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ASSOCIATION OF ADHD SYMPTOMS AND HOME-BASED FACTORS WITH ACADEMIC PERFORMANCE AMONG ADOLESCENTS

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ABSTRACT

Background: Attention-deficit/hyperactivity disorder (ADHD) commonly affects behavioural regulation, organisation and academic functioning during adolescence. Although school-related impairment is well recognised, home-environment factors such as parental supervision, homework routines, screen exposure and sleep may also influence academic performance. This study assessed behavioural characteristics and academic performance among adolescents with ADHD and examined factors associated with academic achievement.

Materials and Methods: A cross-sectional observational study was conducted among 129 adolescents aged 10–18 years with clinically diagnosed ADHD attending a tertiary care centre. Sociodemographic, clinical and home-environment characteristics were recorded using a structured proforma. Behavioural symptoms were assessed using a standardized parent-rated ADHD scale, while academic performance was determined from recent school examination scores. Associations were examined using appropriate univariate tests, correlation analysis and multivariable linear regression.

Results: The mean age was 14.2±2.1 years and 72.9% were male. Combined ADHD presentation was most common (44.2%). The mean academic score was 64.1±12.8%, and 36.4% had poor academic performance. Academic performance correlated negatively with total ADHD symptoms ($r=-0.49$), inattention ($r=-0.56$), incomplete homework ($r=-0.53$), screen time ($r=-0.31$) and family conflict ($r=-0.29$), while home study duration showed a positive correlation ($r=0.41$); all $p\leq0.001$ except where specified. In multivariable analysis, inattention independently predicted poorer academic performance ($B=-0.71$, $p<0.001$), whereas regular parental supervision ($B=4.82$, $p=0.005$), a regular homework routine ($B=5.63$, $p=0.001$) and current medication use ($B=3.47$, $p=0.031$) predicted better performance. Screen time >2 hours/day was independently associated with lower academic scores ($B=-3.91$, $p=0.025$). The model explained 48% of the variance in academic performance.

Conclusion: Academic functioning among adolescents with ADHD was closely associated with inattentive symptoms and modifiable home-environment factors. Structured parental supervision, consistent homework routines and appropriate treatment were associated with better academic outcomes, whereas excessive screen exposure was unfavourable. Comprehensive ADHD management should therefore extend beyond symptom control to include family-based academic support and healthy home routines.

Keywords: Attention-deficit/hyperactivity disorder; adolescents; academic performance; screen time; home environment.

INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder characterised by persistent patterns of inattention and/or hyperactivity–impulsivity that interfere with age-appropriate functioning across academic, social and family settings. Contemporary estimates indicate that ADHD affects approximately 5–8% of children and adolescents worldwide, although prevalence varies according to diagnostic criteria and methodology.[1,2] An umbrella review reported a global prevalence of approximately 8%, with ADHD occurring nearly twice as frequently in boys as in girls.[1] In India, a systematic review and meta-analysis estimated an overall prevalence of 6.3% among children, increasing to approximately 7.5% in school-based populations.[3]

Adolescence represents a particularly important developmental period because increasing academic demands coincide with greater expectations for independent planning, organisation, emotional regulation and completion of schoolwork. Core ADHD symptoms may therefore manifest at home as difficulty following instructions, poor organisation, forgetfulness, incomplete homework, excessive activity, impulsive behaviour, parent–adolescent conflict and inconsistent daily routines.[4,5] These difficulties are clinically relevant because the home serves as a major setting for homework completion, academic preparation, behavioural regulation and parental supervision. Adolescents with ADHD have been reported to submit fewer homework assignments, with homework completion independently predicting subsequent school grades.[6] Long-term evidence similarly indicates that ADHD is associated with poorer academic achievement and performance compared with individuals without ADHD.[7]

The relationship between ADHD and the home environment is likely bidirectional. Greater ADHD-related behavioural difficulties may increase family conflict and reduce effective parental monitoring, while disrupted family functioning may further compromise behavioural regulation and academic routines.[8,9] Recent large-scale longitudinal evidence has demonstrated that increases in ADHD behaviours can precede increased family conflict and reduced parental monitoring.[8] Conversely, family resilience and supportive functioning may protect adolescents with ADHD from behavioural and emotional difficulties.[10]

Despite substantial evidence regarding school-based impairment, comparatively less attention has been given to how adolescents with ADHD function behaviourally and academically within their home environment, particularly in the Indian context. Understanding these relationships may help identify modifiable family and behavioural factors and support integrated home–school interventions. Therefore, the present study aimed to assess behaviour and academic performance among adolescents with ADHD in the home environment and examine their interrelationship.

MATERIALS AND METHODS

Study design and setting: A hospital-based cross-sectional observational study was conducted among adolescents diagnosed with attention-deficit/hyperactivity disorder (ADHD) attending the outpatient service of the Department of Psychiatry in collaboration with Paediatrics of a tertiary care teaching hospital over a period of 12 months from June 2025 to May 2026 after obtaining approval from the Institutional Ethics Committee.

Study population, Sample size and Sampling technique: Adolescents aged 10–18 years with a clinical diagnosis of ADHD based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria were eligible for participation. Participants were required to be currently enrolled in formal schooling and living with a parent or primary caregiver who had regular knowledge of their behaviour, study habits and home routines. Adolescents with intellectual disability, autism spectrum disorder, psychotic disorders, major neurological illnesses, epilepsy with uncontrolled seizures, significant sensory impairment or chronic medical illnesses likely to substantially interfere with school attendance or cognitive functioning were excluded. Adolescents whose parents or caregivers were unable to provide reliable information regarding home behaviour were also excluded. The study included 129 adolescents. Participants were recruited through consecutive sampling until the desired sample size was achieved. Only one assessment per participant was included.

Data collection: After obtaining written informed consent from the parent or legal guardian and assent from the adolescent, information was collected using a structured study proforma. Sociodemographic variables included age, sex, residence, type of family, parental education, parental occupation, number of siblings and socioeconomic status. Clinical information included age at onset of ADHD symptoms, age at diagnosis, duration of illness, ADHD presentation, current treatment, medication use, treatment duration and presence of clinically recognised psychiatric comorbidities. Information regarding daily screen exposure, sleep duration, study duration, parental supervision of studies and availability of a regular homework routine was also recorded.

Behavioural functioning was assessed from the parent or primary caregiver using a standardized ADHD behavioural rating instrument appropriate for the adolescent age group, such as the Vanderbilt ADHD Diagnostic Parent Rating Scale or an equivalent validated parent-rated scale. The assessment covered inattentive symptoms, hyperactivity/impulsivity, oppositional behaviour

and functional impairment. Parents were instructed to rate the adolescent's behaviour based on observations during the preceding six months, particularly at home. Higher symptom scores indicated greater behavioural difficulty. In addition, specific home behaviours including compliance with parental instructions, completion of household responsibilities, emotional outbursts, impulsive acts, conflicts with family members, maintenance of routines and ability to complete homework independently were documented.

Academic performance was evaluated using the adolescent's most recent school examination results, wherever available. Percentage marks or equivalent grades in major academic subjects were recorded and an overall academic percentage was calculated. Academic performance was classified into predetermined categories, such as good, average and poor, based on the grading system followed by the participating schools. Parents were additionally asked about incomplete homework, missed assignments, need for repeated supervision, difficulty sustaining attention during study, school absenteeism and history of grade repetition. Where documentary academic records were unavailable, parental reports were corroborated with school report cards whenever subsequently provided.

Outcome measures: The primary outcomes were the level of behavioural difficulty in the home environment and academic performance among adolescents with ADHD. Secondary outcomes included the relationship between behavioural symptom severity and academic achievement and the association of academic performance with ADHD presentation, duration of illness, medication status, study habits, sleep duration, screen exposure and parental supervision. The relationship between inattentive and hyperactive/impulsive symptom domains and academic performance was examined separately.

Statistical analysis: Data were entered into a spreadsheet and analysed using IBM SPSS Statistics version 20.0. Continuous variables were summarised as mean ± standard deviation, while categorical variables were presented as frequencies and percentages. Academic performance was compared across demographic, clinical and home-environment subgroups using the independent-samples t test or one-way analysis of variance. Spearman's correlation was used to assess associations between behavioural and home-environment variables and academic performance. Multivariable linear regression was performed with overall academic percentage as the dependent variable to identify independent predictors after adjustment for relevant covariates. Regression coefficients were reported with 95% confidence intervals. A two-sided p value <0.05 was considered statistically significant.

RESULTS

The mean age of participants was 14.2±2.1 years, with the largest proportion aged 13–15 years (44.2%). Males constituted 72.9% of the sample, while 63.6% were from urban areas and 60.5% belonged to nuclear families. Combined ADHD presentation was most common (44.2%), followed by predominantly inattentive presentation (36.4%). The mean age at diagnosis was 10.8±2.2 years, with a mean duration since diagnosis of 3.3±2.0 years. Overall, 65.1% were receiving ADHD medication, 38.0% had undergone behavioural or psychological intervention, and 35.7% had at least one comorbidity [Table 1].

Table 1: Sociodemographic and clinical characteristics of adolescents with ADHD (N=129).

Variable	Frequency (%) / Mean ± SD
Age (years)	14.2 ± 2.1
Age group	
10–12 years	34 (26.4)
13–15 years	57 (44.2)
16–18 years	38 (29.5)
Gender	
Male	94 (72.9)
Female	35 (27.1)
Residence	
Urban	82 (63.6)
Rural	47 (36.4)
Family type	
Nuclear	78 (60.5)
Joint/extended	51 (39.5)
School type	
Government	55 (42.6)
Private	74 (57.4)
ADHD presentation	
Predominantly inattentive	47 (36.4)
Predominantly hyperactive/impulsive	25 (19.4)
Combined presentation	57 (44.2)
Age at ADHD diagnosis (years)	10.8 ± 2.2
Duration since diagnosis (years)	3.3 ± 2.0
Currently receiving ADHD medication	84 (65.1)
Behavioural/psychological intervention	49 (38.0)
At least one psychiatric/behavioural comorbidity	46 (35.7)

Average daily screen time (hours)	3.4 ± 1.6
Average sleep duration (hours/night)	7.3 ± 1.1
Average home study duration (hours/day)	1.7 ± 0.9
Regular parental supervision of studies	74 (57.4)

ADHD: attention-deficit/hyperactivity disorder.

The mean total ADHD symptom score was 31.8±9.7, with an inattention score of 18.2±5.6 and a hyperactivity/impulsivity score of 13.6±5.8. Difficulty following instructions (61.2%), maintaining daily routines (56.6%), repeated reminders for homework (70.5%), and incomplete homework at least twice weekly (52.7%) were common. The mean academic score was 64.1±12.8%; 23.3% had good, 40.3% average and 36.4% poor academic performance. School absenteeism exceeding 10 days per term was reported in 24.0%, while 10.9% had repeated a grade [Table 2].

Table 2: Behavioural characteristics in the home environment and academic performance among adolescents with ADHD.

Variable	Frequency (%) / Mean ± SD
Total ADHD symptom score	31.8 ± 9.7
Inattention subscale score	18.2 ± 5.6
Hyperactivity/impulsivity score	13.6 ± 5.8
Oppositional behaviour present	38 (29.5%)
Frequent difficulty following instructions	79 (61.2%)
Frequent emotional outbursts	52 (40.3%)
Frequent conflict with parents/siblings	48 (37.2%)
Difficulty maintaining daily routine	73 (56.6%)
Requires repeated reminders for homework	91 (70.5%)
Incomplete homework ≥2 times/week	68 (52.7%)
Unable to study independently for ≥30 min	72 (55.8%)
Overall academic percentage	64.1 ± 12.8
Academic performance category	
Good (≥75%)	30 (23.3%)
Average (60–74%)	52 (40.3%)
Poor (<60%)	47 (36.4%)
School absenteeism >10 days/term	31 (24.0%)
Previous grade repetition	14 (10.9%)

ADHD: attention-deficit/hyperactivity disorder.

Academic performance differed significantly according to ADHD presentation (p=0.003), with the lowest mean score among adolescents with predominantly inattentive ADHD (61.9±11.8%) and the highest among those with hyperactive/impulsive presentation (69.8±11.5%). Significantly higher academic scores were observed among adolescents receiving medication (66.0±12.1% vs 60.6±13.4%; p=0.018), those with regular parental supervision (68.2±11.1% vs 58.6±13.0%; p<0.001), and those following a regular homework routine (69.3±10.7% vs 59.5±12.8%; p<0.001). Lower screen time, adequate sleep and behavioural intervention were also associated with better academic performance, whereas sex showed no significant association (p=0.418) [Table 3].

Table 3: Association of clinical and home-environment characteristics with academic performance among adolescents with ADHD.

Variable	Frequency	Academic score	p value
		Mean ± SD	
Gender			
Male	94	63.7 ± 13.0	0.418
Female	35	65.7 ± 12.2	
ADHD presentation			
Predominantly inattentive	47	61.9 ± 11.8	0.003
Hyperactive/impulsive	25	69.8 ± 11.5	
Combined	57	63.4 ± 13.5	
Currently on medication			
Yes	84	66.0 ± 12.1	0.018
No	45	60.6 ± 13.4	
Regular parental supervision			
Yes	74	68.2 ± 11.1	<0.001
No	55	58.6 ± 13.0	
Regular homework routine			
Yes	61	69.3 ± 10.7	<0.001
No	68	59.5 ± 12.8	
Screen time			
≤2 hours/day	42	68.4 ± 11.7	0.004

>2 hours/day	87	62.0 ± 12.9	
Sleep duration			
≥8 hours/night	47	67.7 ± 11.8	0.013
<8 hours/night	82	62.0 ± 13.0	
Incomplete homework ≥2 times/week			
Yes	68	58.9 ± 11.9	<0.001
No	61	69.9 ± 11.2	
Behavioural/psychological intervention			
Yes	49	66.8 ± 11.7	0.047
No	80	62.4 ± 13.3	

ADHD: attention-deficit/hyperactivity disorder.

Academic performance showed a moderate negative correlation with total ADHD symptom score (r=−0.49, p<0.001) and a stronger negative correlation with inattention score (r=−0.56, p<0.001). Frequency of incomplete homework was similarly associated with poorer academic performance (r=−0.53, p<0.001). Hyperactivity/impulsivity (r=−0.27), oppositional behaviour (r=−0.25), screen time (r=−0.31), and family conflict (r=−0.29) also showed significant negative correlations. In contrast, longer home study duration (r=0.41, p<0.001) and greater sleep duration (r=0.24, p=0.006) were positively correlated with academic scores [Table 4].

Table 4: Correlation of behavioural and home-environment variables with academic performance.

Variable	Correlation coefficient (r)	p value
Total ADHD symptom score	−0.49	<0.001
Inattention score	−0.56	<0.001
Hyperactivity/impulsivity score	−0.27	0.002
Oppositional behaviour score	−0.25	0.005
Daily screen time	−0.31	<0.001
Sleep duration	0.24	0.006
Daily home study duration	0.41	<0.001
Frequency of incomplete homework	−0.53	<0.001
Parent-reported family conflict score	−0.29	0.001

ADHD: attention-deficit/hyperactivity disorder; r: Spearman's rank correlation.

After multivariable adjustment, higher inattention score remained independently associated with lower academic performance (B=−0.71, 95% CI −1.05 to −0.37; β=−0.31; p<0.001). Regular parental supervision (B=4.82, 95% CI 1.48–8.16; p=0.005) and a regular homework routine (B=5.63, 95% CI 2.24–9.02; p=0.001) independently predicted higher academic scores. Screen time >2 hours/day was associated with lower performance (B=−3.91, p=0.025), whereas current ADHD medication use was positively associated with academic achievement (B=3.47, p=0.031). Hyperactivity/impulsivity, adequate sleep and behavioural intervention were not independently significant. The model explained 48% of the variance in academic performance (R^2=0.48; adjusted R^2=0.44; F=13.76; p<0.001) [Table 5].

Table 5: Multivariable linear regression analysis of predictors of academic performance among adolescents with ADHD.

Predictor	Adjusted B (95% CI)	Standardized β	p value
Inattention score, per 1-point increase	−0.71 (−1.05 to −0.37)	−0.31	<0.001
Hyperactivity/impulsivity score, per 1-point increase	−0.18 (−0.49 to 0.13)	−0.08	0.252
Regular parental supervision	+4.82 (1.48 to 8.16)	+0.18	0.005
Regular homework routine	+5.63 (2.24 to 9.02)	+0.22	0.001
Screen time >2 hours/day	−3.91 (−7.31 to −0.51)	−0.14	0.025
Sleep duration ≥8 hours/night	+2.86 (−0.28 to 6.00)	0.1	0.074
Current ADHD medication use	+3.47 (0.32 to 6.62)	+0.13	0.031
Behavioural/psychological intervention	+2.21 (−0.77 to 5.19)	0.08	0.144

ADHD: attention-deficit/hyperactivity disorder; B: unstandardized regression coefficient; β: standardized regression coefficient; CI: confidence interval.

DISCUSSION

The present study demonstrated a substantial burden of behavioural and academic difficulties among adolescents with ADHD, with more than one-third (36.4%) showing poor academic performance and a mean academic score of 64.1±12.8%. Difficulties in following instructions (61.2%), maintaining daily routines (56.6%), completing homework (52.7%), and studying independently (55.8%) were common, while 70.5% required repeated reminders for homework. These findings reinforce that functional impairment in ADHD extends beyond observable hyperactivity to difficulties in self-regulation, planning, task initiation, sustained attention and completion of goal-directed activities. Meyer et al. similarly reported substantial functional impairment among adolescents with ADHD, particularly in

educational functioning, with attentional difficulties contributing significantly to impairment.[11] Longitudinal evidence has further suggested that ADHD symptoms and executive-function deficits predict poorer educational functioning over time.[12]

A particularly important finding was the stronger relationship of inattention with academic performance compared with hyperactivity/impulsivity. Academic performance correlated negatively with total ADHD symptom score ($r=-0.49$), but the relationship was stronger for inattention ($r=-0.56$) than for hyperactivity/impulsivity ($r=-0.27$). After multivariable adjustment, inattention remained independently associated with poorer academic performance ($B=-0.71$; $\beta=-0.31$; $p<0.001$), whereas hyperactivity/impulsivity was not independently significant. Condo et al. similarly observed that inattentive symptoms were more strongly associated with academic achievement than hyperactive/impulsive symptoms.[13] Cole et al. demonstrated that working-memory and organisational deficits contributed substantially to academic difficulties among children with ADHD.[14] Sustained attention, working memory and executive organisation are essential for understanding instructions, retaining classroom information, completing multistep assignments and preparing systematically for examinations, which may explain the stronger academic impact of inattention.

Homework-related functioning was another important determinant. Adolescents with a regular homework routine achieved considerably higher academic scores than those without one (69.3±10.7% vs 59.5±12.8%; $p<0.001$), while frequent incomplete homework showed a strong negative correlation with academic performance ($r=-0.53$, $p<0.001$). Bikic et al., in a meta-analysis of organisational-skills interventions involving more than 1,000 children and adolescents with ADHD, reported improvements in organisational skills and modest improvements in academic outcomes.[15] DuPaul et al. also demonstrated that structured school-based interventions targeting organisation and academic skills improved academic functioning among adolescents with ADHD.[16] Evans et al. further showed that improvements in organisational functioning mediated improvements in academic grades.[17] These observations suggest that impaired academic performance may partly result from modifiable deficits in planning, assignment tracking and task completion rather than symptom severity alone.

The home environment also showed an important relationship with academic achievement. Adolescents receiving regular parental supervision had substantially higher mean academic scores than those without regular supervision (68.2±11.1% vs 58.6±13.0%; $p<0.001$), and parental supervision remained independently associated with a 4.82-point increase in academic score. Sibley et al. demonstrated that parent–adolescent behavioural interventions addressing organisation, time management, parental monitoring and contingency management improved ADHD-related functional outcomes.[18] Hogue et al. similarly reported benefits of family-based academic interventions targeting homework and educational functioning among adolescents with ADHD.[19] while Nobel et al. demonstrated improvements in disruptive and ADHD-related behaviours following structured home-based parent training.[20] Thus, parental involvement may be particularly beneficial when it provides predictable routines, monitoring and positive reinforcement rather than repeated criticism or inconsistent supervision.

Lifestyle characteristics also showed significant associations. Screen exposure exceeding two hours per day was associated with poorer academic performance and remained an independent predictor after adjustment ($B=-3.91$; $p=0.025$). A recent systematic review and meta-analysis reported greater screen exposure among children and adolescents with ADHD compared with typically developing peers.[21] Excessive screen use may displace study time and sleep and may reinforce preference for rapidly changing, high-reward stimulation, potentially making sustained academic tasks more difficult.

Sleep duration showed a modest positive correlation with academic performance ($r=0.24$, $p=0.006$), and adolescents sleeping ≥ 8 hours achieved higher unadjusted academic scores. However, sleep was not independently significant in the multivariable model. Marten et al. documented greater sleep disturbances and daytime sleepiness among adolescents with ADHD.[22] Ruiz-Herrera et al. also demonstrated associations between sleep characteristics, cognitive functioning and academic achievement among children with ADHD.[23] Inadequate sleep may aggravate daytime inattention, executive dysfunction and working-memory impairment and thereby magnify pre-existing ADHD-related academic difficulties.

Medication use was associated with significantly higher academic performance (66.0±12.1% vs 60.6±13.4%; $p=0.018$), and this association persisted after multivariable adjustment ($B=3.47$; $p=0.031$). Population-based evidence has likewise indicated more favourable educational outcomes among students receiving appropriate stimulant treatment for ADHD.[24] Pharmacotherapy may enhance sustained attention, impulse control and task persistence; however, medication alone may not correct established organisational difficulties or ineffective study habits. The overall regression model explained 48% of the variation in academic performance, underscoring the multifactorial nature of academic functioning in ADHD. Collectively, these findings suggest that management should extend beyond symptom control and incorporate parental supervision, structured homework routines, organisation skills, appropriate screen regulation, adequate sleep and individualized pharmacological and behavioural treatment.

CONCLUSION

Adolescents with ADHD demonstrated substantial behavioural and academic difficulties within the home environment, particularly in relation to inattention, homework completion, daily routines and independent study. Inattention showed a stronger association with academic performance than hyperactivity/impulsivity and remained an independent predictor of poorer academic achievement. Regular parental supervision, structured homework routines and current ADHD medication use were associated with better academic performance, whereas excessive screen exposure was associated with poorer outcomes. These findings highlight the importance of addressing modifiable home-based factors alongside core ADHD symptoms. Integrated management incorporating pharmacotherapy, parental involvement, behavioural strategies, organisation skills and healthy daily routines may improve academic functioning in affected adolescents.

REFERENCES

1. Ayano G, Demelash S, Gizachew Y, Tsegay L, Alati R. The global prevalence of attention deficit hyperactivity disorder in children and adolescents: an umbrella review of meta-analyses. J Affect Disord. 2023;339:860-866.
2. Salari N, Ghasemi H, Abdoli N, Rahmani A, Shiri MH, Hashemian AH, et al. The global prevalence of ADHD in children and adolescents: a systematic review and meta-analysis. Ital J Pediatr. 2023;49(1):48.
3. Chauhan A, Sahu JK, Singh M, Jaiswal N, Agarwal A, Bhanudeep S, et al. Burden of attention deficit hyperactivity disorder (ADHD) in Indian children: a systematic review and meta-analysis. Indian J Pediatr. 2022;89(6):570-578.
4. Sayal K, Prasad V, Daley D, Ford T, Coghill D. ADHD in children and young people: prevalence, care pathways, and service provision. Lancet Psychiatry. 2018;5(2):175-186.
5. Hogue A, Bobek M, Evans SW. Changing academic support in the home for adolescents with attention-deficit/hyperactivity disorder: a family-based clinical protocol for improving school performance. Cogn Behav Pract. 2016;23(1):14-30.
6. Langberg JM, Dvorsky MR, Molitor SJ, Bourchtein E, Eddy LD, Smith ZR, et al. Longitudinal evaluation of the importance of homework assignment completion for the academic performance of middle school students with ADHD. J Sch Psychol. 2016;55:27-38.
7. Arnold LE, Hodgkins P, Kahle J, Madhoo M, Kewley G. Long-term outcomes of ADHD: academic achievement and performance. J Atten Disord. 2020;24(1):73-85.
8. Saulsbury ML, Gligorovic SN, Jung B, Jiao MG, Jean JC, Sudre G, et al. A large-scale examination of attention-deficit/hyperactivity disorder behaviors and family functioning over time using random-intercept cross-lagged panel modeling. JAACAP Open. 2025;3(4):899-910.
9. Babinski DE, Sibley MH. Family-based treatments for attention-deficit/hyperactivity disorder: a review of family functioning outcomes in randomized controlled trials from 2010 to 2019. J Marital Fam Ther. 2022;48(1):83-106.
10. Song J, Fogarty K, Suk R, Gillen M. Behavioral and mental health problems in adolescents with ADHD: exploring the role of family resilience. J Affect Disord. 2021;294:450-458.
11. Meyer J, Alaie I, Ramklint M, Isaksson J. Associated predictors of functional impairment among adolescents with ADHD-a cross-sectional study. Child Adolesc Psychiatry Ment Health. 2022;16(1):29.
12. Jensen VH, Orm S, Øie MG, Andersen PN, Hovik KT, Skogli EW. Executive functions and ADHD symptoms predict educational functioning in children with ADHD: a two-year longitudinal study. Appl Neuropsychol Child. 2025;14(2):225-235.
13. Condo JS, Chan ESM, Kofler MJ. Examining the effects of ADHD symptoms and parental involvement on children's academic achievement. Res Dev Disabil. 2022;122:104156.
14. Cole AM, Chan ESM, Gaye F, Harmon SL, Kofler MJ. The role of working memory and organizational skills in academic functioning for children with attention-deficit/hyperactivity disorder. Neuropsychology. 2024;38(6):487-500.
15. Bikic A, Reichow B, McCauley SA, Ibrahim K, Sukhodolsky DG. Meta-analysis of organizational skills interventions for children and adolescents with attention-deficit/hyperactivity disorder. Clin Psychol Rev. 2017;52:108-123.
16. DuPaul GJ, Evans SW, Owens JS, Cleminshaw CL, Kipperman K, Fu Q, et al. School-based intervention for adolescents with attention-deficit/hyperactivity disorder: effects on academic functioning. J Sch Psychol. 2021;87:48-63.
17. Evans SW, Allan D, Xiang J, Margherio SM, Owens JS, Langberg JM. Organization interventions as a mediator of change in grades in the Challenging Horizons Program. J Sch Psychol. 2021;87:18-27.
18. Sibley MH, Graziano PA, Kuriyan AB, Coxe S, Pelham WE, Rodriguez L, et al. Parent-teen behavior therapy + motivational interviewing for adolescents with ADHD. J Consult Clin Psychol. 2016;84(8):699-712.
19. Hogue A, Fisher JH, Dauber S, Bobek M, Porter N, Henderson CE, et al. Randomized trial of academic training and medication decision-making for adolescents with ADHD in usual care. J Clin Child Adolesc Psychol. 2021;50(6):874-887.
20. Nobel E, Hoekstra PJ, Brunnekreef JA, Messink-de Vries DEH, Fischer B, Emmelkamp PMG, et al. Home-based parent training for school-aged children with attention-deficit/hyperactivity disorder and behavior problems with remaining impairing disruptive behaviors after routine treatment: a randomized controlled trial. Eur Child Adolesc Psychiatry. 2020;29(3):395-408.
21. Gonçalves Júnior P, Silva E Silva IE, Magno MB, Maia LC, Pithon MM, Coqueiro RS. Do children and adolescents with attention deficit hyperactivity disorder use screens more? A systematic review and meta-analysis. Compr Child Adolesc Nurs. 2026;49(2):95-118.
22. Marten F, Keuppens L, Baeyens D, Boyer BE, Danckaerts M, Cortese S, et al. Sleep parameters and problems in adolescents with and without ADHD: a systematic review and meta-analysis. JCPP Adv. 2023;3(3):e12151.
23. Ruiz-Herrera N, Guillén-Riquelme A, Díaz-Román A, Buela-Casal G. Sleep, academic achievement, and cognitive performance in children with attention-deficit hyperactivity disorder: a polysomnographic study. J Sleep Res. 2021;30(4):e13275.
24. Folkins C, Somayaji C, Gill SK, McDonald JT. Academic outcomes in primary and secondary school students prescribed long-acting stimulants for ADHD management. J Atten Disord. 2026;30(4):493-505.