed communication with their child's teachers, whereas three out of 10 participants discussed communication with their child's school. Communication is a skill that has been woven intricately throughout the lives of these parents.

### *Creating Security Begins with Communication*

The participants of this study realized throughout their collective time in the military that communication with their children is necessary, especially during deployments. Although the children may not fully understand that there may be a "drop in communication," as spoken by Jared, parents still attempt to go above and beyond to communicate with their children while away. Haley created a weekly phone call schedule with her children to ensure their feelings of security during her absence while on deployment, stating, "Keeping that Sunday phone call where they knew and had something to look forward to, I think that was the biggest thing that helped them." Additionally, while close to 12 hours ahead of her son's time zone while deployed, Crystal tried her hardest to "keep the lines of communication open with us so that he feels comfortable, and he'll actually come tell me when he's having an issue." Creating this type of bond with your children, using communication as a tool, will help your children feel a sense of security, even in your absence.

## Getting the Right Help Provokes Action

Being a parent boils down to trial by fire because there is no guidebook that can truly cover the ins and outs of being a parent. Instead, parents rely on their past experiences, family, and friends to guide them through their parental journeys. When asked about her perception of ADHD before and after her children's diagnosis, Latavia mentioned, "I have a family member who… had issues with words that we can't say anymore… I've never looked at people that have

any kind of disability a certain way because I have family members that are that way." For families who have a child diagnosed with ADHD, the same concept applies; there is no "standard operating procedure," as mentioned by Latavia, on how to navigate these muddy waters of serving in dual roles. Instead, when a person becomes a parent, they rely on their child's doctor, family, friends, and rarely their own experience in this area. In Tammie's experience, the influence of her family's perception of ADHD had a negative impact on her and how she provided support to her daughter. Tammie stated in her personal interview, "When it comes to my family [they say] … oh she don't need to be on like any medication, she don't need to be going to therapy, you should just like spank her, or …you should just take away this or that." The essence of this theme focuses on how parents have found the right help that enables them to provoke action in fulfilling their dual roles.

***It Is All About the Quality of the Support***

All help is not good; the help provided needs some quality. In other words, the help provided to parents requires some substance; otherwise, the help is pointless. "I couldn't be more thankful and grateful for the Maryland school system because [they]…were so pivotal in helping my son get to where he is now," stated Tracy. Participants of this research study found more help outside of the military, using nonmilitary-related resources, than military-connected ones. Eight out of 10 participants mentioned the value of the Exceptional Family Member Program (EFMP). It must be noted that reservists do not qualify for having their child enrolled in EFMP. However, aside from EFMP, only one participant mentioned using a shipboard-based program "where you could videotape yourself reading a book, and you be able to mail it out to your kids," as stated by Lesley. Only one out of 10 participants mentioned the military-related resources offered by

Military One Source, which was Emily. Of the 10 participants, only Jared, Lesley, Haley, and Emily mentioned using the Fleet and Family Support Center.

The list of non-military resources was extensive among the research study participants. Emily had the largest list of non-military resources that had been utilized to support her child diagnosed with ADHD, “emotional regulation, vision therapy, fine motor development, and executive functioning,” as mentioned in her personal interview. Emily’s daughter has received some of the best care since her diagnosis because of her mother’s career working in a clinical setting. The top contenders for non-military related resources that participants used were social media, therapy, and support from family; each code received four responses across personal interviews and focus groups. When made aware of and given the proper support, not only can ADHD-diagnosed children thrive, but so can their parents when having to provide support.

***The Not So Missing Component, A Supportive Chain of Command***

A discussion on the quality of support cannot be had without discussing how a service member's chain of command can change the trajectory of a service member's desire to stay in the Navy. I was surprised to learn that seven out of 10 participants have had positive experiences with their chain of command when their parent role spills over into their service member role. Terri stated, "I have been fortunate to have commands who are very family-based," while Lesley said, "I was given a lot of leeway." Latavia reflected on a specific instance of empathy and compassion from her commanding officer, resulting in her leaving work early because her son was having difficulty at school. A supportive chain of command is necessary for parents in dual roles to establish a work-life balance and be the best versions of themselves as both a parent and service members.

## If I Could Do It All Over

It is common, as human beings, to think of what life could be like if different paths had been chosen. The participants of this research study were presented with an opportunity to travel back in time and speak to themselves before learning that their child was diagnosed with ADHD. During this reflection, parents were asked what they would tell themselves, what they would do differently, and what they would do the same in working through their child's ADHD diagnosis. This theme contained 16 codes, grouped into two subthemes: *If I Knew Then, What I Know Now*, and *Recommendations*.

### *If I Knew Then What I Know Now*

Six out of 10 parents stated, during the letter-writing prompt, if given the opportunity, that they would "do a better job of looking for resources." Brianna wrote, "I really wish he would have been diagnosed at a younger age; learning that cognitive behavioral therapy could have been a resource and no longer is because he's too old broke my heart." In analyzing the personal interviews, focus groups, and letter-writing prompts that participants associate resources with support, they are one and the same. Latavia revealed during her personal interview, "They may have other resources…the counselor and stuff that they have specifically for our children with ADHD." Additionally, three out of 10 participants admitted that thus far, they had been reluctant to ask their peers or others for help for fear of shame and embarrassment. As Crystal so eloquently alluded to during her personal interview, "Don't be so guarded…let everybody in…. other people might be going through the same thing that you and your child are going through, and they could possibly help." This subtheme also encompassed the topics of helping children with organization, teaching children how to self-advocate, minimizing use of electronics for as long as possible, placing children into sports to help manage their symptoms, sticking to a

schedule, increasing communication with their child, and follow-up more in the areas of their child's education. The most surprising discovery is the number of parents who would seek therapy if allowed to go back in time. Haley stated it best when she said, "You can't help your kids if you're not good." Through their trial and error as parents of a child who has been diagnosed with ADHD, these parent participants have realized that parents need an outlet just as much as their children do.

***Recommendations for Other Military Parents***

In keeping with the same theme as the prior section, parents were asked to provide recommendations for other military families who may also be experiencing the challenges and struggles they have faced in fulfilling their dual roles. This sub-theme contained four main points: seeking medical help, advocating for your child, educating yourself, and support groups. Participants found that the best way to help their child diagnosed with ADHD, their family, and themselves was by having patience, seeking knowledge, and asking for help. Jared stated, in his letter-writing prompt, "Let them be who they are and learn how to be patient." Emily, who had the longest list of recommendations, stated:

> Join future base family Facebook groups, use the military educational liaisons to research schools and ask for out-of-district placements, consider alternative educational models (charters, home school, etc.), realize your child might need extra help dealing with emotions around major life changes such as PCSs, deployments, etc., and above all, make your child feel loved and always know that you have their back, no matter what.

Parents must be flexible in their understanding and trying as many strategies as possible until they find something that works for their children and their families. Additionally, they must be

flexible in managing their children's symptoms because, as previously mentioned by Lesley, "when it comes to a child with ADHD, it's not a one-size-fits-all diagnosis."

## Outlier Data and Findings

The context of this research study was focused on how active-duty parents cultivate an environment of academic success for their ADHD-diagnosed children. While analyzing data collected from personal interviews, focus groups, and letter-writing prompts, I found two outliers that did not fit in with the other categories of data. The first outlier was *Marines Bringing the Quality in Support*; the second outlier was *The Lived Experience of a Male Active-Duty Service Member.*

### *Marines Bringing the Quality in Support*

The sum of this outlier, *Marines Bringing the Quality in Support*, is the quality of support that the Marine Corps offers to its service members and graciously extends to Navy personnel who serve at their commands. This research study had only one participant serving in a Marine Corps unit. However, the level of support that Brianna expressed in her personal interview and focus group made me wonder if there is something that all branches of service could learn from the Marines. Brianna made statements to support the effectiveness of the Marine Corps programs as she described her lived experiences as "Fairly easy to PCS," "Flexibility when I've served with the Marines," and "You're not going to find that in the Navy." Additionally, in serving on one of the largest Marine Corps bases, Brianna's children have access to a DODEA school. Again, the level of support that her children have received by being at a DODEA School has been nothing less than impressive. The school offers social workers and special resource officers.

### *The Lived Experience of a Male Active-Duty Service Member*

The second outlier, *The Lived Experience of a Male Active-Duty Service Member of this research study,* was the sole male participant. While the research study sought to gain various voices, only one male volunteered to participate. His perspective provided insight into the experiences as a male parent to two children diagnosed with ADHD. Additionally, his experiences shed light on the differences that female active-duty service members encounter compared to their male counterparts. One significant difference noted between the male and female participants is the level of questioning they received from the chain of command when having to leave work to go to their child's school for ADHD-related issues. When asked to reflect on his experience thus far, he stated, "They didn't have a problem with me leaving to go to work.. [it] was never an issue." Additionally, Jared mentioned that in his 13 years as a service member, when he had to leave work to care for an ADHD-related outburst that one of his sons was having, "I don't know if it's maybe because I'm not doing this all the time. It's not something that's affecting my daily work. They tend to let me go and do what I have to."

## Research Question Responses

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. I collected data from personal interviews, focus groups, and a letter-writing prompt to answer one central research question and three sub-questions. As I analyzed the data, I found seven themes and multiple subthemes.

### Central Research Question

What are the experiences of active-duty military parents with children diagnosed with ADHD in fostering an environment of academic success? Through their lived experiences, I was able to ascertain from my participants lived experiences that the military takes a lot out of you,

from "struggling to come back to a family" following deployments, as described by Brianna, to the challenge of devoting "a lot of your time to your family because the military expects a lot out of you," as stated by Tammie. Their challenges impact the creation and maintenance of an environment of academic success. There is a continual struggle for work-life balance, and parents often wonder, "If I start therapy, how often am I going to be leaving work?" as Brianna pondered. Parents acknowledge that having a supportive chain of command is crucial to fostering an academic success environment. As referenced by Tammie in her personal interview, "Your family could be put on the back burner for different things that the military needs; it is tough to try to do both at the same time unless you have that support from them." Aside from a supportive chain of command, active-duty parents' lived experiences described many non-military resources and the basic military-related resources of the Exceptional Family Member Program that have helped them foster an environment of academic success.

**Sub-Question One**

How do active-duty military parents maintain a sense of security in their children diagnosed with ADHD to foster an environment of academic success? The resounding theme found in the data is that active-duty military parents are equating a schedule and routine to the establishment and maintenance of a sense of security for their ADHD-diagnosed child. The participants found that schedules and routines are crucial in creating an environment that enables their children to succeed academically. When reflecting on her experience creating a routine for her son, Terri stated, “Consistency helped him gain a routine, which helped him do better with his performance.” In addition to routines, schedules, and consistency, communication was another resounding theme echoed by multiple participants across personal interviews and focus groups. Participants felt that communicating that “I always have their back no matter what”

helped their children feel secure during their absences.

**Sub-Question Two**

How do active-duty military parents maintain a sense of safety in their children diagnosed with ADHD to foster an environment of academic success? The participants of this research study communicated that verbalizing love and putting into action unwavering support are the main components of maintaining a sense of safety for their children, which translates into their children's academics. Emily and Latavia stated, "Make your child feel loved and always know that you have their back, no matter what." The participants learned through their lived experiences that creating a safe space for their children will enable them to express their feelings, even when their parents are deployed or on extended TDY assignments. The creation of a safe space extends to the classroom environment, too.

**Sub-Question Three**

How do active-duty military parents maintain a sense of support for their children diagnosed with ADHD to foster an environment of academic success? Jared said it best: "Extra love and care goes a long way." Active-duty military parents maintain a sense of support for their children diagnosed with ADHD by helping their children manage their ADHD symptoms, communicating with schools and teachers, creating routines, and keeping schedules as solid as possible. Additionally, parents view support as synonymous with resources; parents use non-military-related resources 10 times more than military-related resources to help their children thrive academically. The participants of this study have realized that sometimes their dual roles require some creative maneuvers to enable their children to feel supported. Jared gets his "family involved as much as possible," "over communicates," and uses the Xbox to communicate with his son.

## Summary

After conducting personal interviews, focus groups, and letter-writing prompts with the goal of answering one central research question and three sub-questions, I identified seven themes that described the lived experiences of ten U.S. Navy service members. The themes are *Doing My Best as a Parent*, *Navigating the Nuances of My Dual Roles*, *It Is Possible You Can Thrive*, *Protection Equals Expression*, *Communication is the Secret Ingredient*, *Getting the Right Help Provokes Action*, and *If I Could Do It All Over Again*. Each theme is further broken down into subthemes that provide a deeper understanding of the participants' experiences. The most significant findings of this study reveal that parents of children with ADHD equate a schedule and routine with establishing and maintaining a sense of security for their child. Additionally, parents feel that resources and support go hand in hand. The study also examined two outliers, which brought unique perspectives to this research study. One outlier focuses on the quality of support the Marine Corps provides to its families. In contrast, the second outlier focuses on the sole voice of male active-duty service members' lived experiences.

# CHAPTER FIVE: CONCLUSION

## Overview

The purpose of this phenomenological study was to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This chapter presents the interpretations and ideas of the research study findings. Additionally, this chapter includes implications for policy and practice, detailing how this research study's findings can help serve the military community. In the following section, I discuss the implications from a theoretical and methodological standpoint and then identify the limitations and delimitations faced. The chapter concludes with recommendations for future research to expand this research study.

## Discussion

This research study was conducted to examine the problem that the service of active-duty military parents disrupts the feelings of safety, security, and support for their children diagnosed with ADHD, resulting in low academic success. The study was conducted through the lens of the attachment theory framework and included 10 active-duty service members (nine women and one man) who fulfilled a dual role as both service members and parents. Three data collection methods were personal interviews, focus groups, and a letter-writing prompt. The interpretation of the findings of this research study will be discussed in the remaining sections. Additionally, from a theoretical and empirical lens, the implications of the findings will be assessed along with the limitations, delimitations, and recommendations for conducting future research on this topic.

### Summary of Thematic Findings

Within the context of this main theme that active-duty service member parents lack knowledge of military-related resources that will help them to foster an environment of academic

success for their ADHD-diagnosed children, seven themes attest to the lived experiences of active-duty service members fulfilling their dual roles. The seven themes were: *Doing My Best as a Parent*, *Navigating the Nuances of My Dual Roles*, *It Is Possible You Can Thrive*, *Protection Equals Expression*, *Communication is the Secret Ingredient*, *Getting the Right Help Provokes Action*, and *If I Could Do It All Over Again*. All themes except one had subthemes, which allowed for further expression of lived experiences.

Under the *Doing My Best as a Parent* theme, parents acknowledged the struggle and joys of serving in their dual roles. Active-duty service members' parents are often faced with the challenge of balancing work and parental responsibilities, at times, to make difficult career decisions. However, parents recognized the need to go above and beyond to support their ADHD-diagnosed children academically, especially while deployed or on a temporary duty assignment. Additionally, parents recognize that their own background and upbringing influence how they parent their children and the amount of support that they give to their children. Active-duty service member parents have the challenge of giving and taking between their careers and their desire to be parents. The *Navigating the Nuances of My Dual Roles* theme encompasses the mindset that the Navy's mission always comes first, followed by family, and the impact that this mindset has on the family dynamics.

Taking the perspective that military children are resilient blossomed into the theme of *It Is Possible You Can Thrive*. Active-duty military parents have found strategies that aid in managing their children's ADHD symptoms to create some form of stability that results in the creation of an environment that fosters academic success. Additionally, the participant parents acknowledge that there are a few key elements to support their children's resilience and maintain the strategies to help them succeed academically. The strategies that parents have discovered are

protection, communication, and support, hence the development of the themes *Protection Equals Expression*, *Communication is the Secret Ingredient*, and *Getting the Right Help Provokes Action*. The research study participants felt that their children's feelings of protection were crucial, especially during times of deployment and extended temporary duty assignments, and that to establish a sense of protection, communication had to exist first. Communication was one of the most resounding themes of this research study across the three data collection points. When an open and honest line of communication has been established, parents feel that their children will feel safe, secure, and protected by them. In addition to communication, the type and quality of support were key phrases echoed throughout the three data collection points. Parents acknowledged that in their lived experiences the quantity and quality of non-military related resources were contributors to their children succeeding academically. However, very few military-related resources were mentioned, with one participant stating that they had no knowledge of military-related resources. Additionally, the support from their chain-of-command, for most participants, was the missing component they knew was needed. The final theme, *If I Could Do It All Over Again*, gave parents the opportunity to think back in time about what they would have done differently or left the same during the announcement that their child had been diagnosed with ADHD. The surprising piece of this portion of data is that many parents wish they had done more for their children to give them an even better chance of academic success.

**Interpretation of Findings**

As I sat with my analyzed data, I reflected on what story the lived experiences of my 10 research study participants were communicating to me. The data from all three triangulation points mentioned in Appendixes F, G, and H were analyzed, and three main themes emerged. The first main theme is that military parents lack knowledge of military-related resources that

will help them foster an environment of academic success for their ADHD-diagnosed children. The second main theme is that when attachment between parents and children breaks, there is an increase in the likelihood of ADHD development. The final theme centers around parents who themselves were either diagnosed with ADHD or have ADHD symptoms, asserting that there is a significant link, genetically, between parents with ADHD and their children also having ADHD.

### *I Do Not Know What I Do Not Know*

The military is known for caring for its families, although some branches do a better job than others. As mentioned in the second chapter, the military has created several initiatives to aid families, including families who have children diagnosed with ADHD. After analyzing the data presented in this research study, my hypothesis is correct: many families are unaware of the availability of many military-related resources. During the personal interviews, focus groups, and letter-writing prompts, only one participant out of 10 mentioned a military resource different from the Exceptional Family Member Program (EFMP). According to Terri during a focus group, “I found that being in the military has been a little bit of a struggle; they don’t offer as many resources when it comes to dealing with it [ADHD], so I’ve had to go to other places like social media.” Another participant, Lesley, when asked during her letter-writing prompt to recommend, to her former self, military or nonmilitary resources to families who have a child diagnosed with ADHD, stated, “I don’t really know of any family resources.” It is apparent that while the resources and support exist, this information is not common knowledge or shared as needed to support families.

### *When Attachment is Broken*

One of the key findings of this research study centers around the correlation between the

onset of ADHD symptoms and deployment or other major life events. Jared stated in his personal interview, “Five or maybe six…he wouldn’t stay focused…he’d be jumping from one place to another, and he’s always on like 110.” Jared’s eldest son began to display signs of ADHD when he moved to California to serve with the Marines, leaving his eldest son behind. Crystal, Lesley, and Brianna echoed similar experiences during their personal interviews. Their children began to experience ADHD symptoms in conjunction with deployment and other major life crises such as sick parents and divorce of parents between the ages of five and seven years old. This theme made me reflect on my own daughter’s initial display of ADHD symptoms, which occurred when my husband and I faced back-to-back deployments between Cuba and Iraq when our daughter was five years old. This theme indicates that stress has a crucial role in the development of ADHD in children and adults.

***Parents Need Help Too***

This research study was focused solely on the children of active-duty parents diagnosed with ADHD. During the study, it was surprising to learn about the number of participants who also appeared to display some of the signs and symptoms of ADHD. For instance, as noted in the thematic memoing of Grace’s personal interview, Grace was distracted, working on things the entire interview and frequently pausing to look at her cellular device. She also repeatedly changed thoughts in the middle of her sentence. As noted in the thematic memoing of Haley’s personal interview, she also frequently changed her thoughts in the middle of her sentence and even believes that the ADHD diagnosis may extend to her mother. Haley stated, “It seems like there was a struggle, and I just completely forgot what you asked.” Neither Grace nor Haley stated that they had been diagnosed with ADHD; conversely, three out of 10 participants admitted to being diagnosed with ADHD during adulthood. Half of the research study

participants either had an ADHD diagnosis or displayed ADHD-like symptoms, indicating a genetic link. Perhaps the strategies parents use to foster an environment of academic success for their children have also proven helpful in their day-to-day routines.

## Implications for Policy or Practice

After the data analysis, reflecting on the results is necessary to determine how the data can influence policy or practice. The end goal of this research study is to improve the lives of military families who have ADHD-diagnosed children. As such, this research study does have suggestions for policy and practice that will help to reach the end goal of improving the lives of military families who have a child who have been diagnosed with ADHD.

### *Implications for Policy*

Throughout all three data points, one of the main issues that have been communicated is the challenges that military families encounter when it comes to moving their children to other states or overseas. One suggestion of this research study is to increase the number of DODEA schools to support the unique needs of military-connected children. This policy suggestion coincides with the difficulty that children of military families face in sustaining relationships due to frequent moves (A. Shaw, 2022); additionally, this policy suggestion aligns with the difficulty that ADHD-diagnosed children have in forming relationships (McKay et al., 2023). This policy would incorporate some of the knowledge that has been gained through this research study on how the Marines are currently supporting their families, thus creating a positive impact, as described by Brianna. The policy would create a positive experience for both the family and service members by employing over-communication of available military-related resources through service-wide emails and using medical providers at military treatment facilities.

Furthermore, the policy would advocate for a 30% increase in the stabilization of

deployment schedules, ensuring that deployment schedules are communicated at least 12 months in advance, 30% of the time. The study's findings revealed that 25% of participants' children exhibited negative behavioral symptoms when their parent was deployed (Barker & Berry, 2009; DiPietro-Wells et al., 2020). This research suggests that parental deployment does indeed impact a child's behavior, contradicting a previous study on the subject (Bommersbach et al., 2022). By implementing these changes, service members would have greater control in planning and preparing their ADHD-diagnosed children for upcoming life-changing events, such as deployments. This policy would also provide ADHD-diagnosed children with a peer who understands the unique experiences of active-duty service members through the increase in DODEA schools, ultimately benefiting military-connected children.

### *Implications for Practice*

Using the themes in Chapter Four, I developed three implications for practice. These implications should be used by the Navy and school districts across the United States. These three implications will help improve military families' lives and include communicating available military-related resources and support, facilitating smoother transitions for families, and creating a not-for-profit organization to provide resources and support to families with children diagnosed with ADHD.

**Over-Communicate Military-Related Resources and Support.** A potential solution to the problem of the service of active-duty military parents disrupting the feelings of safety, security, and support for their children diagnosed with ADHD, resulting in low academic success, could be to overcommunicate the availability of military-related resources and support. Active-duty service members manage dual roles, including combating stress and frequent changes. When their children are diagnosed with ADHD, it becomes even more challenging to

find ways to support their ADHD-diagnosed children. The military can help close this gap by communicating the availability of resources and support frequently and effectively. Prior research asserts that communication is essential to providing support to military families (A. Shaw, 2019). One method to achieve this potential solution is utilizing civilian pediatricians working in military treatment facilities. By providing civilian pediatricians with a listing of local resources and support, this information can then be shared continuously with families.

**Ease the Transition of Families.** It would be advantageous for school districts to not only identify military-connected children upon initial entry into their school district but also provide a listing of local resources that can aid these families who have children diagnosed with ADHD. Prior research suggests that military families struggle when moving every three years due to no family or friends and unknown information about the new state or areas they are being moved to (Haddad & Nadworny, 2022; Tupper et al., 2020). This initiative should include accepting previously completed tests to identify the ADHD diagnosis and accepting previously awarded Individualized Education and 504 Plans. The list of local resources would help military families not feel like they are completely starting over when moving to a new state.

**Come on and Share Now.** Parents have communicated across the three data collection points about their lack of knowledge about military and non-military resources. The military has previously launched several initiatives to support parents of children with special needs, and this new initiative will build upon their previous efforts. (Jagger & Lederer, 2014; A. Shaw, 2019; Shepherd-Banigan et al., 2020). At a state level, it would be valuable to create a non-profit institution with the goal of providing resources and support to families with children diagnosed with ADHD. This resource center would provide trained advocates to help parents navigate the

school system, acquire an IEP or 504 Plan for their ADHD-diagnosed children, and teach parents how to collaborate with the school and school district.

## Empirical and Theoretical Implications

Every research study based on the information presented in the second chapter of the literature review has theoretical and empirical implications. The researcher needs to connect the data to the literature review. This section details the theoretical and empirical implications discovered when connecting the findings to the literature.

### *Empirical Implications*

Empirical implications occur when the research identifies, through the data, the missing pieces to understand the phenomena. Minimal studies have been conducted on families who have children who have been diagnosed with ADHD. The continuous absence of active-duty parents from their home, caused by being on call and deployed, can adversely affect a child's ability to form attachments (Bowlby, 2003). When insecure attachments form, children are at an increased risk of displaying symptoms that can worsen ADHD, such as disruptive behaviors (Kissgen et al., 2009). The empirical implications of this research study led to the discovery that military families struggle to manage their dual roles (Aleman-Tovar et al., 2022). Additionally, I posit that the insecure attachment between parent and child is not solely the result of a separation caused by military deployment, PCS, or extended temporary duty assignments but also highly stressful events or major life changes in a child's life can cause an insecure attachment and ADHD symptoms in adolescent children. This body of work illustrates that parents are seeking more non-military-related resources than military-related ones.

Additionally, there is little information on how military families manage ADHD symptoms brought on by their parent's military service status (Boltz et al., 2020; DiPietro-Wells

et al., 2020; Farnsworth & O'Neal, 2021; Pace et al., 2023). Previous research on this topic asserts that families use a combination of strategies to manage their child's ADHD symptoms that can benefit both home and school (Gasparro et al., 2023). Additionally, prior research asserts that parents working in conjunction with their child's teacher in a collaborative effort is beneficial to both the student and the teacher (Jia et al., 2021). The findings of this research study suggest that parents are effectively managing their children's ADHD symptoms using rewards-based systems, oversight of day-to-day education, medication, sports, implementations of routines and schedules, social media support, support of a therapist or counselor, and constant communication with their children, children's teachers, school, school district. This researcher posits that the research study fills the gap in knowledge of how military families manage ADHD symptoms that are brought on by their active-duty service. Additionally, this research extends the knowledge of how attachment impacts military families.

### *Theoretical Implications*

Theoretical implications enable the researcher to view the study using the primary theoretical framework that guided it. They also enable the researcher to consider the possibility that other frameworks could have served a better purpose within the confines of the research study. This researcher posits that the result of this study elucidates that while the attachment theory was used as a backdrop, the self-determination theory could have also fit.

**Attachment Theory.** The attachment theory asserts two attachment types: secure and insecure. When a secure attachment is made, the child has been able to establish a principal caregiver who will care for their basic needs and aid during times of crisis (Dresvina, 2020). However, when an insecure attachment is made, a child cannot establish a principal caregiver who will care for their basic needs and aid during times of crisis (Dresvina, 2020). The result of

insecure attachments is psychological symptom development (Ainsworth & Bowlby, 1991; Vicedo, 2011). The data of this research study confirms the adverse effects of an insecure attachment on a child (Bowlby, 2003). Multiple participants experienced an increase in their children's ADHD symptoms at the onset or during the parents' breaking of attachment to their children when deployed, thus demonstrating the presence of ADHD-related symptoms in children with ADHD (Kissgen et al., 2009). Examples of psychological symptom development that participants articulated, which coincided with earlier research studies, were emotional outbursts, anxiety, and behavioral issues (Kissgen et al., 2009). Additionally, when children have negative experiences with adulthood during their upbringing, this too can expand the symptoms of ADHD (Miklas et al., 2021; Pace et al., 2023; Thorell et al., 2012). Aside from the deployments and extended temporary duty assignments, there were three participants whose children experienced traumatizing encounters with an adult, thus confirming prior studies in this area (Miklas et al., 2021; Pace et al., 2023; Thorell et al., 2012). The findings of this research study validate that negative experiences with an adult during childhood can increase the likelihood of ADHD symptom onset.

**Self-Determination Theory.** While analyzing the data, the study diverged from the extant use of attachment theory. The self-determination theory (Deci & Ryan, 1985) fits from the perspective of how active-duty families are managing their child’s ADHD symptoms while attempting to foster an environment of academic success amid deployments, extended temporary duty assignments, and PCS. The self-determination theory was created by Deci and Ryan (1985). In the context of this research study, viewing the self-determination theory from an educational perspective, the theory focuses on how an environment impacts the student (Deci et al., 1991). Through events and situations that drive self-motivation, students gain interest, which results in

learning and an increase in their self-esteem (Deci et al., 1991). Five of the 10 participants used rewards-based systems designed to reward their children for displays of positive behavior, self-regulation of emotion and behaviors, and appropriate grade markings. Overall thee results indicated that the ADHD-diagnosed children of active-duty service members thrived in environments that encouraged autonomy. This study supports the finding that when students are given autonomy, they, in turn, develop a mindset that stimulates self-regulation (Brandisauskiene et al., 2022; Deci & Ryan, 1985).

## Limitations and Delimitations

Research studies will always have limitations, as no research study can go as planned (Foss & Waters, 2016). This study contained several limitations, and I implemented several delimitations as the researcher. Limitations in a research study are uncontrollable weaknesses, whereas delimitations are how the researcher defines the particulars of their research study.

### *Limitations*

This study had six areas that were uncontrollable by the researcher and thus identified as limitations. The limitations of this study include the participants' schedules, diversity in the military branch, diversity in gender, diversity in military status, participation confusion on the questions, and the absence of participants ethnicity. Each limitation is broken down, providing detail about to how and why the limitations occurred.

**Participants Schedules.** As active-duty service members whose schedules are commonly irregular, there was difficulty in finding participants who could commit to participating in this research study. Additionally, those participants who were selected to participate found it challenging to dedicate the time to conduct both the personal interviews and focus groups that were already limited to a maximum of 45 minutes. Many of the interviews conducted during this

research study were spur of the moment.

**Diversity in the Military Branch.** The research study was initially designed to include service members from all military branches; however, the study concluded with only service members who served in the United States Navy. A lack of diversity from the other five branches of the military, the Marines, Coast Guard, Air Force, Army, and Space Force, limits the lived experiences of other service members. Limitations on the lived experiences of other service members cannot account for, in this research study, how active-duty service members in other military branches are managing their dual roles.

**Diversity in Gender.** The goal of this research study was to include a variety of voices that can attest to the lived experiences of service members and to include perspectives from all genders. However, there were more female volunteer participants than male volunteer participants, resulting in the male voice of only one out of 10 participants. The male lived experience can vary drastically compared to the female experience, as discovered with the sole male participant.

**Diversity in Military Status.** The study initially sought to include the perspective of National Guard service members currently serving on active-duty orders; however, while seeking participants, I could not gather service members who were National Guard service members. Thus, a limitation of this research study is the need for more perspective on National Guard service members. Like Reservists, National Guard service members have a unique role in being recalled for active-duty orders while simultaneously juggling their civilian careers. Understanding how National Guard service members balance military and civilian careers while simultaneously playing the role of parent would have brought an even greater perspective to this research study.

**Participant Confusion on the Questions.** Participants often asked, during the personal interview and focus group, for explanations to some of the questions. While well written, I should have considered that some questions may need clarification from the participants. In asking for clarification, I explained what information each question was looking for, which helped participants to answer the questions. However, there were times in analyzing the data when it was clear that participants may have yet to fully understand the question or additional explanation of what the questions were looking for.

**Absence of Participants Ethnicity.** The absence of the participant's ethnicity is a limitation of this research study. I acknowledge that I failed to collect this data when gathering the demographic information of each participant. Knowing the ethnicity of each participant would be beneficial for future research to determine whether the results of this study would vary or stay consistent across different ethnic groups.

### *Delimitations*

The delimitations included the sample population and the study's criteria. I chose to focus solely on active-duty service members within the United States because I recognized that other countries have different requirements for their military. Additionally, the deployment rate and locations may have different guidelines in countries outside of the U.S. I also chose to limit the study's criteria to include only children in grades six through 12 because I needed to focus on how adolescence impacts ADHD in military families. I recognize that a focus on a specific grade range could have been attributed to the limitations in the diversity of military branches, gender, and military status.

## Recommendations for Future Research

The findings of this study lead to multiple implications for future research. The purpose

of my study was to describe the experiences of active-duty military parents concerning their efforts to cultivate an environment of academic success for their children diagnosed with ADHD. This study was significant in identifying the gap in research on the influence of military service on the attachments between active-duty service members and their ADHD-diagnosed children's academic performance.

### *Pre-K through Fifth Grade*

To further expand this study, I recommend utilizing the attachment theory as a framework to investigate the lived experiences of active-duty service members who have children diagnosed with ADHD in grades Pre-K through fifth. Conducting a study with this grade population could help military families much sooner in identifying resources and support that can further enhance their children's academic success.

### *The Voice of the Male Service Member*

The voice of male service members was not reflected in much of this research study as there was only one male participant. A recommendation for future research would be to conduct this study focusing solely on the voice of male service members. Using the attachment theory, it would be interesting to see how insecure attachment between father and child impacts an ADHD-diagnosed child's academic success.

### *Veteran Families*

I also recommend using the attachment theory framework to investigate the lived experiences of Veteran service members who have children diagnosed with ADHD and how transitioning from active duty to veteran impacted their access to resources and support. Using the attachment theory framework for this research study could shed more light on how a parent's significant life change and transition from the military impacts their children's feelings of safety,

support, and protection with deployments, sporadic work schedules, extended temporary duty assignments, and frequent home moves being taken away thus allowing the parent to be more present in the home.

### *Other Branches*

Because the study had limitations in the diversity of its military branches, another recommendation for future research includes duplicating this study, using the attachment theory framework, on the Marines, Coast Guard, Space Force, Army, and Air Force. Completing this research study within each of the military branches, broken down into elementary and adolescence, will create a comprehensive picture of the impact of military service on military families and provide context in how each service can provide better resources and support for military families who have children diagnosed with ADHD.

### *National Guard Families*

The limitation of military status leaves a gap in knowledge of how children of National Guard families are impacted when their parents are recalled to serve on active-duty. A research study using the attachment framework broken down into elementary and adolescent would benefit the military, as a whole, on how to better provide resources and support for military families. Additionally, a research study using this specific sample population could be an effective tool for other branches to understand how planning is beneficial to military families when preparing their families for their upcoming deployment.

### *Military Children in Adulthood*

Another recommendation for future research centers on studying ADHD-diagnosed children who are now in adulthood and the relationship that those children have with their Veteran parents. This research study could be conducted through the lens of the attachment

theory, the self-determination theory, and Maslow's hierarchy of needs theory. Using the attachment theory framework, it would be interesting to see not only the relationship that the ADHD-diagnosed children who are now in adulthood have with their parents but also the relationship with their own children. Using the lens of the self-de, it would be interesting to investigate how ADHD-diagnosed children who are now adults have achieved success in life and if any military-related resources related resources or non-military-related resources were used to help them achieve success. Using Maslow's hierarchy of needs theory, it would be interesting to uncover the view of ADHD-diagnosed children who are now adults in terms of their interpretation of their active-duty parents meeting their basic needs.

### *The Voice of the Child*

While many research studies involve indirect contact with the child, often using the voice of the parent as an interpretation of what the child may have felt or is currently feeling, it would be interesting to conduct a research study tailored to the voice of the military-connected ADHD-diagnosed child in both DODEA and public schools. This research study would use the person-centered theory as the framework to understand how the DODEA and public school environments impact a military-connected ADHD-diagnosed child's learning.

### *Differences in Ethnicities*

A final recommendation for future research would involve completing this study again but during the next iteration collecting the ethnicity of each participant. By including the additional data on the ethnicity of each participant the researcher would gain insight into whether the findings of the study vary or remain consistent across different ethnic groups. This approach would contribute to a more comprehensive understanding of the impact of ethnicity on the study's outcomes, thereby enriching the overall body of research in this field.

## Conclusion

Active-duty and Reserve service members often struggle to juggle their dual roles of service member and parent; the challenge of juggling two roles can be even more significant when adding in the component of having a child who has been diagnosed with ADHD. The challenges associated with parenting a child with ADHD comprise managing the child's symptoms, creating routines and schedules, and implementing some form of schedule in the fast-paced lifestyle that active military service requires. The experiences of 10 participants serving in these dual roles of service member and parent were presented through personal interviews, focus groups, and a letter-writing prompt. The participants provided a peek into how they strive to create an academic success environment for their ADHD-diagnosed children while simultaneously giving their all for the United States Navy.

The implications of this research study suggest that active-duty service members struggle to find military-related support and resources to aid them and their families. Using non-military-related resources and support, active-duty families have found strength in utilizing evidence-based practices, such as rewards-based systems, therapy, and medication. While military families have found strength in various non-military-related outlets, families are still negatively impacted by secure attachment breaks. The findings of this research study suggest implementing a policy to create more DODEA schools and provide civilian pediatricians and school districts with a listing of local resources and support and require that this information be disseminated to military families who have a child diagnosed with ADHD. A final suggestion for implementation would be the creation of a not-for-profit organization with the sole purpose of providing resources and support to families with children diagnosed with ADHD.

## References

Abbott, R. (2019). Finding the right OT fit for your child after PCS-ing. *Exceptional Parent*, *49*(12), 61.

Abramowitz, A. J., & O'Leary, S. G. (1991). Behavioral interventions for the classroom: Implications for students with ADHD. *School Psychology Review*, *20*(2), 220–224. https://doi.org/10.1080/02796015.1991.12085547

Adams, P. (2006). Exploring social constructivism: Theories and practicalities. *Education, 34*(3), 243–257. https://doi.org/10.1080/03004270600898893

Ágoston, C., Urbán, R., Horváth, Z., van den Brink, W., & Demetrovics, Z. (2022). Self-medication of ADHD symptoms: Does caffeine have a role? *Frontiers in Psychiatry*, *13*. https://doi.org/10.3389/fpsyt.2022.813545

Ainsworth, M. D. S., & Bowlby, J. (1954). *Research strategy in the study of mother-child separation*.

Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*(4), 333–341. https://doi.org/10.1037/0003-066X.46.4.333

Al-Yagon, M., Forte, D., & Avrahami, L. (2020). Executive functions and attachment relationships in children with ADHD: Links to externalizing/internalizing problems, social skills, and negative mood regulation. *Journal of Attention Disorders*, *24*(13), 1876–1890. https://doi.org/10.1177/1087054717730608

Al-Yagon, M., Garbi, L., & Rich, Y. (2023). Children's resilience to ongoing border attacks: The role of father, mother, and child resources. *Child Psychiatry Human Development, 54*(4), 1015–1026. https://doi.org/10.1007/s10578-021-01303-6

Aleman-Tovar, J., Schraml-Block, K., DiPietro-Wells, R., & Burke, M. (2022). Exploring the advocacy experiences of military families with children who have disabilities. *Journal of Child & Family Studies*, *31*(3), 843–853. https://doi.org/10.1007/s10826-021-02161-5

Alrahili, N., Al Harthi, M. A., Ababtain, S. J., Al-Sharif, S. S., Alnuwaysir, M. A., & Al Huzaimi, R. F. (2022). Parental attitudes and beliefs toward attention deficit hyperactivity disorder in Prince Sultan military medical city, Riyadh city. *Psychology*, *4*(2), 238–246. https://doi.org/10.3390/psych4020020

Alvarado, C., & Modesto-Lowe, V. (2017). Improving treatment in minority children with attention-deficit/hyperactivity disorder. *Clinical Pediatrics, 56*(2), 171–176. https://doi.org/10.1177/0009922816645517

Alvarez, R. M. (2022). How (not) to reproduce: Practical considerations to improve research transparency in political science. *Political Science & Politics*, *55*(1), 149–154. https://doi.org/10.1017/S1049096521001062

American Psychological Association (2020). *Publication manual of the American Psychological Association 2020: The official guide to APA style* (7th ed.). American Psychological Association.

Amundson, N. G. (2006). Invited essay: The evolution of communication attraction theory. *North Dakota Journal of Speech & Theatre*, *19*, 33–38.

Aral, A., & Usta, M. B. (2022). Intrapersonal and family predictors of internet addiction in attention deficit hyperactivity disorder. *Journal of Gambling Issues*, *50*, 98–131. https://doi.org/10.4309/XHMA4001

Aronson, K. R., Kylerm S. J., Moeller, J. D., & Perkins, D. F. (2016). Understanding military families who have dependents with special health care and/or educational needs. *Disability and Health Journals*, *9*(3), 423-430.

Arzeen, N., Irshad, E., Arzeen, S., & Shah, S. M. (2020). Stress, depression, anxiety, and coping strategies of parents of intellectually disabled and non-disabled children. *Journal of Medical Sciences*, *28*(4), 380–383. https://doi.org/10.52764/jms.20.28.4.17

Ayasrah, M. N., & Khasawneh, M. A. S. (2022). Aggressive behaviour in children with attention deficit hyperactivity disorder. *Clinical Schizophrenia & Related Psychoses*, *16*, 1–4. https://doi.org/10.3371/CSRP.MMWY.100134

Bannett, Y., Feldman, H. M., Gardner, R. M., Blaha, O., & Huffman, L. C. (2021). Attention-deficit/hyperactivity disorder in 2- to 5-year-olds: A primary care network experience. *Academic Pediatrics*, *21*(2), 280–287. https://doi.org/10.1016/j.acap.2020.04.009

Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Military Medicine*, *174*(10), 1033–1040. https://doi.org/10.7205/MILMED-D-04-1108

Barreto-Zarza, F., Sánchez de Miguel, M., Arranz-Freijo, E. B., Acha, J., González, L., Rebagliato, M., & Ibarluzea, J. (2022). Family context and ADHD symptoms in middle childhood: An explanatory model. *Journal of Child & Family Studies*, *31*(3), 854–865. https://doi.org/10.1007/s10826-021-02206-9

Bateman, B. (1992). Learning Disabilities. *Journal of Learning Disabilities*, *25*(1), 29–36. https://doi.org/10.1177/002221949202500105

Bedrossian, L. (2019). Take ADHD medications? Use alternative treatments? Know the answers. *Disability Compliance for Higher Education*, *24*(10), 1–4. https://doi.org/10.1002/dhe.30632

Bikic, A., Dalsgaard, S., Olsen, K. D., & Sukhodolsky, D. G. (2021). Organizational skills training for children with ADHD: Study protocol for a randomized, controlled trial. *Trials*, *22*, 1–11. https://doi.org/10.1186/s13063-021-05499-9

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research. *Journal of Research in Nursing*, *13*(1), 68–75. https://doi.org/10.1177/1744987107081254

Boland, H., DiSalvo, M., Fried, R., Woodworth, K. Y., Wilens, T., Faraone, S. V., & Biederman, J. (2020). A literature review and meta-analysis on the effects of ADHD medications on functional outcomes. *Journal of Psychiatric Research*, *123*, 21–30. https://doi.org/10.1016/j.jpsychires.2020.01.006.

Boldrin, J. (2013). How are the kids? After more than a decade of war, the children of reservists feel the strain of deployment. *The Officer*, 14–24.

Boltz, J., Del Re, A. C., Koenig, H., Schmied, E., McRoy, R. M., & Yablonsky, A. M. (2020). Caregiver health: An epidemiological study of active duty parents with special needs children. *Military Behavioral Health*, *8*(4), 364–377. https://doi.org/10.1080/21635781.2020.1825242

Bommersbach, T. J., Rosenheck, R., & Rhee, T. G. (2022). Transgenerational factors associated with military service: A comparison of children of active-duty military and nonactive-duty military in a nationally representative sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, *61*(9), 1141–1154. https://doi.org/10.1016/j.jaac.2022.03.024

Bowlby, J. (1958). *The nature of the child's tie to his mother*. E.H. Baker & Company.

Bowlby, J. (2003). *Influential papers from the 1950s*. A. C. Furman & S. T. Levy (Eds.). Routledge. https://doi.org/10.4324/9780429475931-15

Brandisauskiene, A., Buksnyte-Marmiene, L., Daugirdiene, A., Cesnaviciene, J., Jarasiunatie-Fedosejeva, G., Kemeryte-Ivanuskiene, E., & Neszinskaite-Maciuniene, R. (2022). Teachers' autonomy-supportive behaviour and learning strategies applied by students: The role of students' growth mindset and classroom management in low-SES-context schools. *Sustainability*, *17*, 1–17. https://doi.org/10.3390/su14137664

Breaux, R. P., Langberg, J. M., Molitor, S. J., Dvorsky, M. R., Bourchtein, E., Smith, Z. R., & Green, C. D. (2019). Predictors and trajectories of response to the homework, organization, and planning skills (HOPS) intervention for adolescents with ADHD. *Behavior Therapy*, *50*(1), 140–154. https://doi.org/10.1016/j.beth.2018.04.001

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, *28*(5), 759–775. https://doi.org/10.1037/0012-1649.28.5.759

Briggs, E. C., Murphy, R. A., Hill, S. N., Corry, N. H., Stander, V. A., Tunno, A. M., ... & Fairbank, J. A. (2022). Children's mental health, deployment, parental mental health, and family dynamics: Findings from the millennium cohort family study. *Parent-Child Separation*, 189–208. https://doi.org/10.1007/978-3-030-87759-0_8

Brinksma, D. M., Hoekstra, P. J., de Bildt, A., Buitelaar, J. K., van den Hoofdakker, B. J., Hartman, C. A., & Dietrich, A. (2023). Parental rejection in early adolescence predicts a persistent ADHD symptom trajectory across adolescence. *European Child & Adolescent Psychiatry*, *32*(1), 139–153. https://doi.org/10.1007/s00787-021-01844-0

Bu, X. Gao, Y., Liang, K., Bao, W., Chen, Y., Guo, L., Gong, Q., Lu, H., Caffo, B., Mori, S., & Huang, X. (2023). Multivariate associations between behavioural dimensions and white matter across children and adolescents with and without attention-deficit/hyperactivity disorder. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *64*(2), 244–253. https://doi.org/10.1111/jcpp.13689

Bugaj, S. J. (2013). Services provided to military dependents who are mentally gifted in the US Department of Defense (DoDEA) schools. *Gifted & Talented International*, *28*(1–2), 197–206. https://doi.org/10.1080/15332276.2013.11678414

Burley, R., & Waller, R. J. (2005). Effects of a collaborative behavior management plan on reducing disruptive behaviors of a student with ADHD. *Teaching Exceptional Children Plus, 1*(4), 1–13. https://files.eric.ed.gov/fulltext/EJ966516.pdf

Burton-Jones, A., Boh, W.F., Oborn, E., & Padmanabhan, B. (2021). Advancing research transparency at MIS quarterly: A pluralistic approach. *MIS Quarterly*, *45*(2), iii–xviii.

Buźniak, A., Woropay-Hordziejewicz, N. A., Bereznowska, A., & Atroszko, P. A. (2022). Alarmingly high prevalence and lack of gender differences in ADHD among high school students: Screening for ADHD with ASRS among adolescents and working adults. *Current Problems of Psychiatry, 23*(4), 237–245. https://doi.org/10.2478/cpp-2022-0022

Carr, A. D. (2020). An exploration of gender and national security through the integration of women into military roles. *Pepperdine Policy Review*, *12*(2). https://digitalcommons.pepperdine.edu/ppr/vol12/iss1/2

Carr-Fanning, K., & McGuckin, C. (2022). "I find it really difficult to control myself too": A qualitative study of the effects on the family dynamic when parent and child have ADHD. *Education Sciences*, *12*(11), 758. https://doi.org/10.3390/educsci12110758

Carroll, E. B., Robinson, L. C., Orthner, D., Matthews, W., & Smith-Rotabi, K. (2008). Essential life skills for military families: Mobilizing the cooperative extension service in NC. *Journal of Family & Consumer Sciences*, *100*(1), 52–57.

Catignani, S., Gazit, N., & Ben-Ari, E. (2021). Introduction to the Armed Forces & Society forum on military reserves in the "new wars." *Armed Forces & Society*, *47*(4), 607–615. https://doi.org/10.1177/0095327X21996220

Centers for Disease Control and Prevention (CDCP) (2022). *Attention-deficit / hyperactivity disorder (ADHD).* https://www.cdc.gov/ncbddd/adhd/diagnosis.html

Champ, R. E., Adamou, M., & Tolchard, B. (2021). The impact of psychological theory on the treatment of attention deficit hyperactivity disorder (ADHD) in adults: A scoping review. *Public Library of Science One*, *16*(12), 1–32.

Chen, X., Yao, T., Cai, J., Zhang, Q., Li, S., Li, H., Fu, X., & Wu, J. (2022). A novel cis-regulatory variant modulating TIE1 expression associated with attention deficit hyperactivity disorder in Han Chinese children. *Journal of Affective Disorders*, *300*, 179–188. https://doi.org/10.1016/j.jad.2021.12.066

Ching'oma, C. D., Mkoka, D. A., Ambikile, J. S., & Iseselo, M. K. (2022). Experiences and challenges of parents caring for children with attention-deficit hyperactivity disorder: A qualitative study in Dar es Salaam, Tanzania. *Public Library of Science One, 17*(8), 1–14.

Chitiyo, M., Makweche-Chitiyo, P., Park, M., Ametepee, L. K., & Chitiyo, J. (2011). Examining the effect of positive behaviour support on academic achievement of students with disabilities. *Journal of Research in Special Educational Needs, 11*(3), 171–177. https://doi-org.ezproxy.liberty.edu/10.1111/j.1471-3802.2010.01156.x

Christopher, S., Shakila, L. C., Suganya, R. L., & Selvaraj, A. (2020). Stress in families of children with disabilities. *Indian Journal of Public Health Research & Development*, *11*(2), 1–5. https://doi.org/10.37506/v11/i2/2020/ijphrd/194741

Classen, A; I., Horn, E., & Palmer, S. (2019). Needs of military families: Family and educator perspective. *Journal of Early Intervention*, *41*(3), 233–255. https://doi.org/10.1177/1053815119847235

Consalvo, A. (2023). Kinds of interviews in qualitative research [Workshop]. https://www.uttyler.edu/research/files/ors_files/aconsalvo_kinds_of_interviews_01202023.pdf

Corry, N. H., Williams, C. S., Radakrishnan, S., McMaster, H. S., Sparks, A. C., Briggs-King, E., Karon, S. S., & Stander, V. A. (2021). Demographic variation in military life stress and perceived support among military spouses. *Military Medicine*, *186*, 214–221. https://doi.org/10.1093/milmed/usaa386

Cortese, S. (2020). Pharmacologic treatment of attention deficit–hyperactivity disorder. *The New England Journal of Medicine, 383*(11), 1050–1056. https://doi.org/10.1056/NEJMra1917069

Cox, M., Norris, D., Cramm, H., Richmond, R., & Anderson, G. S. (2022). Public safety personnel family resilience: A narrative review. *International Journal of Environmental Research and Public Health*, *19*(9), 5224. https://doi.org/10.3390/ijerph19095224

Coxe, S., & Sibley, M. H. (2023). Harmonizing DSM-IV and DSM-5 versions of ADHD "a criteria": An item response theory analysis. *Assessment*, *30*(3), 606–617. https://doi.org/10.1177/10731911211061299

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

Crosnoe, R., & Johnson, M. K. (2011). Research on adolescence in the twenty-first century. *Annual Review of Sociology*, *37*(1), 439–460. https://doi.org/10.1146/annurev-soc-081309-150008

Cubberley, E. P. (1919). *Public education in the United States: A study and interpretation of American educational history; an introductory textbook dealing with the larger problems of present-day education in the light of their historical development*. Houghton Mifflin.

Cunitz, K., Dölitzsch, C., Kösters, M., Willmund, G., Zimmerman, P., Bühler, A. H., Fegert, J. M., Ziegenhain, U., & Kölch, M. (2019). Parental military deployment as risk factor for children's mental health: A meta-analytical review. *Child and Adolescent Psychiatry and Mental Health, 13*(26), 1–10. https://doi.org/10.1186/s13034-019-0287-y

Daley, D., & Birchwood, J. (2010). ADHD and academic performance: Why does ADHD impact on academic performance, and what can be done to support ADHD children in the classroom? *Child: Care, Health & Development*, *36*(4), 455–464. https://doi.org/10.1111/j.1365-2214.2009.01046.x

Dalton, M. A. (2018). Forgotten children: Rethinking the Individuals with Disabilities Education Act behavior provisions. *SSRN Electronic Journal,* 137–181. https://doi.org/10.2139/ssrn.3374014

Danielson, M. L., Holbrook, J. R., Bitsko, R. H., Newsome, K., Charania, S. N., McCord, R. F., Kogan, M. D., & Blumberg, S. J. (2022). State-level estimates of the prevalence of parent-reported ADHD diagnosis and treatment among U.S. children and adolescents,

2016 to 2019. *Journal of Attention Disorders*, *26*(13), 1685–1697. https://doi.org/10.1177/10870547221099961

Darling Rasmussen, P., Bilenberg, N., Shmueli-Goetz, Y., Simonsen, E., Bojesen, A. B., & Storebø, O. J. (2019). Attachment representations in mothers and their children diagnosed with ADHD: Distribution, transmission and impact on treatment outcome. *Journal of Child and Family Studies*, *28*, 1018–1028. https://doi.org/10.1007/s10826-019-01344-5

Deci, E. L., Vallerand, R. J., Pelletier, L. G., & Ryan, R. M. (1991). Motivation and education: The self-determination perspective. *Educational Psychologist*, *26*(3-4), 325–346. https://doi.org/10.1080/00461520.1991.9653137

Deci, E. L., & Ryan, M. (1985). *Intrinsic motivation and self-determination in human behavior*. Kluwer Academic/Plenum Publishers.

Dekkers, T. J., Groenman, A. P., Wessels, L., Kovshoff, H., Hoekstra, P. J., & Van den Hoofdakker, B. J. (2022). Which factors determine clinicians' policies and attitudes toward medication and parent training for children with Attention-Deficit/Hyperactivity Disorder? *European Child & Adolescent Psychiatry*, *31*(3), 483–493. https://doi.org/10.1007/s00787-021-01735-4

Demontis, D., Walters, R. K., Martin, J., Mattheisen, M., Als, T. D., Agerbo, E., Baldursson, G., Belliveau, R., Bybjerg-Grauholm, J., Baekvad-Hansen, M. (2019). Discovery of the first genome-wide significant risk loci for attention deficit/hyperactivity disorder. *Nature Genetics, 51,* 63–75. https://doi.org/10.1038/s41588-018-0269-7

Denzin, N. K., & Lincoln, Y. S. (1998). *The landscape of qualitative research: Theories and issues*. Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (2018). *The sage handbook of qualitative research* (5th ed). Sage Publications.

De Pedro, K. M. T., Astor, R. A., Benbenishty, R., Estrada, J., Smith, G. R. D., & Esqueda, M. C. (2011). The children of military service members: Challenges, supports, and future educational research. *Review of Educational Research*, *81*(4), 566–618. https://doi.org/10.3102/0034654311423537

DeShazer, M. R., Owens, J. S., & Himawan, L. K. (2023). Understanding factors that moderate the relationship between student ADHD behaviors and teacher stress. *School Mental Health.* https://doi.org/10.1007/s12310-023-09586-x

De Vries, M., Van der Oord, S., Evans, S. W., DuPaul, G. J., & Boyer, B. E. (2023). The homework problems checklist: Psychometric properties and usefulness in teens with and without ADHD. *School Mental Health*, *15*(1), 260–271.

Dexter, E. G. (1919). *A history of education in the United States*. The Macmillan Company

Dibley, L., Dickerson, S., Duffy, M., & Vandermause, R. (2020). *Doing hermeneutic phenomenological research: A practical guide*. Sage Publications.

Di Lorenzo, R., Balducci, J., Poppi, C., Arcolin, E., Cutino, A., Ferri, P., D'Amico, R., & Filippini, T. (2021). Children and adolescents with ADHD followed up to adulthood: A systematic review of long-term outcomes. *Acta Neuropsychiatrica*, *33*(6), 283–298. https://doi.org/10.1017/neu.2021.23

Dimpka, D. I. (2015). Teachers' conduct in the 21st century: The need for enhancing students' academic performance. *Journal of Education and Practice*, *6*(35), 71–78. https://files.eric.ed.gov/fulltext/EJ1086324.pdf

DiPietro-Wells, R., Krippel, M. D., Ostrosky, M. M., Milagros Santos, R. (2020). Debunking myths to promote collaboration with military families. *Exceptional Children*, *23*(4), 175–186. https://www.doi.org/10.1177/109

Dixon, J. F., Akins, R., Miller, E., Breslau, J., Gill, S., Bisi, E., & Schweitzer, J. B. (2023). Changing parental knowledge and treatment acceptance for ADHD: A pilot study. *Clinical Pediatrics*, *62*(4), 301–308. https://doi.org/10.1177/00099228221124676

Dmitrzak-Węglarz, M., Duda, J., & Słopień, A. (2021). Progress and stumbling blocks in discovering the biological and genetic basis of attention deficit hyperactivity disorder. *Psychiatria Polska*, *55*(4), 769–786. https://doi.org/10.12740/PP/116884

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220–222. https://doi.org/10.1177/0890334419830990

Domsch, H., Ruhmland, M., & Lissman, I. (2022). Effective but not feasible – what support staff in all-day primary schools think of pedagogical interventions about children with ADHD. *Sustainability*, *14*(3), 1393. https://doi.org/10.3390/su14031393

Dresvina, J. (2020). Darwin's cathedral, Bowlby's cloister: The use of attachment theory for the studies in medieval religion, with the example of The Book of Margery Kempe. *Irish Theological Quarterly*, *85*(2), 127–144. https://doi.org/10.1177/0021140020906924

DuPaul, G. T., & Eckert, T. L. (1998). Academic interventions for students with attention-deficit/hyperactivity disorder: A review of the literature. *Reading & Writing Quarterly Overcoming Learning Difficulties*, *14*(1), 59–82. https://doi.org/10.1080/1057356980140104

DuPaul, G. J., Morgan, P. L., Farkas, G., Hillemeier, M. M., & Maczuga, S. (2018). Eight-year latent class trajectories of academic and social functioning in children with attention-

deficit/hyperactivity disorder. *Abnormal Child Psychology*, *46*, 979–992. https://www.doi.org/10.1007/s10802-017-0344-z

DuPaul, G. J., Evans, S. W., Mautone, J. A., Owens, J. S., & Power, T. J. (2020). Future directions for psychosocial interventions for children and adolescents with ADHD. *Journal of Clinical Child & Adolescent Psychology*, *49*(1), 134–145. https://doi.org/10.1080/15374416.2019.1689825

DuPaul, G. J., Evans, S. W., Owens, J. S., Cleminshaw, C. L., Kipperman, K., Fu, Q., & Benson, K. (2021). School-based intervention for adolescents with attention-deficit/hyperactivity disorder: Effects on academic functioning. *Journal of School Psychology*, *87*, 48–63. https://doi.org/10.1016/j.jsp.2021.07.001

Ek, U., Westerlund, J., Holmberg, K., & Fernell, E. (2011). Academic performance of adolescents with ADHD and other behavioural and learning problems a population-based longitudinal study. *Acta Pediatrica, 100*(3), 402–406. https://doi.org/10.1111/j.1651-2227.2010.02048

Eng, A. G., Phan, J. M., Shirtcliff, E. A., Eisenlohr-Moul, T. A., Goh, P. K., & Martel, M. M. (2023). Aging and pubertal development differentially predict symptoms of ADHD, depression, and impairment in children and adolescents: An eight-year longitudinal study. *Research on Child and Adolescent Psychopathology*, *51*(6), 819–832. https://doi.org/10.1007/s10802-023-01030-7

Erlandson, D., Harris, E., Skipper, B., & Allen, S. (1993). *Doing naturalistic inquiry: A guide to methods.* Sage Publications.

*Executive functions*. (2023). Memory and Aging Center. https://memory.ucsf.edu/symptoms/executive-functions

Eyuboglu, M., & Eyuboglu, D. (2020). Emotional regulation and attachment style in previously untreated adolescents with attention deficit and hyperactivity disorder. *Dusunen Adam: The Journal of Psychiatry & Neurological Sciences*, *33*(3), 228–236. https://doi.org/10.14744/DAJPNS.2020.00086

Fabiano, G. A., Schatz, N. K., Aloe, A. M., Pelham., Jr., W. E., Smyth, A. C., Zhao, X., Merrill, B. M., Macphee, F., Ramos, M., Hong, N., Altszuler, A., Ward, L., Rodgers, D. B., Liu, Z., Karatoprak Ersen, R., & Coxe, S. (2021). Comprehensive meta-analysis of attention-deficit/hyperactivity disorder psychosocial treatments investigated within between group studies. *Review of Educational Research*, *91*(5), 718–760. https://doi.org/10.3102/00346543211025092

Faedda, N., Romani, M., Rossetti, S., Vigliante, M., Pezzuti, L., Cardona, F., & Guidetti, V. (2019). Intellectual functioning and executive functions in children and adolescents with attention deficit hyperactivity disorder (ADHD) and specific learning disorder (SLD). *Scandinavian Journal of Psychology*, *60*(5), 440–446. https://doi.org/10.1111/sjop.12562

Faraone, S. V., & Larsson, H. (2019). Genetics of attention deficit hyperactivity disorder. *Molecular Psychiatry, 24*(4), 562–575. https://doi.org/10.1038/s41380-018-0070-0

Farnsworth, M. L., & O'Neal, C. W. (2021). Military stressors, parent-adolescent relationship quality, and adolescent adjustment. *Journal of Child & Family Studies*, *30*(11), 2718–2731. https://doi.org/10.1007/s10826-021-02106-y

Farrell, T., & Whiddon, T. (2022). The state-by-state case for Purple Star schools. *On the Move, 15(3), 18*. https://issuu.com/mceecmarcom/docs/otm_12_2021-web

Feaver, P. D., & Kohn, R. H. (2021). Civil-military relations in the United States: What senior leaders need to know (and usually don't). *Strategic Studies Quarterly*, *15*(2), 12–37.

Finfgeld-Connett, D. (2014). Use of content analysis to conduct knowledge-building and theory-generating qualitative systematic reviews. *Qualitative Research*, *14*(3), 341–352. https://doi.org/10.1177/1468794113481790

Fitton, V. A. (2013). Attachment theory: History, research, and practice. *Psychoanalytical Social Work, 19*(1), 121–143. https://doi.org/10.1080/15228878.2012.666491

Foley-Nicpon, M., & Assouline, S. G. (2020). High ability students with coexisting disabilities: Implications for school psychological practice. *Psychology in the Schools*, *57*(10), 1615–1626. https://doi.org/10.1002/pits.22342

Fortes, D., Figueiredo, T., Lima, G., Segenreich, D., Serra-Pinheiro, M. A., & Mattos, P. (2021). Disregarding impairment in ADHD diagnosis inflates its prevalence. *Journal of Attention Disorders*, *25*(11), 1529–1533. https://doi.org/10.1177/1087054720911969

Foss, S. K., & Waters, W. (2016). *Destination dissertation: A traveler's guide to a done dissertation*, (2nd ed). Rowman & Littlefield.

Frick, M. A., Rasmussen, P. D., & Brocki, K. C. (2022). Can attachment predict core and comorbid symptoms of attention-deficit/hyperactivity disorder beyond executive functions and emotion regulation? *British Journal of Clinical Psychology*, *61*(1), 93–111. https://doi.org/10.1111/bjc.12317

Frick, M. A., Meyer, J., & Isaksson, J. (2023). The role of comorbid symptoms in perceived stress and sleep problems in adolescent ADHD. *Child Psychiatry & Human Development*, *54*(4), 1141–1151. https://doi.org/10.1007/s10578-022-01320-z

Gagne, J. R., & Nwadinobi, O. K. (2018). Self-control interventions that benefit executive functioning and academic outcomes in early and middle childhood. *Early Education and Development, 29*(7), 971–987. https://doi.org/10.1080/10409289.2018.1496721

Garcia, E., De Pedro, K. T., Astor, R. A., Lester, P., & Benbenishty, R. (2015). FOCUS school-based skill-building groups: Training and implementation. *Journal of Social Work Education*, *51*(1), S102–S116.

Gascon, A., Gamache, D., St-Laurent, D., & Stipanicic, A. (2022). Do we over-diagnose ADHD in North America? A critical review and clinical recommendations. *Journal of Clinical Psychology*, *78*(12), 2363–2380. https://doi.org/10.1002/jclp.23348

Gasparro, S., Bennett, S., Wyka, K., Temkin-Yu, A., Damianides, A., & Beaumont, R. (2023). The effect of the Secret Agent Society group program on parent-teacher agreement regarding children's social emotional functioning. *Behavioral Sciences*, *13*(4), 1–11. https://doi.org/10.3390/bs13040322

Girard-Lapointe, J., Normandeau, S., & Hechtman, L. (2023). Parental practices contribution to organizational skills' improvement following an intervention among ADHD Youths. *Journal of Psychopathology and Behavioral Assessment.* https://doi.org/10.1007/s10862-023-10046-8

Graham, P. A. (2005). *Schooling America: How the public schools meet the nation's changing needs*. Oxford University Press.

Granqvist, P. (2021). Attachment, culture, and gene-culture co-evolution: Expanding the evolutionary toolbox of attachment theory. *Attachment & Human Development*, *23*(1), 90–113. https://doi.org/10.1080/14616734.2019.1709086

Gratton-Fisher, E., & Zirkel, P. A. (2021). Ten legal lessons for special educators. *Exceptionality*, *29*(1), 41–46. https://doi.org/10.1080/09362835.2020.1727341

Green, B. C., Johnson, K. A., & Bretherton, L. (2014). Pragmatic language difficulties in children with hyperactivity and attention problems: An integrated review. *International*

*Journal of Language & Communication Disorders*, *49*(1), 15–29. https://doi.org/10.1111/1460-6984.12056

Griffith, J. (2020). Family readiness groups: Helping deployed Army National Guard soldiers and their families. *Journal of Community Psychology*, *48*(3), 804–817. https://doi.org/10.1002/jcop.22294

Grigorenko, E. L., Compton, D. L., Fuchs, L. S., Wagner, R. K., Willcutt, E. G., & Fletcher, J. M. (2020). Understanding, educating, and supporting children with specific learning disabilities: 50 years of science and practice. *American Psychologist*, *75*(1), 37–51. https://doi.org/10.1037/amp0000452

Groves, N. B., Wells, E. L., Soto, E. F., Marsh, C. L., Jaisle, E. M., Harvey, T. K., & Kofler, M. J. (2021). Executive functioning and emotion regulation in children with and without ADHD. *Research on Child and Adolescent Psychopathology*, *50*(6), 721–735. https://doi.org/10.1007/s10802-021-00883-0

Guay, F. (2022). Applying self-determination theory to education: Regulations types, psychological needs, and autonomy supporting behaviors. *Canadian Journal of School Psychology*, *37*(*1*), 75–92. https://journals.sagepub.com/doi/pdf/10.1177/08295735211055355

Haddad, C. R., & Nadworny, J. (2022). *The special needs planning guide: How to prepare for every stage of your child's life.* Brookes Publishing Company.

Haft, S. L., Chen, T., LeBlanc, C., Tencza, F., & Hoeft, F. (2019). Impact of mentoring on socio-emotional and mental health outcomes of youth with learning disabilities and attention-deficit hyperactivity disorder. *Child and Adolescent Mental Health*, *24*(4), 318–328. https://doi.org/10.1111/camh.12331

Hahn-Markowitz, J., Berger, I., Manor, I., & Maeir, A. (2018). Cognitive-functional (cog-fun) dyadic intervention for children with ADHD and their parents: Impact on parenting self-efficacy. *Physical & Occupational Therapy in Pediatrics, 38*(4), 444–456. https://doi.org/10.1080/01942638.2018.1441939

Hanna, J. L. (2020). Removing the camouflage: A deeper look at military-connected adolescent perception of identity in secondary schools. *Clearing House*, *93*(4), 184–194. https://doi.org/10.1080/00098655.2020.1758014

Hannon, R. (2022). Combating attention deficits with mind-mapping tools. *COABE Journal: The Resource for Adult Education*, *11*(1), 91–100.

Harlow, E. (2021). Attachment theory: Developments, debates and recent applications in social work, social care and education. *Journal of Social Work Practice*, *35*(1), 79–91. https://doi.org/10.1080/02650533.2019.1700493

He, L., & Huang, L. (2022). A study on the effects of a cartoon text version of health education manual with sandplay on the psychological status and cognitive function of children with attention deficit hyperactivity disorder. *Evidence-Based Complementary & Alternative Medicine*, *2022*, 1–7. https://doi.org/10.1155/2022/1816391

Helping Your Children Change Schools (2021). *Exceptional Parent*, *51*(8), 60–61.

Hickman, J., Gilligan, M., & Patton, G. (2008). FMLA and benefit obligations: New rights under an old mandate. *Benefits Law Journal*, *21*(3), 5–19.

Hill, S., Lee, E. A., & Cramm, H. (2022). “If you don’t know who they are, you don’t know how to support them”: A qualitative study exploring how educators perceive and support Canadian military-connected students. *Canadian Journal of Education*, *45*(3), 646–669. https://doi.org/10.53967/cje-rce.v45i3.4575

Hodge, S. R., & Asola, E. (2019). Special education for young learners with other health impairments. *Special Education for Young Learners with Disabilities*, *34*, 187–207. https://doi.org/10.1108/S0270-401320190000034012

Hofer, B. K., & Pintrich, P. R. (1997). The development of epistemological theories: Beliefs about knowledge and knowing and their relation to learning. *Review of Educational Research*, *67*(1), 88–140.

Hsu, Y. C., Chen, C. T., Yang, H. J., & Chou, P. (2019). Family structure, birth order, and aggressive behaviors among school-aged boys with attention deficit hyperactivity disorder (ADHD). *Social Psychiatry and Psychiatric Epidemiology*, *54*(6), 661–670. https://doi.org/10.1007/s00127-018-1624-9

Huebner, C. R. (2019). Health and mental health needs of children in US military families. *American Academy of Pediatrics*, *143*(1), 1–13. https://doi.org/10.1542/peds.2018-3258

Huhtanen, S. (2021). Hope for tomorrow. *Exceptional Parent*, *51*(6), 62–63.

Hustus, C. L., Evans, S. W., Owens, J. S., Benson, K., Hetrick, A. A., Kipperman, K., & DuPaul, G. J. (2020). An evaluation of 504 and individualized education programs for high school students with attention-deficit hyperactivity disorder. *School of Psychology Review*, *49*(3), 333–345. https://doi.org/10.1080/2372966X.2020.1777830

Jagger, J. C., & Lederer, S. (2014). Impact of geographic mobility on military children's access to special education services. *Children & Schools*, *36*(1), 15–22. https://doi.org/10.1093/cs/cdt046

Jia, R. M., Mikami, A. Y., & Normand, S. (2021). Social resilience in children with ADHD: Parent and teacher factors. *Journal of Child & Family Studies*, *30*(4), 839–854. https://doi.org/10.1007/s10826-021-01907-5

Jitendra, A. K., DuPaul, G. J., Someki, F., & Tresco, K. E. (2008). Enhancing academic achievement for children with attention-deficit hyperactivity disorder: Evidence from school-based intervention research. *Developmental Disabilities Research Reviews*, *14*, 325–330. https://doi.org/10.1002/ddrr.39

Kacharava, T., Nemsadze, K., & Inasaridze, K. (2022). Presence of prenatal maternal stress increases the risk of the development of ADHD symptoms in young children. *Georgian Medical News*, *324*, 92–101.

Karakaş, S., Bakar, E. E, Dinçer, E. D., Ülsever, H., Ceylan, A. Ö, & Taner, Y. I. (2015). Relationship between diagnosis of ADHD in offspring and current and retrospective self-reports of parental ADHD. *Journal of Child & Family Studies*, *24*(12), 3595–3609. https://doi.org/10.1007/s10826-015-0169-8

Karre, J. K., Morgan, N. R., Bleser, J. A., & Perkins, D. F. (2022). Protective factors for military active-duty military fathers' parenting functioning and satisfaction. *Journal of Family Issues*, *43*(1), 215–236. https://doi.org/10.1177/0192513X21993852

Kauffman, J. M., Hallahan, D. P., & Pullen, P. C. (2017). *Handbook of special education* (2nd ed.). Routledge.

Kelley, M. M. (2009). Loss through the lens of attachment to God. *Journal of Spirituality in Mental Health*, *11*(1), 88–106. https://doi.org/10.1080/19349630902864200

Kelly, P., Berkel, L. A., & Nilsson, J. E. (2014). Postdeployment reintegration experiences of female soldiers from National Guard and Reserve units in the United States. *Nursing Research*, *63*(5), 346–356. https://doi.org/10.1097/NNR.0000000000000051

Kennedy, C. H. (2020). *Military stress reactions: Rethinking trauma and PTSD*. The Guilford Press.

Khan, S., Khurshid, F., & Shakir, M. (2019). Interventions for students with attention deficit and hyperactive disorder at elementary school level. *Journal of Educational Research*, *22*(1), 182–193. http://jer.iub.edu.pk/journals/JER-Vol-22.No-1/15.pdf

Kim, A. M., & Yeary, J. (2008). Making long-term separations easier for children and families. *Young Children*, *63*(5), 32–36.

Kingston, T. S. (2002). What can Department of Defense schools teach us about school reform? *Journal of Education*, *183*(1), 58. https://doi.org/10.1177/002205740218300106

Kissgen, R., Krischer, M., Kummetat, V., Spiess, R., Schleiffer, R., & Sevecke, K. (2009). Attachment representation in mothers of children with attention deficit hyperactivity disorder. *Psychopathology*, *42*(3), 201–208. https://doi.org/10.1159/000209333

Klakegg, O. J. (2015). *Ontology and Epistemology.* In designs, methods, and practices for research of project management. (Pasian, B., Editor). Taylor and Francis. https://doi.org/10.4324/9781315270197-16

Knopf, A. (2015). When you get the diagnosis: ADHD primer for parents. *Brown University Child and Adolescent Behavior Letter*, *31*(S10), 1–2. https://doi.org/10.1002/cbl.30077

Kofler, M. J., Spiegel, J. A., Soto, E. F., Irwin, L. N., Wells, E. L., & Austin, K. E. (2019). Do working memory deficits underlie reading problems in attention-deficit/hyperactivity disorder (ADHD)? *Journal of Abnormal Child Psychology*, *47*(3), 433–446. https://doi.org/10.1007/s10802-018-0447-1

Kritikos, T. K., Comer, J. S., He, M., Curren, L. C., & Tompson, M. C. (2019). Combat experience and posttraumatic stress symptoms among military-serving parents: A meta-analytic examination of associated offspring and family outcomes. *Journal of Abnormal Child Psychology*, *47*(1), 131–148. https://doi.org/10.1007/s10802-018-0427-5

Kucera, A., Koehlmoos, T., Grunwald, L., Banaag, A., Schvey, N. A., Quinlan, J., & Tanofsky-Kraff, M. (2023). Prescriptions of psychotropic medications by providers treating children of military service members. *Military Medicine*, *188*(3), 615–620. https://doi.org/10.1093/milmed/usac048

Kulik, S. (2015). Dennis L. Carlson: Education of eros: A history of education and the problem of adolescent sexuality. *Journal of Youth and Adolescence*, *44*(4), 986–989. https://doi.org/10.1007/s10964-014-0239-z

Kulkarni, T., & Sullivan, A. L. (2019). The relationship between behavior at school entry and services received in third grade. *Psychology in the Schools*, *56*(5), 809–823. https://doi.org/10.1002/pits.22231

Kvale, S., & Brinkmann, S. (2009). InterViews: Learning the craft of qualitative research interviewing (2nd ed.). Sage Publications.

Labauve, B. J. (2003). Systemic treatment of attention deficit hyperactivity disorder. *Journal of Systemic Therapies*, *22*(2), 45–55. https://doi.org/10.1521/jsyt.22.2.45.23345

Landrigan, P. J., Stegeman, J. J., Fleming, L. E., Allemand, D., Anderson, D. M., Backer, L. C., Brucker-Davis, F., Chevalier, N., Corra, L., Czerucka, D., Bottein, M. D., Demeneix, B., Depledge, M., Deheyn, D. D., Dorman, C. J., Fénichel, P., Fisher, S., Gaill, F., Galgani, F., … Giuliano, L. (2020). Human health and ocean pollution. *Annals of Global Health*, *86*(1), 1–11. https://doi.org/10.5334/aogh.2831

Langberg, J. M., Epstein, J. N., Becker, S. P., Girio-Herrera, E., & Vaughn, A. J. (2012). Evaluation of the homework, organization, and planning skills (HOPS) intervention for middle school students with attention deficit hyperactivity disorder as implemented by

school mental health providers. *School Psychology Review*, *41*(3), 342–364. https://doi.org/10.1080/02796015.2012.12087514

Lauzé, E. R. (2020). Attention deficit hyperactivity disorder: A continuing focus for educators. *Brandon University Journal of Graduate Studies in Education*, *12*(1), 9–13.

Lawrence, D., Houghton, S., Dawson, V., Sawyer, M., & Carroll, A. (2021). Trajectories of academic achievement for students with attention-deficit/hyperactivity disorder. *British Journal of Educational Psychology*, *91*(2), 755–774. https://doi.org/10.1111/bjep.12392

Lees, A. B., Walters, S., & Godbold, R. (2022). Illuminating the role of reflexivity within qualitative pilot studies: Experiences from a scholarship of teaching and learning project. *International Journal of Qualitative Methods*, *21*. https://doi.org/10.1177/16094069221076933

Leitch, S., Sciberras, E., Post, B., Gerner, B., Rinehart, N., Nicholson, J. M., & Evans, S. (2019). Experience of stress in parents of children with ADHD: A qualitative study. *International Journal of Qualitative Studies on Health and Well-Being*, *14*(1), 1–12. https://doi.org/10.1080/17482631.2019.1690091

Lester, P., & Flake, E. (2013). How wartime military service affects children and families. *Future of Children*, *23*(2), 121–141. https://doi.org/10.1353/foc.2013.0015

Letherby, G., & Zdrodowski, D. (1995). "Dear researcher." *Gender & Society*, *9*(5), 576–593. https://doi.org/10.1177/089124395009005005

Lewis-Fleming, G. (2014). Reaching across boundaries: A military providers and public schools partnership on behalf of children with special needs. *Military Medicine*, *179*(8), 920–925. https://doi.org/10.7205/MILMED-D-13-00552

Li, C. S. (2022). Interviewing in qualitative research. *Malaysian Journal of Qualitative Research*, *8*(1), 110–116.

Liberty University (2022). Qualitative dissertation template.

Liberty University (2023). *Qualitative Data Analysis* [Video].

Lincă, F. I. (2018). Solutions for improving the symptomatology of the child with attention-deficit/hyperactivity disorder (ADHD). *Romanian Journal of Cognitive-Behavioral Therapy & Hypnosis*, *5*(3), 1–23. https://doi.org/10.1007/s00787-018-1116-1

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Little, S. G., & Little, K. A. (2008). Legal and ethical issues of inclusion. *Special Services in Schools, 15*(2), 125–143. https://doi.org/10.1300/J008v15n01_07

Littman, E. B., & Wagenberg, B. (2023). Gender differences in ADHD and their clinical implications. *Psychiatric Times*, *40*(7), 34–37.

Liu, A. (2020). Focusing on ADHD management. *Pediatric Annals*, *49*(12), e501–e505. https://doi.org/10.3928/19382359-20201112-01

Loe, I. M., & Feldman, H. M. (2007). Academic and educational outcomes of children with ADHD. *Journal of Pediatric Psychology*, *32*(6), 643–654. https://doi.org/10.1093/jpepsy/jsl054

Lohr, J. N. (2020). Sitting alone with a text: Textuality and protestant bias in United States education. *Postscripts: Journal of Sacred Texts, Cultural Histories, and Contemporary Contexts*, *11*(1), 103–114. https://doi.org/10.1558/post.17492

Lombardi, A., Rifenbark, G. G., Monahan, J., Tarconish, E., & Rhoads, C. (2020). Aided by extant data: The effect of peer mentoring on achievement for college students with disabilities. *Journal of Postsecondary Education and Disability*, *33*(2), 143–154.

Louie, A. D., & Cromer, L. D. (2014). Parent–child attachment during the deployment cycle: Impact on reintegration parenting stress. *Professional Psychology: Research and Practice*, *45*(6), 496–503. https://doi.org/10.1037/a0036603

Lowe, K. (2019). *How to help a teacher when your child has ADHD*. https://www.verywellmind.com/teacher-resistance-to-adhd-20826

Lucier-Greer, M., Arnold, A. L., Grimsley, R. N., Ford, J. L., Bryant, C., & Mancini, J. A. (2016). Parental military service and adolescent well-being: Mental health, social connections and coping among youth in the USA. *Child & Family Social Work*, *21*(4), 421–432. https://doi.org/10.1111/cfs.12158

Lufi, D., Cohen, A., & Parish-Plass, J. (1990). Identifying attention deficit hyperactive disorder with the WISC-R and the Stroop color and word test. *Psychology in the Schools*, *27*(1) 28–34. https://doi.org/10.1002/1520-6807(199001)27:1<28::aid-pits2310270105>3.0.co;2-l

Luke, C. (1989). *Pedagogy, printing, and Protestantism: The discourse on childhood*. http://ebookcentral.proquest.com/lib/liberty/detail.action?docID=3406992

Maffey, K. R., & Smith, D. G. (2020). Women's participation in the Jordanian military and police: An exploration of perceptions and aspirations. *Armed Forces & Society*, *46*(1), 46–67. https://doi.org/10.1177/0095327X18806520

Mancini, J. A., O'Neal, C. W., & Lucier-Greer, M. (2020). Toward a framework for military family life education: Culture, context, content, and practice. *Family Relations, 69*(3), 644–661. https://doi.org/10.1111/fare.12426

Marshall, C., & Rossman, G. (1989). *Designing qualitative research.* Sage Publications.

Marshall, C., & Rossman, G. (2015). *Designing qualitative research* (6th ed.). Sage Publications.

Marshall, C., Rossman, G. B., & Blanco, G. L. (2022). *Designing qualitative research* (7th ed.). Sage Publications.

Martel, M. M. (2020). Executive function training for children with attention-deficit/hyperactivity disorder. In M. D. Rapport, S. J. Eckrich, C. Calub, & L. M. Friedman (Eds.), *The clinical guide to assessment and treatment of childhood learning and attention problems* (p. 171–196). Academic Press.

Martin, E. W., Martin, R., & Terman, D. L. (1996). The legislative and litigation history of special education. *The Future of Children*, *6*(1), 25–39. https://www.pwsausa.org/wp-content/uploads/2021/08/HistoryofSpecialEducation.pdf

Mascarenhas dos Santos, W., & Rocha de Albuquerque, A. (2021). Effect of words highlighting in school tasks upon typical ADHD behaviors. *Psicologia: Teoria e Pesquisa*, *37*, 1–10. https://doi.org/10.1590/0102.3772e37302

Mazhar, H., Foster, B. C., Necyk, C., Gardiner, P. M., Harris, C. S., & Robaey, P. (2020). Natural health product–drug interaction causality assessment in pediatric adverse event reports associated with attention-deficit/hyperactivity disorder medication. *Journal of Child and Adolescent Psychopharmacology*, *30*(1), 38–47. https://doi.org/10.1089/cap.2019.0102

McClean, S. T., Yim, J., Courtright, S. H., & Dunford, B. B. (2021). Transformed by the family: An episodic, attachment theory perspective on family–work enrichment and transformational leadership. *Journal of Applied Psychology*, *106*(12), 1848–1866. https://doi.org/10.1037/apl0000869

McGrane, C., Masson, N., & Martins, D. C. (2021). A group respite pilot project for children with special needs. *Public Health Nursing*, *38*(6), 1009–1014. https://doi.org/10.1111/phn.12957

McKay, E., Kirk, H., Martin, R., & Cornish, K. (2023). Social difficulties in adolescent attention deficit hyperactivity disorder: Social motivation, social anxiety, and symptom severity as contributing factors. *Journal of Clinical Psychology*, *79*(4), 1113–1129. https://doi.org/10.1002/jclp.23462

McKenzie, M. (2005). A case study in history of education during the 1970s: Published stories of the Midwest history of education society. *American Educational History Journal*, *32*(2), 208-213.

McKinley, L. A., & Stormont, M. A. (2008). The school supports checklist: Identifying support needs and barriers for children with ADHD. *Teaching Exceptional Children*, *41*(2), 14–19. https://doi.org/10.1177/004005990804100202

McLaughlin, J. M. (2020). Military families need portable special ed. *The Wall Street Journal*. A17.

McMenemy, C., & Nicholas, D. (2022). Resilience in families of early adolescents with ADHD: Implications for practice. *Child Care in Practice*, *28*(4), 561–575. https://doi.org/10.1080/13575279.2022.2060187

McMullin, C. (2023). Transcription and qualitative methods: Implications for third sector research. *International Journal of Voluntary and Nonprofit Organizations*, *34*(1), 140–153. https://doi.org/10.1007/s11266-021-00400-3

McQuade, J. D., Breaux, R., Mordy, A. E., & Taubin, D. (2021). Childhood ADHD symptoms, parent emotion socialization, and adolescent peer problems: Indirect effects through

emotion dysregulation. *Journal of Youth & Adolescence*, *50*(12), 2519–2532. https://doi.org/10.1007/s10964-021-01510-3

Melcher, J. W. (1976). Law, litigation, and handicapped children. *Exceptional Children*, *43*(3), 126–130. https://doi.org/10.1177/001440297604300302

Merriam, S. (2002). *Qualitative research in practice: Examples for discussion and analysis*, *1*(1), 1–17.

Metzger, A. N., & Hamilton, L. T. (2021). The stigma of ADHD: Teacher ratings of labeled students. *Sociological Perspectives*, *64*(2), 258–279. https://doi.org/10.1177/0731121420937739

Meyer, J., Alaie, I., Ramklint, M., & Isaksson, J. (2022). Associated predictors of functional impairment among adolescents with ADHD—a cross-sectional study. *Child & Adolescent Psychiatry & Mental Health*, *16*(1), 1–13. https://doi.org/10.1186/s13034-022-00463-0

Mikami, A. Y., Smit, S., & Johnston, C. (2019). Teacher attributions for children's attention-deficit/hyperactivity disorder behaviors predict experiences with children and with classroom behavioral management in a summer program practicum. *Psychology in the Schools*, *56*(6), 928–944.

Miklas, E. P., Jaber, L. S., & Starr, E. (2021). The perceived effectiveness of full-day kindergarten for children with ADHD. *Canadian Journal of School Psychology*, *36*(4), 275–289. https://doi.org/10.1177/08295735211031435

Miyake, A., Friedman, N. P., Emerson, M. J., Witzki, A. H., Howerter, A., & Wager, T. D. (2000). The unity and diversity of executive functions and their contributions to complex

"frontal lobe" tasks: A latent variable analysis. *Cognitive Psychology*, *41*(1), 49–100. https://doi.org/10.1006/cogp.1999.0734

Military Child Education Coalition (2020). Issue paper special education and military families. https://www.militarychild.org/upload/files/resources/issue%20papers/MCEC_Special_Education_MilitaryFamilies.pdf

Military Child Education Coalition (2023). Issue paper purple star school designation program. https://www.militarychild.org/upload/files/purple%20star/PSS_IssuePaper_EDS_062023.pdf

Milledge, S. V., Cortese, S., Thompson, M., McEwan, F., Rolt, M., Meyer, B., Sonuga-Barke, E., & Eisenbarth, H. (2019). Peer relationships and prosocial behaviour differences across disruptive behaviours. *European Child & Adolescent Psychiatry*, *28*(6), 781–793. https://doi.org/10.1007/s00787-018-1249-2

Moon, K., & Blackman, D. (2017). *A guide to ontology, epistemology, and philosophical perspectives for interdisciplinary researchers*. https://i2insights.org/2017/05/02/philosophy-for-interdisciplinarity/

Morsink, S., Sonuga-Barke, E., Van der Oord, S., Van Dessel, J., Lemiere, J., & Danckaerts, M. (2021). Task-related motivation and academic achievement in children and adolescents with ADHD. *European Child & Adolescent Psychiatry*, *30*(1), 131–141. https://doi.org/10.1007/s00787-020-01494-8

Moustakas, C. (1994). *Phenomenological Research Methods*. Sage Publications.

Moving with an Individualized Education Program (2021). *Exceptional Parent*, *51*(10), 54–55.

Mulholland, S., Cumming, T. M., & Lee, J. (2023). Accurately assessing teacher ADHD-specific attitudes using the scale for ADHD-specific attitudes. *Journal of Attention Disorders*, *27*(5), 554–568. https://doi.org/10.1177/10870547231153938

Murray, A. L., Obsuth, I., Zirk-Sadowski, J., Ribeaud, D., & Eisner, M. (2020). Developmental relations between ADHD symptoms and reactive versus proactive aggression across childhood and adolescence. *Journal of Attention Disorders*, *24*(12), 1701–1710. https://doi.org/10.1177/1087054716666323

Naidoo, D., & Mabaso, M. (2023). Social constructivist pedagogy in business studies classrooms – teachers' experiences and practices. *Perspectives in Education*, *41*(2), 62–76. https://doi.org/10.38140/pie.v41i2.7151

Nassaji, H. (2020). Good qualitative research. *Language Teaching Research*, *24*(4), 427–431. https://doi.org/10.1177/1362168820941288

*Naval Military Personnel Manual 1320* (2016). MyNavyHR. https://www.mynavyhr.navy.mil/References/MILPERSMAN/#:~:text=NOTICE%3A%20The%20Naval%20Military%20Personnel,human%20resources%20policy%20and%20procedures

Nigar, N. (2020). Hermeneutic phenomenological narrative inquiry: A qualitative study design. *Theory and Practice in Language Studies*, *10*(1). https://doi.org/10.17507/tpls.1001.02

Noona, K., Wang, M. T., Salmela-Aro K., Kannas, L., Ahonen, T., & Hirvonen, R. (2020). Associations between adolescents' interpersonal relationships, school well-being, and academic achievement during educational transitions. *Journal of Youth and Adolescence, 49*(5), 1057–1072. https://doi.org/10.1007/s10964-019-01184-y

Nosratmirshekarlou, E., Andrade, B. F., Jetté, N., Lawson, M. L., & Pringsheim, T. (2019). Exploring the decisional needs of parents with children with ADHD and disruptive and aggressive behaviour. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *28*(1), 30–41.

Nucifora, A., & Walker, S. (2021). The importance of self-regulation: A mediator of early socio-emotional difficulties on later socio-emotional and relational outcomes. *Journal of Research in Special Educational Needs*, *21*(1), 3–18. https://doi.org/10.1111/1471-3802.12495

Nutting, B., Porfeli, E., Queen, J. A., & Algozzine, B. (2006). Parents beliefs and knowledge about special education and the Individuals with Disabilities Education Act. *Journal of Special Education Leadership*, *19*(*2*), 48–61.

Oana, P. N., & Diana, M. O. (2012). Inhibition in ADHD. *Annals of the Constantin Brancusi University of Targu Jiu-Letters & Social Sciences Series*, (3), 1–9.

Obiakor, F. E., & Bakken, J. P. (2019). *Special education for young learners with disabilities*. Emerald Publishing Limited.

Orb, A., Eisenhauer, L., & Wynaden, D. (2001). Ethics in qualitative research. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing, 33*(1), 93–96. https://doi.org/10.1111/j.1547-5069.2001.00093.x

O'Rourke, C., Linden, M., & Bedell, G. (2020). Scoping review of interventions to promote social participation in adolescents and young adults with neurodisability. *The Open Journal of Occupational Therapy*, *8*(1), 1–22. https://doi.org/10.15453/2168-6408.1647

Owens, J. (2020). Relationships between an ADHD diagnosis and future school behaviors among children with mild behavioral problems. *Sociology of Education*, *93*(3), 191–214. https://doi.org/10.1177/0038040720909296

Pace, U., D'Urso, G., Buzzai, C., Passanisi, A., & Zappulla, C. (2023). The relationships between attachment styles, reflective functioning, and emotion regulation in mothers of

children diagnosed with ADHD. *Current Psychology*, *42*(29), 25706-25716. https://doi.org/10.1007/s12144-022-03706-7

Pang, L., & Sareen, R. (2021). Retrospective analysis of adverse events associated with non-stimulant ADHD medications reported to the United States Food and Drug Administration. *Psychiatry Research*, *300*, 113861. https://doi.org/10.1016/j.psychres.2021.113861

Park, D.E., Lee, J., Han, J., Kim, J., & Shin, Y. J. (2023). A preliminary study of voicebot to assist ADHD children in performing daily tasks. *International Journal of Human-Computer Interaction*, 1–14. https://doi.org/10.1080/10447318.2023.2169530

Patton, M. (2002). *Qualitative research & evaluation and methods* (3rd ed.). Sage Publications.

Patton, M. (2014). *Qualitative evaluation and research methods: Integrating theory and practice*. Sage Publications.

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods* (4th ed.). Sage Publications.

Peers, D. (2018). Engaging axiology: Enabling meaningful transdisciplinary collaboration in adapted physical activity. *Adapted Physical Activity Quarterly*, *35*(3), 267–284. https://doi.org/10.1123/apaq.2017-0095

Peoples, K. (2021). *How to write a phenomenological dissertation: A step-by-step guide*. *56.* Sage Publications.

Peredaryenko, M. S., & Krauss, S. E. (2013). Calibrating the human instrument: Understanding the interviewing experience of novice qualitative researchers. *Qualitative Report*, *18*(43), 1–17. http://www.nova.edu/ssss/QR/QR18/peredaryenko85.pdf

Polaris, K. (2021). Born which way? ADHD, situational self-control, and responsibility. *Neuroethics*, *14*(2), 205–218. https://doi.org/10.1007/s12152-020-09439-3

Poulou, M., & Norwich, B. (2000). Teachers' perceptions of students with emotional and behavioural difficulties: Severity and prevalence. *European Journal of Special Needs Education*, *15*(2), 171–187. https://doi.org/10.1080/088562500361600

Power, T. J., Hess, L. E., & Bennett, D. S. (1995). The acceptability of interventions for attention-deficit hyperactivity disorder among elementary and middle school teachers. *Developmental and Behavioral Pediatrics*, *16*(4), 238–243. https://doi.org/10.1097/00004703-199508000-00005

Primack, J. M., Thompson, M., Doyle, R., & Battle, C. L. (2020). Are fathering interventions acceptable to active-duty military? A needs and preferences survey. *Military Medicine*, *185*(3–4), e410–e413. https://doi.org/10.1093/milmed/usz422

Ramsey, K. L., Smith, S. D., Batastini, A. B., & Walbridge, F. D. (2022). Examining the interplay of attention-deficit/hyperactivity disorder symptoms and trait anger as contributing factors to institutional misconduct among justice-involved adolescents. *Criminal Behaviour & Mental Health*, *32*(2), 75–86. https://doi.org/10.1002/cbm.2231

Read, N., Mulraney, M., McGillivray, J., & Sciberras, E. (2020). Comorbid anxiety and irritability symptoms and their association with cognitive functioning in children with ADHD. *Journal of Abnormal Child Psychology*, *48*, 1035–1046. https://doi.org/10.1007/s10802-020-00658-z

Rennó, J., Valadares, G., Cantilino, A., Mendes-Ribeiro, J., Rocha, R., & da Silva, A. G. (2020). *Women's mental health: A clinical and evidence-based guide.* Springer.

Rhinehart, L., Iyer, S., & Haager, D. (2022). Children who receive special education services for ADHD: Early indicators and evidence of disproportionate representation in the early

childhood longitudinal study. *Journal of Emotional and Behavioral Disorders, 30*(1), 3–15. https://doi.org/10.1177/10634266211039757

Richard, C. J. (2009). *The golden age of the classics in America: Greece, Rome, and the antebellum United States*. Harvard University Press.

Ringer, N., Wilder, J., Scheja, M., & Gustavsson, A. (2020). Managing children with challenging behaviours. Parents' meaning-making processes in relation to their children's ADHD diagnosis. *International Journal of Disability, Development & Education*, *67*(4), 376–392. https://doi.org/10.1080/1034912X.2019.1596228

Rios-Davis, A., Sibley, M. H., Delgado, A., & Zulauf-McCurdy, C. (2023). Identifying common and unique elements of evidence-based treatments for adolescent ADHD. *Journal of Child and Family Studies*, *32*(2), 466–480. https://doi.org/10.1007/s10826-022-02475-y

Rofiah, K., Kossewska, J., & Ashar, M. N. (2021). The implementation of CBT to reduce hyperactive behaviors among adolescents with ADHD. *International Journal of Online & Biomedical Engineering*, *17*(12), 165–176. https://doi.org/10.3991/ijoe.v17i12.26531

Rogers, M., Hwang, H., Toplak, M., Weiss, M., & Tannock, R. (2011). Inattention, working memory, and academic achievement in adolescents referred for attention deficit/hyperactivity disorder (ADHD). *Child Neuropsychology, 17*(5), 444–458.

Rogers, R. H. (2018). Coding and writing analytic memos on qualitative data: A review of Johnny Saldaña's the coding manual for qualitative researchers. *The Qualitative Report*, *23*(4), 889–892.

Ros, R., & Graziano, P. A. (2020). A transdiagnostic examination of self-regulation: Comparisons across preschoolers with ASD, ADHD, and typically developing children.

*Journal of Clinical Child & Adolescent Psychology*, *49*(4), 493–508. https://doi.org/10.1080/15374416.2019.1591280

Rosetti, M. F., Ulloa, R. E., Reyes-Zamorano, E., Palacios-Cruz, L., de la Peña, F., & Hudson, R. (2018). A novel experimental paradigm to evaluate children and adolescents diagnosed with attention-deficit/hyperactivity disorder: Comparison with two standard neuropsychological methods. *Journal of Clinical & Experimental Neuropsychology*, *40*(6), 576–585. https://doi.org/10.1080/13803395.2017.1393501

Rossiter, A. G., & Ling, C. G. (2022). Building resilience in US military families: Why it matters. *BMJ Military Health*, *168*(1), 91–94. https://doi.org/10.1136/bmjmilitary-2020-001735

Rossman, G. B., & Rallis, S. F. (2016). *An introduction to qualitative research: Learning in the field.* Sage Publications.

Rotatori, A. F., Obiakor, F. E., & Bakken, J. P. (2011). *History of special education.* Emerald Group Publishing Limited.

Russell, A. E., Moore, D. A., & Ford, T. (2016). Educational practitioners' beliefs and conceptualisation about the cause of ADHD: A qualitative study. *Emotional and Behavioural Difficulties*, *21*(1), 101–118. http://dx.doi.org/10.1080/13632752.2016.1139297

Russell, A. E., Tay, M., Ford, T., Russell, G., & Moore, D. (2019). Educational practitioners' perceptions of ADHD: A qualitative study of views of the home lives of children with ADHD in the UK. *British Journal of Special Education*, *46*(1), 8–28. https://doi.org/10.1111/1467-8578.12247

Ryu, S., Choi, Y. J., An, H., Kwon, H. J., Ha, M., Hong, Y. C., Hong, S. J., & Hwang, H. J. (2022). Associations between dietary intake and attention deficit hyperactivity disorder (ADHD) scores by repeated measurements in school-age children. *Nutrients, 14*(14), 1–23. https://doi.org/10.3390/nu14142919

Saldaña, J. (2016). *The coding manual for qualitative researchers*. Sage Publications.

Sanders, M. T., Bierman, K. L., & Heinrichs, B. S. (2020). Longitudinal associations linking elementary and middle school contexts with student aggression in early adolescence. *Journal of Abnormal Child Psychology*, *48*, 1569–1580. https://doi.org/10.1007/s10802-020-00697-6

Sands, M. M., McGuire, S. N., Meadan, H., DiPietro-Wells, R., & Hacker, R. E. (2023). Military families with young children with disabilities: Families' and providers' perceptions. *Early Childhood Research Quarterly*, *64*, 61–71. https://doi.org/10.1016/j.ecresq.2023.01.013

Sandu, A., & Unguru, E. (2017). Several conceptual clarifications on the distinction between constructivism and social constructivism. *Postmodern Openings*, *8*(2), 51–61. https://doi.org/10.18662/po/2017.0802.04

Sasaki, Y., Tsujii, N., Sasaki, S., Sunakawa, H., Toguchi, Y., Tanase, S., Saito, K., Shinohara, R., Kurokouchi, T., Sugimoto, K., Itagaki, K., Yoshida, Y., Namekata, S., Takahashi, M., Harada, I., Hakosima, Y., Inazaki, K., Yoshimura, Y., Mizumoto, Y., . . . Usami, M. (2021). Current use of attention-deficit hyperactivity disorder (ADHD) medications and clinical characteristics of child and adolescent psychiatric outpatients prescribed multiple ADHD medications in Japan. *Public Library of Science One, 16*(6). https://doi.org/10.1371/journal.pone.0252420

Schein, J., Childress, A., Adams, J., Gagnono-Sanschagrin, P., Maitland, J., Qu, W., Cloutier, M., & Guérin, A. (2022). Treatment patterns among children and adolescents with attention-deficit/hyperactivity disorder in the United States – a retrospective claims analysis. *BMC Psychiatry*, *22*(1), 555. https://doi.org/10.1186/s12888-022-04188-4

Schmengler, H., Peeters, M., Stevens, G. W., Hartman, C. A., Oldehinkel, A. J., & Vollebergh, W. A. (2023). ADHD Symptoms and educational level in adolescents: The role of the family, teachers, and peers. *Research on Child and Adolescent Psychopathology*, *51*(7), 1051–1066. https://doi.org/10.1007/s10802-023-01047-y

Scholle, O., Kollhorst, B., Riedel, O., & Bachmann, C. J. (2021). First-time users of ADHD medication among children and adolescents in Germany: An evaluation of adherence to prescribing guidelines based on claims data. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.653093

Schwandt, T. A. (2014). *The Sage Dictionary of Qualitative Inquiry* (4th ed.). Sage Publications.

Schwartz, A. E., Hopkins, B. G., & Stiefel, L. (2021). The effects of special education on the academic performance of students with learning disabilities. *Journal of Policy Analysis and Management*, *40*(2), 480–520. https://doi.org/10.1002/pam.22282

Shabestari, P. S., Zendehrouh, S., Ahmadi, A., Jafari, S., Parvaresh, N., & Eslami, M. (2023). Analyzing the network of parent-rated ADHD symptoms before and 2 weeks after the onset of pharmaceutical treatment. *Journal of Child and Adolescent Psychiatric Nursing, 36*(4), 269-277. https://doi.org/*10.1111/jcap.12421*

Shaw, A. (2019). PCS season solution-based commitment to the military-connected child with special needs. *Military Life*, 60–63.

Shaw, A. (2020). For our military-connected children: Resources in support of a smoother transition to the new PCS. *Exceptional Parent*, *50*(1), 78–85.

Shaw, A. (2022). Embedding incidental learning opportunities within your permanent change of station. *Exceptional Parent*.

Shaw, P., & Sudre, G. (2021). Adolescent attention-deficit/hyperactivity disorder: Understanding teenage symptom trajectories. *Biological Psychiatry*, *89*(2), 152–161. https://doi.org/10.1016/j.biopsych.2020.06.004

Shepherd-Banigan, B., Jones, K. A., Wang, K., DePasquale, N., Van Houtven, C., Olsen, J. M. (2020). Mechanisms through which a family caregiver coaching intervention might reduce anxiety among children in military households. *Maternal & Child Health Journal*, *24*(10), 1248–1258. https://doi.org/10.1007/s10995-020-02964-w

Sibley, M. H., Altszuler, A. R., Morrow, A. S., & Merrill, B.M. (2014). Mapping the academic problem behaviors of adolescents with ADHD. *School Psychology Quarterly*, *29*(4), 422–437. http://dx.doi.org/10.1037/spq0000071

Sibley, M. H., Morley, C., Rodriguez, L., Coxe, S. J., Evans, S. W., Morsink, S., & Torres, F. (2020). A peer-delivered intervention for high school students with impairing ADHD symptoms. *School Psychology Review, 49*(3), 275–290. https://doi.org/10.1080/2372966X.2020.1720803

Sibley, M. H., Coxe, S. J., Zulauf-McCurdy, S., & Zhao, X. (2022). Mediators of psychosocial treatment for adolescent ADHD. *Journal of Consulting and Clinical Psychology, 90*(7), 545–558. https://doi.org/10.1037/ccp0000743

Sibley, M. H., Shelton, C. R., Garcia, I., Monroy, J. M., Hill, D. M., Johansson, M., Link, K., Greenwood, L., Torres Antunez, G., & Reyes Francisco, J. C. (2023). Are there long-

term effects of behavior therapy for adolescent ADHD? A qualitative study. *Child Psychiatry & Human Development*, *54*(4), 985–996. https://doi.org/10.1007/s10578-021-01294-4

Siedlecki, S. L. (2022). Conducting interviews for qualitative research studies. *Clinical Nurse Specialist*, *36*(2), 78–80. https://doi.org/10.1097/NUR.0000000000000653

Simoni, Z. (2021). Social class, teachers, and medicalisation lag: A qualitative investigation of teachers' discussions of ADHD with parents and the effect of neighbourhood-level social class. *Health Sociology Review*, *30*(2), 188–203. https://doi.org/10.1080/14461242.2020.1820364

Singh, I. (2005). Will the "real boy" please behave: Dosing dilemmas for parents of boys with ADHD. *The American Journal of Bioethics*, *5*(3), 34–47. https://doi.org/10.1080/15265160590945129

Skogli, E. W., Teicher, M. H., Andersen, P. N., Hovik, K. T., & Øie, M. (2013). ADHD in girls and boys – gender differences in co-existing symptoms and executive function measures. *BMC Psychiatry*, *13*(1), 1–26. https://doi.org/10.1186/1471-244X-13-298

Slovin, L. J., & Semenec, P. (2019). Thinking/writing within and outside the IRB box: Ethical disruptions of data in qualitative research. *Reconceptualizing Educational Research Methodology*, *10*(1), 14–27. https://doi.org/10.7577/rerm.3241

Sluiter, M. N., Groen, Y., de Jonge, P., & Tucha, O. (2020). Exploring neuropsychological effects of a self-monitoring intervention for ADHD-symptoms in school. *Applied Neuropsychology Child*, *9*(3), 246–258, https://doi.org/10.1080/21622965.2019.1575218

Solmi, M., Fornaro, M., Ostinelli, E. G., Zangani, C., Croatto, G., Monaco, F., Krinitski, D., Fusar-Poli, P., & Correll, C. U. (2020). Safety of 80 antidepressants, antipsychotics, anti-

attention-deficit/hyperactivity medications, and mood stabilizers in children and adolescents with psychiatric disorders: a large scale systematic meta-review of 78 adverse effects. *World Psychiatry*, *19*(2), 214–232. https://doi.org/10.1002/wps.20765

Special education and child care: The essentials. (2021). *Exceptional Parent*, 55.

Speyer, L. G., Eisner, M., Ribeaud, D., Luciano, M., Auyeung, B., & Murray, A. L. (2022). A symptom level perspective on reactive and proactive aggressive behaviours and ADHD symptoms in childhood. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *63*(9), 1017–1026.

Stenfors, T., Kajamaa, A., & Bennett, D. (2020). How to … assess the quality of qualitative research. *The Clinical Teacher*, *17*(6), 596–599. https://doi.org/10.1111/tct.13242

Stibbe, T., Huang, J., Paucke, M., Ulke, C., & Strauss, M. (2020). Gender differences in adult ADHD: Cognitive function assessed by the test of attentional performance. *Public Library of Science On*e, *15*(10). https://doi.org/10.1371/journal.pone.0240810

Stroh, J., Frankenberger, W., Cornell-Swanson, L. V., Wood, C., & Pahl, S. (2008). The use of stimulant medication and behavioral interventions for the treatment of attention deficit hyperactivity disorder: A survey of parents' knowledge, attitudes, and experiences. *Journal of Child and Family Studies*, *17*, 385–401. https://doi.org/10.1007/s10826-007-9149-y

Stutey, D. M., Givens, J., Cureton, J. L., & Henderson, A. J. (2020). The practice of bridling: Maintaining openness in phenomenological research. *The Journal of Humanistic Counseling*, *59*(2), 144–156. https://doi.org/10.1002/johc.12135

Suárez, N., Fernández, E., Regueiro, B., Rosário, P., Xu, J., & Núñez, J. C. (2022). parental involvement in homework during COVID-19 confinement. *Psicothema, 34*(3), 421–428. https://doi.org/10.7334/psicothema2021.532

Support for Families the Essentials (2019). *Exceptional Parent*, *49*(4), 61.

Swanson, H. L., Harris, K. R., & Graham, S. (2013). *Handbook of learning disabilities* (2nd ed.). The Guildford Press.

Sweeney, H. (2020). ADHD keeps military families on edge. https://www.military.com/spouse/relationships/parenting-tips/adhd-keeps-military-families-on-edge.html

Syrjänen, M., Hautamäki, A., Pleshkovac, N., & Maliniemi, S. (2019). Attachment and sensitivity among parents with ADHD – A multiple case study. *Emotional and Behavioural Difficulties*, *24*(2), 156–166. https://doi.org/10.1080/13632752.2019.1602985

Tahillioğlu, A., Bilaç, Ö., Uysal, T., & Ercan, E. S. (2021). Who predicts ADHD with better diagnostic accuracy? Parents or teachers? *Nordic Journal of Psychiatry, 75*(3), 214–223. https://doi.org/10.1080/08039488.2020.1867634

The care of military children. (2019). *Army Times*.

Tegtmejer, T. (2019). ADHD as a classroom diagnosis: An exploratory study of teachers' strategies for addressing "ADHD classroom behaviour." *Emotional & Behavioural Difficulties*, *24*(3), 239–253. https://doi.org/10.1080/13632752.2019.1609271

The Interstate Compact Makes Changing Schools Easier for Military Children. (2020). *Exceptional Parent*, 60–61.

Thorell, L. B., Rydell, A. M., & Bohlin, G. (2012). Parent–child attachment and executive functioning in relation to ADHD symptoms in middle childhood. *Attachment & Human Development, 14*(5), 517–532.

Thorn, W., & Vincent-Lancrin, S. (2022). Primary and secondary education during COVID-19: Disruptions to educational opportunity during a pandemic, 383–420. Springer. https://library.oapen.org/bitstream/handle/20.500.12657/50965/978-3-030-81500-4.pdf?seque

Titheradge, D., Godfrey, J., Eke, H., Price, A., Ford, T., & Janssens, A. (2022). Why young people stop taking their attention deficit hyperactivity disorder medication: A thematic analysis of interviews with young people. *Child: Care, Health, and Development, 48*(5), 724–735. https://doi.org/10.1111/cch.12978

Truusa, T. T., & Castro, C. A. (2019). Definition of a active-duty military: The military is viewed as a culture. *Military Active-duty Military Reintegration*, 5–19. https://doi.org/10.1016/b978-0-12-815312-3.00002-4

Tupper, R., Bureau, J. F., Deneault, A. A., Dixon-Luinenburg, T., & St-Laurent, D. (2020). The contributions of child–mother attachment, maternal parenting stress, and military status to the prediction of child behavior problems. *Infant Mental Health Journal, 41*(5), 723–737. https://doi.org/10.1002/imhj.21854

Uchida, M., Driscoll, H., DiSalvo, M., Rajalakshmim, A., Maiello, M., Spera, V., & Biederman, J. (2021). Assessing the magnitude of risk for ADHD in offspring of parents with ADHD: A systematic literature review and meta-analysis. *Journal of Attention Disorders*, *25*(13), 1943–1948. https://doi.org/10.1177/1087054720950815

United States Government Accountability Office (2010). *Special Education DOD Programs and Services for Military-Dependent Students with Disabilities*. https://files.eric.ed.gov/fulltext/ED620199.pdf

Vaidya, C. J., You, X., Mostofsky, S., Pereira, F., Berl, M. M., & Kenworthy, L. (2020). Data-driven identification of subtypes of executive function across typical development, attention deficit hyperactivity disorder, and autism spectrum disorders. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *61*(1), 51–61. https://doi.org/10.1111/jcpp.13114

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. SUNY Press.

Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy (2nd ed)*. Routledge.

Van Manen, M. (2014). *Phenomenology of practice*. Left Coast Press, LLC.

Van Manen, M. (2015). *Pedagogical tact: Knowing what to do when you don't know what to do*. Left Coast Press, Inc.

Van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). Routledge.

Veri, S., Muthoni, C., Boyd, A. S., & Wilmoth, M. (2021). A scoping review of the effects of military deployment on reserve component children. *Child & Youth Care Forum*, *50*, 743–777. https://doi.org/10.1007/s10566-020-09590-1

Vicedo, M. (2011). The social nature of the mother's tie to her child: John Bowlby's theory of attachment in post-war America. *The British Journal for the History of Science*, *44*(3), 401–426. https://doi.org/10.1017/S0007087411000318

Villarreal-Davis, C. E., Watts-Figueroa, C. M., & Turner, R. (2021). Serving together: Play therapy to foster attachment for grieving military families. *International Journal of Play Therapy*, *30*(4), 231–243. https://doi.org/10.1037/pla0000168

Waite, R., & Ramsay J. R. (2010). Adults with ADHD: Who are we missing? *Issues in Mental Health Nursing*, *31*(10), 670–678. https://doi.org/10.3109/01612840.2010.496137

Walenista, W., Izydorczyk, B., Lipowska, M., Markevych, I., Baumbach, C., Mysak, Y., Szwed, M., & Sitnik-Warchulska, K. (2023). Family functioning style as a predictor of the quality of cognitive functioning of primary school students with ADHD. *Journal of Attention Disorders*, *27*(8), 867–879. https://doi.org/10.1177/10870547231158749

Walsh, T. B., Dayton, C. J., Erwin, M. S., Muzik, M., Busuito, A., & Rosenblum, K. L. (2014). Fathering after military deployment: Parenting challenges and goals of fathers of young children. *Health & Social Work*, *39*(1), 35–44. https://doi.org/10.1093/hsw/hlu005

Walters, A. (2018). Girls with ADHD: Underdiagnosed and untreated. *The Brown University Child & Adolescent Behavior Letter*, *34*(11), 8-8. https://doi.org/10.1002/cbl.30337

Wang, Y., Wang, T., Du, Y., Hu, D., Zhang, Y., Li, H., & Pei, W. (2021). Polygenic risk of genes involved in the catecholamine and serotonin pathways for ADHD in children. *Neuroscience Letters*, *760*, 136086. https://doi.org/10.1016/j.neulet.2021.136086

Ward, J., & Shortt, H. (2020). *Using arts-based research methods: Creative approaches for researching business, organization, and humanities*. Palgrave McMillan. https://doi.org/10.1007/978-3-030-33069-9_7

Waters, E., Corcoran, D., & Anafarta, M. (2005). Attachment, other relationships, and the theory that all good things go together. *Human Development*, *48*(1/2), 80–84. https://doi.org/10.1159/000083217

Watras, J. (2012). The idea of infancy and nineteenth-century American education. *American Educational History Journal*, *39*(1/2), 53–67.

Wexler, D., Salgado, R., Gornik, A., Peterson, R., & Pritchard, A. (2022). What's race got to do with it? Informant rating discrepancies in neuropsychological evaluations for children with ADHD. *The Clinical Neuropsychologist*, *36*(2), 264–286. https://doi.org/10.1080/13854046.2021.1944671

Willis, D., Siceloff, E. R., Morse, M., Neger, E., & Flory, K. (2019). Stand-alone social skills training for youth with ADHD: A systematic review. *Clinical Child and Family Psychology Review*, *22*, 348–366. https://doi.org/10.1007/s10567-019-00291-3

Woodall, K. A., Esquivel, A. P., Powell, T. M., Riviere, L. A., Amoroso, P. J., Stander, V. A., & for the Millennium Cohort Family Study Team (2023). Influence of family factors on service members' decisions to leave the military. *Family Relations*, *72*(3), 1138–1157. https://doi.org/10.1111/fare.12757

Wong, I. Y., Hawes, D. J., Clarke, S., Kohn, M. R. & Dar-Nimrod, I. (2017). Perceptions of ADHD among diagnosed children and their parents: A systematic review using the common-sense model of illness representations. *Clinical Child Family Psychology*, *21*, 57–93. https://doi.org/10.1007/s10567-017-0245-2

Wong, J. R., Crain, T. L., Brossoit, R. M., Hammer, L. B., Bodner, T. E., & Brady, J. M. (2022). Beyond just resilience: The important role of work-family resources for military service members. *Occupational Health Science*, *6*(3), 425–450. https://doi.org/10.1007/s41542-022-00111-1

Wylock, J. F., Borghini, A., Slama, H., & Delvenne, V. (2023). Child attachment and ADHD: A systematic review. *European Child & Adolescent Psychiatry*, *32*, 5–16. https://doi.org/10.1007/s00787-021-01773-y

Villarreal-Davis, C. E., Watts-Figueroa, C. M., & Turner, R. (2021). Serving together: Play therapy to foster attachment for grieving military families. *International Journal of Play Therapy*, *30*(4), 231–243. https://doi.org/10.1037/pla0000168

Yeguez, C., Ogle, R. R., Jusko, M. L., Melendez, R., & Sibley, M. H. (2022). The impact of an intensive summer treatment program for adolescents with ADHD: A qualitative study of parent and young adult perspectives. *Journal of Child and Family Studies*, *31*(12), 3281–3301. https://doi.org/10.1007/s10826-022-02384-0

Yell, M. L., Rogers, D., & Rogers, E. L. (1998). The legal history of special education: What a long, strange trip it is been! *Remedial & Special Education*, *19*(4), 219–228. https://doi.org/10.1177/074193259801900405

Yoo, H. J., Han, J. M., Kim, K., Song, G., Yee, J., Chung, J. E., Lee, K. E., & Gwak, H. S. (2021). Association between attention deficit hyperactivity disorder and aggression subscales in adolescents. *Brain & Behavior*, *11*(3), 1–10. https://doi.org/10.1002/brb3.2030

Zendarski, N., Guo, S., Sciberras, E., Efron, D., Quach, J., Winter, L., Bisset, M., Middeldorp, C. M., & Coghill, D. (2022). Examining the educational gap for children with ADHD and subthreshold ADHD. *Journal of Attention Disorders*, *26*(2), 282–295. https://doi.org/10.1177/10870547209727

Zhang, N., Lee, S. K., Zhang, J., Piehler, T., & Gewirtz, A. (2020). Growth trajectories of parental emotion socialization and child adjustment following a military parenting

intervention: A randomized controlled trial. *Developmental Psychology*, *56*(3), 652–663. https://doi.org/10.1037/dev0000837

Zhao, X., Page, T. F., Altszuler, A. R., Pelham III, W. E., Kipp, H., Gnagy, E. M., Coxe, S., Schatz, N. K., Merrill, B. M., Macphee, F. L., Pelham, Jr, W. E. (2019). Family burden of raising a child with ADHD. *Journal of Abnormal Child Psychology*, *47*(8), 1327–1338. https://doi.org/10.1007/s10802-019-00518-5

**Appendix A**

**IRB Approval**

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

January 23, 2024
Anna Douglas
Laura Jones
Re: Modification - IRB-FY23-24-687 THE LIVED EXPERIENCES OF ACTIVE-DUTY MILITARY PARENTS CARING FOR A CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN GRADES 6 – 12: A PHENOMENOLOGICAL STUDY

Dear Anna Douglas, Laura Jones,

The Liberty University Institutional Review Board (IRB) has rendered the decision below for IRB-FY23-24-687 THE LIVED EXPERIENCES OF ACTIVE-DUTY MILITARY PARENTS CARING FOR A CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN GRADES 6 – 12: A PHENOMENOLOGICAL STUDY.

Decision: Exempt

Your request to make the following changes to your study has been approved:

Post your study flyer in private social media groups to recruit participants,

Email a link to your screening survey to individuals who contact you to express their interest in participating, and compensate participants with $50 Amazon gift cards for completing all study procedures.

Thank you for submitting your revised study documents for our review and documentation. For a PDF of your modification letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Modification under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. If your modification required you to submit revised documents, they can be found on the same page under the Attachments tab. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for complying with the IRB's requirements for making changes to your approved study. Please do not hesitate to contact us with any questions. We wish you well as you continue with your research.

Sincerely,

G. Michele Baker, PhD, CIP
*Administrative Chair*
Research Ethics Office

## Appendix B

## Recruitment Letter

**ATTENTION ACTIVE-DUTY SERVICE MEMBERS, IN ANY BRANCH**, I am conducting research as part of the requirements for a Doctor of Philosophy degree at Liberty University. The purpose of my study is to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD.

**To participate, you must be:**

- Currently an active-duty service member
- Parent to a child diagnosed with ADHD with an IEP or 504 Plan.

**Participants will be asked to**

- Participate in a 45–60-minute interview using Microsoft Teams. The interview will be audio and video-recorded for future usage.
- Participate in a 45–60-minute focus group using Microsoft Teams. The focus groups will be audio and video-recorded for future usage.
- Complete a letter-writing prompt no longer than three pages in length, which should take approximately 30 minutes.
- Be available for 45 days to participate fully.

If you would like to participate and meet the study criteria, please click here to complete the demographic data, which will be used to select diverse participants.

If you meet the study's criteria, a consent document will be emailed to you at least one week before your scheduled interview.

Participants will be compensated with a $50 electronic Amazon gift card for participating in this study.

# Appendix C

Recruitment Flyer

## A Doctoral Research Study on Active-Duty Military Parents Who Have a Child with ADHD In 6th - 12th Grades

Are you:

- Currently an active-duty service member?
- Parent to a child diagnosed with ADHD with an IEP or 504 Plan?

If you answered yes to both questions listed above, you might be eligible to participate in a research study. Anna Douglas is conducting this research as part of the requirements for a Doctor of Philosophy degree at Liberty University.

- Names and other identifying information will be requested for this study; however, pseudonyms will be used to mask your identity. Participants will be selected if they meet the study's criteria. If you are selected to participate, you will be contacted via email to complete the consent document.
- Please click here if you meet the study's criteria and want to participate. An opportunity to provide consent will be available when you use the above link.
- Participants will be compensated with a $50 electronic Amazon gift card for participating in this study.



**The purpose of the study is to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD.**

If you agree to be in this study, I will ask you to do the following:

- Participate in a 45–60-minute interview using Microsoft Teams. The interview will be recorded for future usage.
- Participate in a 45-60-minute focus group using Microsoft Teams. The focus groups will be recorded for future usage.
- Complete a letter-writing prompt no longer than three pages in length and will take 30 minutes to complete.
- Be available for 45 days to fully participate.
- **The benefit to society that this study will provide is** to educate active-duty military parents about the wide range of resources available for children diagnosed with ADHD.

****Please note that participation is entirely voluntary****

**Please feel free to contact me via email with any questions –** [redacted]

## Appendix D

## Screening Survey

Demographic Data

This section will ask 10 questions regarding your basic demographic data, such as your name, email address, branch of service, rate/rank, duty station, current location, number of children diagnosed with ADHD, and if your child has an IEP or 504 Plan. This data will be used to select diverse participants to participate in this study.

1. What is your full name?

_____

2. What is your email address?
3. 

_____

4. What is your branch of service?

- ☐ Army
- ☐ Air Force
- ☐ Navy
- ☐ Marines
- ☐ Coast Guard
- ☐ Space Force

5. Are you a Reservist or National Guard member who is on active-duty orders?
   *Mark only one oval*

- ○ Yes
- ○ No

6. What is your rate and rank?

_____

7. How long have you been an active-duty service member (years and months)?

_____

8. What is your duty station name and location?

_____

9. How many children do you have who have an ADHD diagnosis?
   *Mark only one oval*

   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9 or more

10. What is your ADHD-diagnosed child's age and current grade level?

_____

11. Does your ADHD-diagnosed child have an Individualized Education Program (IEP) or 504 Plan?
    *Mark only one oval*

    - Yes
    - No

## Appendix E

## Consent Form

**Title of the Project:** THE LIVED EXPERIENCES OF ACTIVE-DUTY MILITARY PARENTS CARING FOR A CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN GRADES 6 – 12: A PHENOMENOLOGICAL STUDY

**Principal Investigator:** Anna Douglas, Doctoral Candidate, School of Education, Liberty University

You are invited to participate in a research study. To participate, you must be an active-duty service member who is the parent of at least one child diagnosed with ADHD and who has an IEP or 504 plan. Additionally, participants should be available for 45 days following selection to participate in the research study. Taking part in this research project is voluntary.

Please read this entire form and ask questions before deciding whether to participate in this research.

The purpose of the study is to describe the experiences of active-duty military parents with respect to their efforts to cultivate an environment of academic success for their children diagnosed with ADHD.

If you agree to be in this study, I will ask you to do the following:

Participate in a 45-60-minute interview using Microsoft Teams. The interview will be recorded for future usage.
Participate in a 45-60-minute focus group using Microsoft Teams. The focus groups will be recorded for future usage.
Complete a letter-writing prompt at most three pages in length, which will take approximately 30 minutes.
Be available for a brief, 15-minute review of your personal interview.

Participants should not expect a direct benefit from participating in this study. The benefit to society is to educate active-duty military parents about the wide range of resources available for children diagnosed with ADHD.

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

Participant responses will be kept confidential by replacing names with pseudonyms.
Interviews will be conducted in a location where others will not easily overhear the conversation.

Confidentiality cannot be guaranteed in focus group settings. While discouraged, other focus group members may share what was discussed with persons outside the group.
Your collected data may be used in future research studies and/or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
Data will be stored on a password-locked computer. After three years, all electronic records will be deleted, and any hardcopy records will be shredded.
Recordings will be stored on a password-locked computer for three years and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

Participants will be compensated with a $50 electronic Amazon gift card for participating in this study.

Participation in this study is voluntary. Your participation will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

If you choose to withdraw from the study, please get in touch with the researcher at the email address in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and not included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

The researcher conducting this study is Anna Douglas. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted]. You may also contact the researcher's faculty sponsor, Dr. Laura E. Jones at [redacted].

If you have any questions or concerns regarding this study and want to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

*Disclaimer: The Institutional Review Board (IRB) ensures that human subjects research will be conducted ethically as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

☐ The researcher has my permission to audio and video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

## Appendix F

## Individual Interview Questions

1. Tell me about yourself, your military experience, and your family. CRQ
2. Please describe the circumstances relating to your child receiving an initial ADHD diagnosis. CRQ
3. Please describe your perception before your child's diagnosis and how or if your perception has changed. CRQ
4. Please describe your experiences as an active-duty military and parent of a child with ADHD. CRQ
5. Please describe how you cultivate an environment of academic success for your ADHD-diagnosed child. CRQ
6. Describe your view on the impact of your active-duty military service on your child's education. CRQ
7. Regarding deployments and temporary duty assignments over 60 days, please describe your experiences as active-duty military and parent of a child with ADHD in fostering an environment of academic success. CRQ
8. Regarding Permanent Change of Station (PCS), please describe your experiences as an active-duty military and parent of a child with ADHD in fostering an environment of academic success. CRQ
9. Describe when you have been away from your family for an extended time and how this separation impacted your child with ADHD academically. SQ1
10. What steps do you take to create a feeling of security and protection for your child with ADHD? How do these steps differ when you are deployed? How about when you are on

a temporary duty assignment away from home for an extended time? How do these steps differ when you PCS? SQ1

11. What resources, if any, have you used to help your child feel secure during a permanent change of station? Deployment? Departure from active duty? SQ1
12. What recommendations would you have for other active-duty military parents who have a child with ADHD in creating a sense of security? How would your recommendations change with deployment? PCS? Extended temporary duty assignments? SQ1
13. Describe a time when you've had to protect your child with ADHD. Did this time occur at school or outside of school? How did your child's behavior change after this occurrence? Was the behavior change primarily negative or positive? SQ1
14. Describe your child's feelings of safety/protection/well-being during your deployment/permanent change of station/extended temporary duty assignment over 60 days. SQ2
15. Describe any concerns you have encountered as an active-duty military parent with a child who has ADHD. SQ2
16. Describe any experiences of evasion or shunning that your child with ADHD may have encountered (including bullying). How did this experience impact their academics? How did this experience impact your performance at work (missed time at work due to parent-teacher conferences)? SQ2
17. Describe your experience utilizing support resources to help your child with ADHD, including military, school/school district, and non-military related resources. SQ3
18. Please describe any transition planning you have completed for your student diagnosed with ADHD, including teaching self-advocacy. SQ3

19. Please describe any resources or support you have utilized or sought to assist in transition planning for your student diagnosed with ADHD. SQ3
20. Describe any difficult decisions you have faced regarding your military career due to your child's ADHD. SQ3
21. Describe a situation related to your military service that you have avoided because your child has ADHD, such as participation in a command function or attending a conference with your child’s teacher that would have resulted in you missing work). SQ3
22. Is there anything else you’d like to share with me on this topic, or any additional questions you advise I ask other participants? SQ3

## Appendix G

## Focus Group Questions

1. Please provide a brief overview of your role in the military and the impact that ADHD has had on your family, specifically the impact on your child with ADHD.
2. Describe your views on the impact of your military service on your child's academic success. CRQ
3. Describe what you have learned as a parent regarding your time as an active-duty service member with a child diagnosed with ADHD. CRQ
4. Describe the importance of my research topic on active-duty military parents with children diagnosed with ADHD, knowing the available resources to help their children succeed academically. CRQ
5. Please describe the best resource you have used that has given you a sense of security for your child diagnosed with ADHD and why this was chosen as your best resource. SQ1
6. Please describe the best resource you have used that has given you a sense of safety for your child diagnosed with ADHD and why this was chosen as your best resource. SQ2
7. Please describe the best resource you have used that has given you a sense of support for your child diagnosed with ADHD and why this was chosen as your best resource. SQ3
8. Please describe any strategies you have used to foster an environment of academic success for your children diagnosed with ADHD. SQ3
9. Please share with the group any other insights or thoughts you might have about how to help your child with ADHD thrive academically while being on active duty.

## Appendix H

## Letter-Writing Prompt

The letter-writing prompt will be “Please write a letter to your former self. If you could go back in time, what would you tell yourself when your child was diagnosed with ADHD? What would you do differently? What would you do the same? What advice would you offer to other military parents with a child diagnosed with ADHD? What military or nonmilitary family resources would you recommend to families who have a child diagnosed with ADHD?”

# Appendix I

## Master Code List Spreadsheet

| Doing My Best As a Parent | Navigating the Nuances of My Dual Roles | It's Possible, You Can Thrive | Protection Equals Expression | Communication is the Secret Ingredient | Getting the Right Help Provokes Action | If I Could Do It All Over |
|---|---|---|---|---|---|---|
| Being a Helicopter Parent from Afar | Your family doesn't come in your seabag | Stability is key | Love and care goes a long way | Communication is the bedrock of our life | It's All About the Quality of the Support | If I Knew Then What I Know Now |
| **Supportive Parents (16 codes)** | **Decisions and Concerns (13 codes)** | **Schedule /Routine/Consistency (6 codes)** | **Creating a Safe Space (8 codes)** | **Communication with child (4 codes)** | **Non-military resources (28 codes)** | **Changes (12 codes)** |
| It was a second job | Career Decisions | Create routines (1) | has a safe place | Over communicate (1) | Social media (4) | A Trigger |
| ensure that she stays on progress was really hard | Lack of provider availability | Have a routine and stick to it (1) | She made them feel safe | Any form of communication (1) | Therapy (4) | Do a better job of looking for resources (6) |
| Give praise to your child | I pulled a warrant package | Very regimented (1) | Dad kept them | Be honest in your communication (1) | Myself (1) | Ask for help (2) |
| Struggle to get him to embrace his uniqueness | Has not gone to SEA | Stability is key (1) | he'll never feel alone like he has to do it on his own | Communicate with child (20) | Applied behavior analysis (1) | Help child with organization (1) |
| | | soon as you get into that routine it seems like you're being pulled to go on deployment or you're moving again (1) | | | | |
| Helicopter parent from afar | Am I going to stay in the Navy | | Positive PCS | | IEP has been the best help (4) | Teach child how to self-advocate (2) |
| | | consistency it helped him gain a routine which (1) helped him do better with his performance. | | **Communicate with others (7 codes)** | | |
| It's a lot of work | Why I didn't make Chief | | Best resource - therapy | | Case manager (1) | Don't hold back..ask for help (1) |
| My son is in 6th grade, so I'm in 6th grade is how I have to look at it | Normal concerns of any parent | **Cultivate Academic Success (25 codes)** | Best resource - Family care plan | | Wife is very supportive (2) | No electronics to manage symptoms |
| | am I gonna study for my test or am I gonna help him | | | | | |
| I really had to play teacher and sailor | study for his test | Collaboration with teachers (1) | Best resource - communication options | Network with others (4) | Pediatrician (2) | Get kids into sports to manage symptoms |
| | Avoid things that are going to take up more of my | | | | | |
| when I PCS my priority is education | time | Acknowledge the good (1) | | Communicate with school (3) | Support from peers (3) | Seek therapy (3) |
| Very hands on | Close to retirement | Goal-oriented mindset (1) | **Child's Expressions of Feelings (6 codes)** | Communicate with spouse (1) | School liaison (1) | Stick to schedule |
| Verbal support | Schools | On track with academics (1) | Indirect expressions | Communicate with detailer (1) | Support from family (4) | More follow-ups |
| Be flexible because it's not a one size fits all diagnosis | Live among fellow service members | Motivate your child (7) | they did not cope with it well | Communication with family (1) | 504 Plan (2) | Increase communication with child |
| Best support - his dad | Child's addiction to medication | Involve family (4) | I'm tired of you leaving me | Communicate with teachers (6) | School district (1) | |
| Best support - his mom | | I'm boosting him up (1) | I'm really struggling here | He couldn't communicate to teachers | I didn't know of any other resources (2) | |
| Lead by example | **Challenges (17 codes)** | Involve friends (1) | Do you not love us anymore | | | |
| Learned how to advocate | Change in process between states | Adopt a family (1) | we didn't know you when when we were little | | I didn't have any resources (1) | Recommendations for Other Military Parents |
| **Parents balance involvement (3 codes)** | Lack of trust | Follow up (1) | | | Private tutor (1) | **Recommendations (4 codes)** |
| We both would do | Father almost lost his job | Plan (3) | | | Kumon (1) | Seek medical help |
| When I'm there with him | Finding work life balance | Minimize the disruption | | | Sylvan Learning (1) | Advocate for your child |
| My spouse picks up the slack during deployment | Cannot move 504 Plan | Stay home from school | | Creating Security Begins with Communication | I din't know (1) | Educate yourself |
| | Adolescent peer pressure | Give them a task a time | | **Sense of Security (7 codes)** | Vision therapy (1) | Support groups |
| | Living somewhere I haven't known | Plan of action and milestones (1) | | Knowing parent has their back even while gone (3) | Executive fucntioning (1) | |
| My Perception Influences How I Parent | Your rating is a challenge | Ask for accomodations | | Open communication (1) | Fine motor (1) | |
| **Parental Perception (7 codes)** | Struggled coming back to a family | Puting child in advanced classes | | Gonna be there for them (1) | Emotional regulation (1) | |
| | | I have to be very invested. There is no relaxation time If I am planning to make my | | | | |
| Didn't affect me | Struggle with military lifestyle | son successful when it comes to education | | Children did not feel safe and secure during deployment | Best resource - therapy (2) | |
| Family perception | It's so exhausting | Repision in learning | | Love and care goes a long way | Best resource - sports (1) | |
| Changed with therapy | Not offered the same opportunities as others | Continual research to help your child | | Being able to communicate while parent is deployed | Getting an advocate (1) | |
| | | | | keeping that Sunday phone call where they knew and | | |
| Didn't want him labeled | Change in continuity of care | Scheduling (2) | | had something to look forward to | Teach child how to self-advocate (2) | |
| | Deployment and TAD interupts schedules and | | | | | |
| Shame | routines | Child has learned to cope | | | Best resource - school (2) | |
| Mixutre of cultures could cause ADHD | Starting over when you PCS | Academic support class | | | | |
| A hyperactive thing | Lengthy deployments | | | | | |
| | Even though they say family first, it's always | | | | | |
| | mission first, so that has been a struggle | Parental oversight | | | | |
| | | | | | **Military Resources (3 codes)** | |
| **Parenting Style (6 codes)** | **Impact of My Service on My Family** | | | | EFMP (15) | |
| Defend yourself | **Family Impact (21 codes)** | | | | Did not use EFMP resources (1) | |
| | | Strategies We've Developed to Help Our Child Succeed | | | Military does not offer as many resources (1) | |
| Balance in parenting style | Drop in communication | | | | | |
| He is a lot stricter and old school | Separation increases symptoms | **Manage Symptoms (14 codes)** | | | | |
| Parents past trauma | Child response to separation | Be flexible | | | | |
| He's the disciplinarian | Difference in children | Try not to blow up | | | | |
| I'm the person to maintain his services | Moving impacts routines | Staying local | | | | |
| | Difficult for child | Academic support teacher | | | | |
| | Negative as an impact | Small groups | | | | |
| | | | | | The Not So Missing Component, a Supportive Chain of Command | |
| | Deployments during school year | less distractions to manage symptoms | | | **Supportive chain of command** | |
| | They don't like it when I leave | Medication to manage symptoms | | | Communicated with chain of command | |
| | Start over | Rewards-based system | | | gives a lot of leeway | |
| | Cannot move 504 Plan | Behavioral school | | | Empathy | |
| | Navy comes first | Physical discipline | | | Is needed for work life balance | |
| | Kids are really resilient | Cognitive behavior therapy | | | Involve the chain of command | |
| | his dad has been a way more than he has been near | Writing more interactive | | | fortunate to have commands. Who? Are very family based | |
| | Posive impact because of medical insurance | Communication and planning (2) | | | | |
| | Family dynamics are impacted | Keep it as consistent as possible | | | | |
| | Positive experience when moved to a larger city | Use incentives | | | | |
| | Didn't notice I was gone | | | | | |
| | Changed to Reserves to give more consistency to my child | | | | | |
| | academic part is very it can be very frustrating because ADHD children need that consistency | | | | | |
| | Spouse had to limit their employment | | | | | |

| | |
|---|---|
| | Theme |
| | Subtheme |
| | Group |
| | Code |

| | |
|---|---|
| Test | Focus Group response |
| Test | Interview & Focus Group response |
| Test | Interview Response |
| Test | In vivo code |

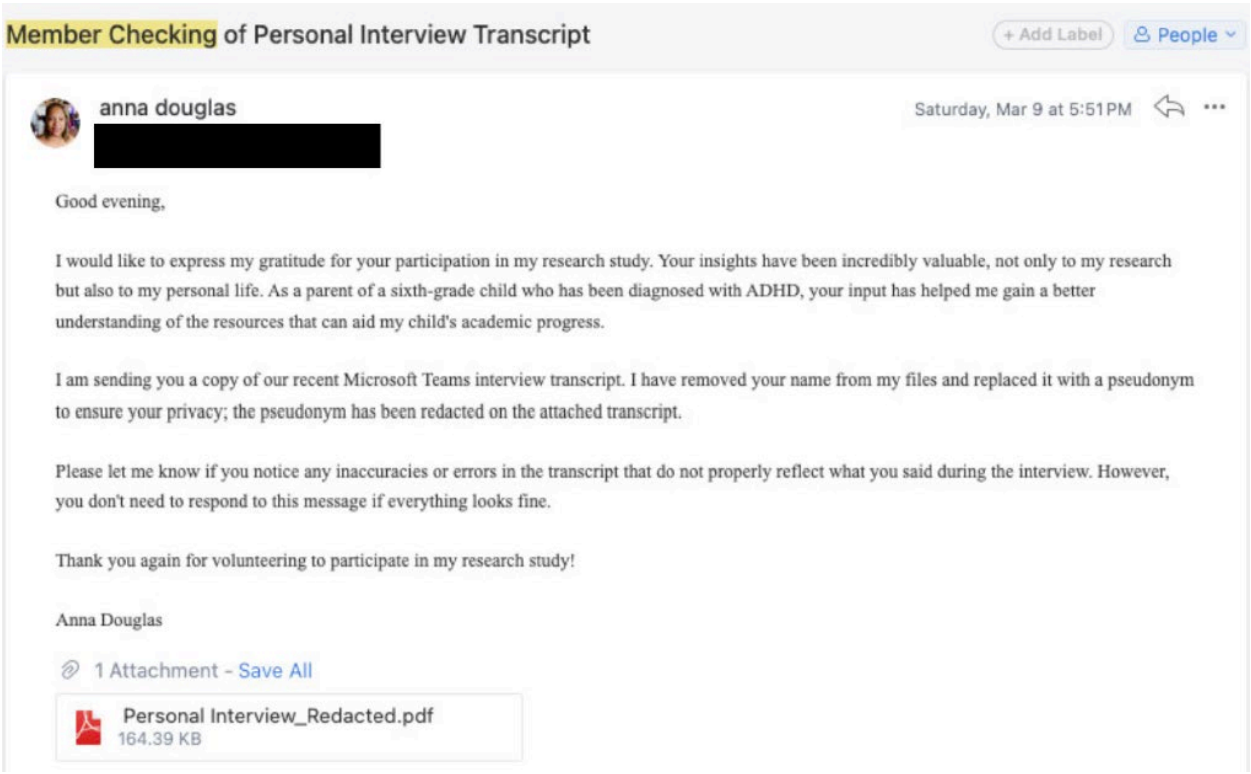
## Appendix J

## Sample Code List: Crystal's Individual Interview

| | | |
|---|---|---|
| Advocating | Ask for help | A trigger |
| Birthday party no one showed up to | Career decisions | Case manager |
| Challenges | Changes | Change in process between states |
| Child bullying | Communication with chain of command | Communicate with child |
| Communicate with teachers | Decisions and concerns | Deployments during school year |
| Did not use EFMP resources | Don't hold back…ask for help | EFMP |
| Family impact | Has a safe place | IEP has been the best help |
| Involve family | Involve friends | It was a second job |
| Lack of provider availability | Lack of trust | Manage symptoms |
| Medication to manage | Symptoms | More work than counterparts |
| Motivate your child | Negative as an impact | Network with others |
| Outlier – ADHD symptoms at early age | Parental perception | Parenting style |
| Parents balance involvement | Resources and support | Rewards-based system |
| Seek therapy | Supportive parents | Very regimented |

# Appendix K

## Sample Member Checking Request



Member Checking of Personal Interview Transcript

+ Add Label  People

anna douglas [redacted]

Saturday, Mar 9 at 5:51 PM

Good evening,

I would like to express my gratitude for your participation in my research study. Your insights have been incredibly valuable, not only to my research but also to my personal life. As a parent of a sixth-grade child who has been diagnosed with ADHD, your input has helped me gain a better understanding of the resources that can aid my child's academic progress.

I am sending you a copy of our recent Microsoft Teams interview transcript. I have removed your name from my files and replaced it with a pseudonym to ensure your privacy; the pseudonym has been redacted on the attached transcript.

Please let me know if you notice any inaccuracies or errors in the transcript that do not properly reflect what you said during the interview. However, you don't need to respond to this message if everything looks fine.

Thank you again for volunteering to participate in my research study!

Anna Douglas

1 Attachment - Save All

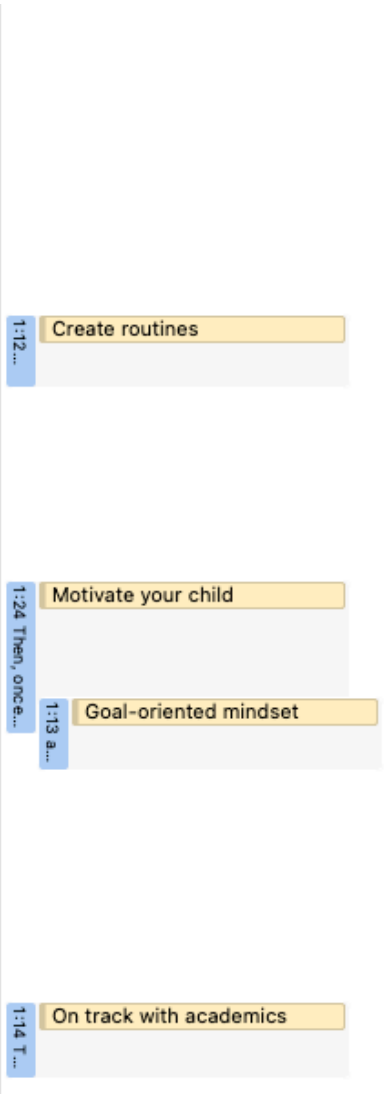
Personal Interview_Redacted.pdf
164.39 KB

# Appendix L

## Sample Transcript

0:11:52.230 --> 0:11:53.20
Douglas, Anna
So, can you please describe how you cultivate an environment of academic success for your ADHD-diagnosed child?

0:12:1.550 --> 0:12:3.0
Jared
Uh, yeah. So, my way of going about it is I would make it. Well, not I, but we would make a routine, so routines were definitely a helpful, you know, hint or tip in the situation because, like, he would come home and we wouldn't allow them to like to watch TV or play a game. We would have him go straight into the kitchen, sit at the table, and focus on his homework; either myself or she would be there to help him through his homework and just instill a routine for him to know, like, OK, I need to do my homework. Then, once I'm done with my homework, I can go and, you know, have fun or, you know, do whatever else that's next on the list. I mean, that came with sports and any other activities that he wanted to do. So, a lot of goal-oriented ohm mindsets. So, it's, hey, if I don't have to remind you to come home and, you know, jump straight into your homework, you know, we can go get some ice cream or, you know, we can go and get the game that you like, you know, start off small. When he was younger, it was more like little Pokémon cards or like little talk, little toys. So, we set goals for them, so once goals were set and he liked those goals, he would then start to do the routine without us telling them. Then, it would be a routine; he would know what he has to do, and that is the way that I think got him on track with academics.



# Appendix M

## Sample Memos

I felt like this participant needed reassurance.

There were also various periods of anger and frustration when the participant spoke, especially when the participant mentioned the "Energizer Bunny" award the son was given.

The participant's voice cracked when the participant reflected, and the participant's voice elevated when the participant reflected on positive experiences.

The participant was distracted by work during the entire interview and paused to look at their cellular device.
The participant seemed eager to help me with the interview.
When the participant was speaking about their older son, the one who is Autistic and has ADHD, there was more compassion in their voice compared to when the participant spoke about the son who had only been diagnosed with ADHD.
The participant had the day off from work, was very relaxed, and wore pajamas.
The participant laughed at the notion that senior military leaders (chief and above) have somewhat more control over their schedule than lower-ranking service members.
The participant frequently changed thoughts in the middle of their sentence.

The participant frequently changed thoughts in the middle of their sentence.
The participant became very emotional and cried at the beginning of completing the letter-writing prompt when reflecting on what the participant would tell themselves if they could go back in time.

Personal Connection Reflection Memo to Brianna

When Brianna mentioned that she used to send an email to her son's teachers at the beginning of every school year, I thought of how awesome an idea this was/is. I started to do the same thing with my son and have found much success because teachers already have a lot on their plates. Even though you may have met the teacher during the summer, the teacher has probably forgotten anything that you communicated to them about your child. This one-page letter was a great resource!

Reflection - My Connection to this Participant Haley

It seems like my story about my oldest is very similar to this participant in that Tenay's ADHD symptoms were apparent to us when there were back-to-back deployments of her father and me. My husband deployed to Cuba for eight months, came back home for 1 1/2 months, and then I deployed for eight months to Iraq.

## Appendix N

## Military Rank Structure

The US military comprises various ranks, broken into enlisted and officer ranks.

| | |
|---|---|
| E1 | Seaman Recruit |
| E2 | Seaman Apprentice |
| E3 | Seaman |
| E4 | Petty Officer Third Class |
| E5 | Petty Officer Second Class |
| E6 | Petty Office First Class |
| E7 | Chief Petty Officer |
| E8 | Senior Chief Petty Officer |
| E9 | Master Chief Petty Office |
| | |
| O1 | Ensign |
| O2 | Lieutenant Junior Grade |
| O3 | Lieutenant |
| O4 | Lieutenant Commander |
| O5 | Commander |
| O6 | Captain |
| O7 | Rear Admiral Lower Half |
| O8 | Rear Admiral Upper Half |
| O9 | Vice Admiral |
| O10 | Admiral |
| | |
| W01 | Warrant Officer 1 |
| W02 | Chief Warrant Officer 2 |
| W03 | Chief Warrant Officer 3 |
| W04 | Chief Warrant Officer 4 |
| W05 | Chief Warrant Officer 5 |