



A Qualitative Investigation into the Parental Experiences of an Online and In-Person Programme for Parents of Children with ADHD; Aged 6–12.

Lesley Lally, Liam McGrattan, Martin O'Connor, Cian O'Regan, Blánaid Gavin, Eileen Brosnan & John Sharry

To cite this article: Lesley Lally, Liam McGrattan, Martin O'Connor, Cian O'Regan, Blánaid Gavin, Eileen Brosnan & John Sharry (24 Jul 2026): A Qualitative Investigation into the Parental Experiences of an Online and In-Person Programme for Parents of Children with ADHD; Aged 6–12., *Child Care in Practice*, DOI: [10.1080/13575279.2026.2700703](https://doi.org/10.1080/13575279.2026.2700703)

To link to this article: <https://doi.org/10.1080/13575279.2026.2700703>



Published online: 24 Jul 2026.



Submit your article to this journal [↗](#)



Article views: 9



View related articles [↗](#)



View Crossmark data [↗](#)



A Qualitative Investigation into the Parental Experiences of an Online and In-Person Programme for Parents of Children with ADHD; Aged 6–12.

Lesley Lally ^a, Liam McGrattan ^b, Martin O'Connor ^a, Cian O'Regan ^c,
Blánaid Gavin ^d, Eileen Brosnan^b and John Sharry^b

^aSchool of Psychology, University College Dublin, Dublin, Republic of Ireland; ^bResearch Department, ParentsPlus, Dublin, Republic of Ireland; ^cResearch Department, Epilepsy Ireland, Dublin, Republic of Ireland; ^dSchool of Medicine, University College Dublin, Dublin, Republic of Ireland

ABSTRACT

This paper presents results from a qualitative study that gathered feedback from 15 parents who completed the ParentsPlus attention-deficit hyperactivity disorder programme (PP-ADHD). This cohort belonged to a group of 118 parents who also participated in a quantitative evaluation of the PP-ADHD (McGrattan, L., O'Connor, M., O'Regan, C., Lally, L., Gavin, B., Brosnan, E., & Sharry, J. 2025. *The feasibility of a programme for parenting children 6–12 with ADHD; a longitudinal open label trial*. Manuscript submitted for publication). Parents of children aged six to 12 who had, were awaiting or suspected of having a diagnosis of ADHD engaged in the programme via local Children and Young People Mental Health Services (CAMHS) services and ADHD Ireland. The study enabled participants to give qualitative feedback on their programme experience via a semi-structured interview. Results from thematic analyses identified six central themes: (1) Support from attending the programme, (2) Learning experiences for parents, (3) Parental outcomes, (4) Online versus in-person delivery, (5) Access to resources and services, and (6) Programme recommendations. Recommendations made by participants regarding programme content will be considered when editing the programme for future deliveries.

ARTICLE HISTORY

Received 28 April 2025
Accepted 19 May 2026

KEYWORDS

ADHD; feedback;
intervention; parent
experiences; parent
programmes

Introduction

Background

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterised by a persistent pattern of inattention/hyperactivity-impulsivity that interferes with functioning or development (American Psychiatric Association, 2022). Although ADHD has been described as the most prevalent condition in childhood, negatively impacting social and health outcomes, there are issues with gaining access to a diagnosis and treatment (Young et al., 2021). A lack of clear guidelines within mental health services on waiting times

for assessments and an apparent increase in demands on services has led to an increased time for accessing assessment and treatment via Children and Adolescent Mental Health Services (CAMHS) (Roughan & Stafford, 2019). Difficulties in accessing pathways specific to ADHD supports are prevalent beyond the CAMHS models of the UK and Ireland. Wright et al. (2015), observed notable barriers to accessing ADHD supports across Australia, Greece, and the United States. Therefore, it is important that children and families have access to information about ADHD and the available treatment options, both pharmacological and non-pharmacological (American Psychiatric Association, 2013). Furthermore, evidence has shown that developmentally sensitive and multimodal interventions can work alongside or may be preferable to pharmacological options (Daley et al., 2018). Due to the prevalence of ADHD, Daley et al. (2009) noted a need for more parenting interventions but that this need exceeded available resources and clinicians.

Intervention models

Using just pharmacological treatment in supporting those with ADHD is not enough to positively impact the child and their family (Ferrin et al., 2014), with the need for alternatives being increasingly recognised (Charach et al., 2013; Sonuga-Barke et al., 2011). Parenting programmes aim to deliver psychoeducation, teach behaviour management strategies, support parents in developing strategies and improve the communication between the parent and child, with positive parenting being the emphasis (Foubister et al., 2020). The World Health Organisation (WHO) emphasises the initiation of parent education or “training” to support in the protocol for caring for children diagnosed with ADHD (WHO, 2017). Parenting programmes have been shown to improve the behaviour of children with ADHD and reduce parental stress. However, other outcomes have not shown such positive changes, specifically parental knowledge of ADHD (Zwi et al., 2012). A group setting is believed to provide parents with added benefits of not being alone with problems faced while also providing opportunities to actively build a support network with others (Foubister et al., 2020). Research by Smith et al. (2015) showed a desire for individually tailored parenting programmes that provide opportunities for contact between sessions if needed. This research also highlighted what should be considered when choosing parenting programmes specifically for parents of young people with ADHD, including the provision of additional support for parents to meet their own needs and having the capacity and motivation to support change in parenting practices (Smith et al., 2015).

ParentsPlus ADHD programme

The PP-ADHD programme was developed as a new intervention for parents of children aged six to 12 diagnosed with ADHD. The PP-ADHD was developed and influenced by success of the Parents Plus Children’s programme (PPCP) (Carr et al., 2017; Sharry et al., 2012) in supporting families whose children had ADHD. According to Turan et al. (2022), the PPCP was delivered to 46 parents of children diagnosed with ADHD and subsequently showed greater improvements in the Conners’ Parent Rating Scale-Revised, Family Assessment Device, and Parent Stress Index than those in the control condition (Turan et al., 2022). These findings coupled with a notable request by parents for the

development of a programme that caters exclusively to parents of children with ADHD, resulted in the development of an alternative PPCP programme focused upon ADHD. Similar to the PPCP, the PP-ADHD was designed to be delivered primarily in a group environment, which encourages open discussion between parents and facilitators allowing for group-led and clinician-led facilitation. During their training, clinicians are encouraged to be receptive to the issues raised by parents and examined using the course material, and the combined expertise of clinicians and parents. This approach contrasts with the traditional didactic/directive method used in-group learning.

The development of the PP-ADHD utilised active engagement with parents of children with ADHD and enabled the parents to conceptualise relevant topics such as (a) The experience of parenting a child with ADHD, (b) Talking to children about their ADHD, (c) Understanding the challenges and strengths of ADHD, (d) Managing homework and education challenges, (e) Understanding the emotional impact of ADHD and building children's self-esteem, (f) Creating long-term supports as children grow, and (g) Supporting friendships. These topics were then allocated within three distinct areas of parenting—Supporting Families, Supporting Children, and Parent Self-care.

The PP-ADHD was designed to run for eight weeks, with weekly sessions lasting approximately two hours, similar in length to existing programmes including Incredible Years (IY) and Triple P (Aghebati et al., 2014; Jones et al., 2007). Supporting Families, Supporting Children, and Parent Self-care represent three distinct “frontiers” for learning, emphasising the PP-ADHD's intention of being family-centric rather than child-centric i.e. a programme focused on supporting the family rather than reducing behavioural challenges associated with children diagnosed with ADHD. Emphasis on behavioural change can be observed in existing parenting programmes such as IY which has demonstrated reduced ADHD symptoms (Scott et al., 2010) albeit with less focus placed on parental self-care and wellbeing.

The PP-ADHD is facilitated by two trained clinicians who can be drawn from different disciplines including psychology, occupational therapy, social work, etc., and is suitable for delivery online or in person. PP-ADHD training consisted of five, four-hour online training sessions, hosted by the ParentsPlus training team. Parent groups can range from five to fifteen parents. The programme utilises a solution-focused approach with facilitators introducing and exploring topics and parents problem-solving together as a group. Each parent receives a book containing the programme content and worksheets. Further details pertaining to the PP-ADHD can be found in [Table 1](#).

Aims and hypothesis

The focus of this study is to explore the qualitative insights gathered from parents who completed the PP-ADHD who also provided quantitative information, which was developed into a separate quantitative study of the PP-ADHD (McGrattan et al., 2025). Both studies are the first of their kind to evaluate the PP-ADHD for further programme development and evaluation efforts. Both studies were influenced by funding and time restraints in the delivery of the PP-ADHD in the eight sessions being reduced to six. Within this context, facilitators had the flexibility to swap topics based on parents' need. The goals of this qualitative study are (a) to gain feedback on parental experience of the programme, (b) to determine the overall outcomes of attending the programme,

Table 1. Breakdown of ParentsPlus ADHD programme.

	Main topics of PP-ADHD		
	Supporting Families	Supporting Children	Parent Self-care
Session 1	My Journey—Parenting a child with ADHD	Connecting with your Child	Learning to Relax and Manage Stress
Session 2	Responding Positively as a Parent	Tuning into your Child with ADHD	Mindfulness
Session 3	Establishing Routines	Encouraging your Child	Focusing your Attention
Session 4	Managing Concerning Behaviour Part 1	Positive Rules	Visualisation
Session 5	Managing Concerning Behaviour Part 2	Building Self-esteem Supporting Friendships	Relaxing your body
Session 6	Talking about ADHD Supporting Siblings	School and Homework	Noticing Thoughts and Feelings
Session 7	Problem Solving with Children	Medication and ADHD	Self-compassion
Session 8	Long Term Supports	Listening to your Child	Recap

Highlighted rows represent the six sessions delivered. Groups were permitted to swap topics depending on necessity or group interest.

In compliance with design challenges, only sessions one through six were delivered. Groups were free to swap subtopics in based on priorities within the group.

and (c) to determine changes that may improve the programme. The goals reiterate the PP-ADHD's valuing of parent insights, which greatly influenced programme design and selection of topics.

Method

Study design

One hundred and eighteen parents accessing Child Adolescent Mental Health Services (CAMHS), and ADHD Ireland participated in the completion of the PP-ADHD. Quantitative feedback was collected via five standardised questionnaires. Parents completed the questionnaires at three time points (a) prior to beginning the PP-ADHD, (b) after completing the PP-ADHD, and (c) six months after the PP-ADHD. This quantitative data was evaluated by McGrattan et al. (2025). Following completion of the PP-ADHD and subsequent second phase of the quantitative data collection, parents were invited to participate in semi-structured interviews to gather qualitative insights regarding the PP-ADHD.

Ethical approval statement

Ethical approval was obtained from University College Dublin Human Research Ethics Committee, reference number LS-21-85-Gavin and local ethics boards within CAMHS and Linn Dara. This study adheres to the Declaration of Helsinki as highlighted above.

Informed consent statement

To engage in this study, participants were required to provide written consent. Participants were informed of their freedom to withdraw at any time. Engagement in this study was not a requirement to access the PP-ADHD allowing parents freedom to participate according to their interests.

Data collection

A sample of 15 parents was recruited through self-selection and agreed to participate in interviews, which form the qualitative data for this study. The researcher developed a semi-structured interview schedule, which was used as a guide for interviews. One month after the programme delivery ended, the researcher contacted all parents that opted into the qualitative component. A copy of the information for participants was presented, and participants were provided with options of dates and times to complete interviews before a zoom meeting was sent. Sixteen parents agreed to participate in the interview, and fifteen attended, with one parent withdrawing on the day. The semi-structured interviews were carried out using Zoom; participants were unable to join the Zoom meeting with their video on. Interview prompts focused on initial thoughts and feelings of the PP-ADHD, what participants found most useful, if anything was missing from the PP-ADHD, online versus in-person programme delivery, and how the PP-ADHD could be improved.

Before the interview, the recording of interviews and provision of the transcript were discussed. Parents were informed that they could withdraw at any stage by leaving the meeting. The participants were given uninterrupted time to answer the questions viewable in [Table 2](#). All interviews were recorded using a recording device with identifying information removed during transcription. Following the interview, all participants were reminded of the debrief sheet for follow-up support. Data were anonymised during transcription. Once the transcript was forwarded to the participant, contact details were destroyed, and an anonymised coded transcript remained.

Participant characteristics and descriptive statistics

The 15 parents who consented to participate in the semi-structured interviews provided descriptive information following the Quantitative data collection stage prior to beginning the PP-ADHD. This cohort consisted of 14 mothers and one father. All parents were above 18 years of age, with a mean age of 44 years old. Sixty percent of participants shared that they were married followed by 13.3% being separated. There was an even distribution of 26.7% in employment status including full-time, part-time, and self-employment. Further details can be found in [Table 3](#).

Parents also consented to providing information on their children. In terms of gender, 53.3% of the children for whom parents attended the PP-ADHD were male and had a mean age of nine years old. 26.7% of the children were reported to be in second class of primary school followed by 20% in fourth class. Parents reported that their children had existing diagnoses, 20% of whom had received diagnoses of a

Table 2. Interview questions.

-
- (1) What were your initial thoughts of the programme?
 - (2) What did you find was the most helpful part of the programme?
 - (3) What ideas from the course did you find most useful at home?
 - (4) Is there anything missing from the course?
 - (5) Was the programme delivered online or in person and what was your experience of that?
 - (6) How well was the course facilitated and organised?
 - (7) How could the course be improved?
 - (8) If you were to describe the course to another parent, what would you say?
-

Table 3. Descriptive statistics for parents.

Descriptive Demographics for Participants			
PP-ADHD <i>n</i> (%)		PP-ADHD <i>n</i> (%)	
<i>Gender</i>		<i>Employment Status</i>	
Male	1 (6.7%)	Full-time employed	4 (26.7%)
Female	12 (80%)	Part-time employed	4 (26.7%)
Missing	2 (13.3%)	Self-employed	4 (26.7%)
<i>Age</i>		In education	1 (6.7%)
Mean Age	44.08	Missing	2 (13.3%)
Median Age	44.00		
<i>Living Situation</i>			
Married	9 (60%)		
Separated	2 (13.3%)		
Cohabiting	1 (6.7%)		
Divorced	1 (6.7%)		
Missing	2 (13.3%)		

specific learning disorder such as dyslexia or dyscalculia. In terms of ADHD diagnoses, 66.7% of children had been formally diagnosed with ADHD, 53.3% of whom were reported by their parents to be not taking ADHD medication. Further details can be found in Table 4.

Data analysis

Audio files were transcribed and revised. Thematic analysis was used to analyse the data for themes (Braun & Clarke, 2006). Authors took an inductive approach when completing the thematic analysis (Braun & Clarke, 2014). The steps set out by Braun and Clarke (2006) were utilised for thematic analysis, which consisted of familiarisation with the

Table 4. Descriptive statistics for children.

Descriptive Demographics for Children			
PP-ADHD <i>n</i> (%)		PP-ADHD <i>n</i> (%)	
<i>Gender</i>		<i>Child Diagnoses</i>	
Male	8 (53.3%)	ASD	1 (6.7%)
Female	5 (33.3%)	Depression	1 (6.7%)
Missing	2 (13.3%)	Oppositional Defiant Disorder	1 (6.7%)
<i>Age</i>		Anxiety Disorder	1 (6.7%)
Mean Age	9.25	Language Disorder	1 (6.7%)
Median Age	9.00	Specific learning Disorder e.g. Dyslexia, Dyscalculia	3 (20%)
<i>School Year</i>		<i>ADHD Diagnosis Status</i>	
Senior Infants	1 (6.7%)	My child has been formally diagnosed with ADHD	10 (66.7%)
2nd Class	4 (26.7%)	My child is awaiting assessment for ADHD	2 (13.3%)
3rd Class	1 (6.7%)	My child does not have a formal diagnosis of ADHD, but it is suspected the have ADHD	1 (6.7%)
4th Class	3 (20%)	Missing	2 (13.3%)
5th Class	2 (13.3%)		
6th Class	2 (13.3%)		
Missing	2 (13.3%)		
<i>Medication</i>			
Yes, my child takes an ADHD medication prescribed by a medical professional.			5 (33.3%)
No, my child does not take an ADHD medication			8 (53.3%)
Missing			2 (13.3%)

data, generating initial codes, checking for themes, reviewing themes, defining and naming themes and finally writing the report. The thematic analysis was completed without inter-rater reliability following the stance of Braun and Clarke (2019) who noted that thematic analysis is a “reflexive interpretation of meaning” as opposed to an accurate discovery of reality.

Results

Six overall themes were identified from the transcripts including: support available from attending the programme; learning experience for the parents; outcomes experienced by parents; online vs in-person delivery; access to resources and services and recommendations of how the course could be improved.

Theme 1: support available from attending the programme

Parents spoke of support they received both during and after the programme. Several sub-themes were developed as follows:

Not alone

Parents referenced the feeling of not being alone and their experience being normalised stating:

X [husband] sat in the background one or two of the nights listening, and he just turned to me, and he said to me “we are not alone, at least we know it’s going on in other people’s houses’. P7.

I would be talking to friends and explaining my day-to-day, and they would be like “ah ya, it can’t be that bad”, but when you’re actually chatting to other parents of kids with ADHD, they just get you, they get your life [...], so you just feel really supported. P3.

Facilitator

The support offered from facilitators was noted as reframing parents’ thoughts but also not putting parents under pressure to engage for example:

She was able to show us a different way of thinking about every issue we have at home. P15

Nobody was ever put under pressure, and I think the fact that you weren’t put under pressure, you participated more. P7

Support for parents

Parents discussed the support that they received from others within the groups stating:

It’s the only support we can have as a parent because the children can have some support [...] in school or through CAMHS, but as a parent, we have nothing. P15

It is a great source of support and information for parents [...] it supports you in the way that you are feeling too because it acknowledges how you feel as a parent. P16

Ongoing support

Participants commented on the ongoing support that came from the groups one commented:

“I think some of the most invaluable things for me was [...] a Whatsapp group [...] we have continued since the programme to be in touch, to offer support and share ideas and experiences” Adding that they “wouldn’t know where to go to get that if it wasn’t for the programme”. P5

One parent discussed the need for further support from the facilitator around encouragement of ongoing support within the group noting:

I would have liked to hear about people’s experiences a bit more, and maybe that’s where the facilitating or the suggesting at the end, oh if anyone wants to swap numbers. P9

Theme 2: learning experience for the parents

Participants discussed their learning from the programme, which aided them in understanding but also supported some parents in adapting the approach they used with their child moving forward; sub themes included:

Understanding/gained understanding

Participants discussed their gained understanding with quotes including:

To just have a chat and see that everyone is on the same page, and it is not bad parenting the difficulties we have. It is just because the condition is really tough. P15

You live with ADHD, and you know what it is, but do you understand what it is? And it definitely gave me a better understanding. P7

Personal learning

Participants commented on their learning during the programme and mentioned how they would approach topics moving forward:

I can’t have a fidget for everything, I can’t be prepared for everything, I can’t have a solution for everything, and sometimes shit is going to hit the fan. P16

It’s not something I’ve looked into too much, but there was one parent there whose child had been medicated [...] it just opened my mind up a bit more to medication. p17

Change in approach/strategies

Participants commented on changes in approaches or strategies that they had started to implement within their household with quotes including:

Obviously, kids with ADHD, it’s a lot of negative a lot of don’t do that [...] and I am still guilty of that [...] They have positive reinforcements, and I needed the kick up the backside to get back into that side of things. P18

How to approach things, how to step back and look at what you’re doing, especially in a situation that you’re obviously going nowhere [...] to stand back and say ok how could I do this better [...]. P07

Book

Participants referred to the book as being useful and something to look back on for example:

[...] amazing. Really helpful, it was good to have a read before the group, and now it is good to have it, to go back and rethink again maybe change things [...] the book was just an amazing support. P15

I thought the manual was very comprehensive, and it looked like there was loads of information in it that would be very useful. P17

In addition, one parent noted that it was important to be realistic regarding the content stating, “Not everything in the book goes the way you want things to go all the time. It takes a lot of work, a lot of effort”. P18

Theme 3: outcomes experienced by parents

Several outcomes were noted by parents as being directly linked to attending the programme with subthemes as follows:

Positive outcomes

Parents discussed reaching their goals but also gaining a better understanding of themselves for example:

I had my goals [...] and I far exceeded that. P7

I’m battling with ADHD as well. So, it’s extra hard. So, this course has really helped me understand me. P2

Personal realisation

Parents discussed being reminded of what they already knew but also that they were continually learning stating:

There were some things in the course that I was reminded of. Like ya ya X, you know about that. We need to start getting back to that again. P19

We are still developing our skills, so we are still learning. P2

Confidence in abilities

Participants explored how they gained confidence in their abilities while attending the programme with quotes including:

I would have had no confidence in helping her, and I have definitely gained a lot of confidence, and now I know when I’m struggling, I know where to go look for help. P7

I think they said what do you do when they do this or what do you do when they do that, and I was explaining and then it was like, you are doing a good job. P2

Theme 4: online vs in person delivery

Participants explored the delivery methods used for the programme with a focus placed on online delivery. In addition, those that attended an in-person programme explored their preference if they were to attend a programme in the future. Sub themes included:

Online delivery experience

Parents who attended the programme online showed an interest in a hybrid delivery and noted the importance of breakout rooms with statements including:

I think that a couple of face-to-face sessions would really help. I know that the groups are all over the country, so it would be difficult. P10

One day we were put into groups, and that was really good [...] people were telling their stories anyway, but it was nicer in those smaller groups because maybe you say a bit more or hear a wee bit more. P16

Advantage of online

Parents explored the advantages of attending online, focusing on accessibility, quotes included:

[It's] handier as it was in your own home, and you didn't have to get a babysitter or anything. P4

Travelling from X to Dublin would not have been easy. It made it accessible [...] I felt that people could talk if they wanted to. P16

Disadvantage of online

Participants commented on disadvantages of attending online as having their child at home and wanting to meet group members' face-to-face examples included:

You're at home with your child, and it's very hard to keep them out of the room, and you can't really talk about them that much when they are there [...]. P4

I think it would have been nice to have met people face to face just to personalise the relationships a bit more. P10

In-person experience

Parents who attended the in-person groups spoke about their focus and openness during the in-person session alongside choosing a face-to-face programme if given the option. Quotes included:

I much prefer in person myself. I find zoom I look around the room more than I would if I'm in face to face with someone [...] it's easier to open up than if it is online. P18

I would have probably considered an online, but if you gave me the option, I would have gone face to face [...] the tea and coffee and cake, the chats that you can have [...]. P19

Theme 5: access to resources and services

Parents commented on resources available to children with an ADHD diagnosis. This theme consisted of multiple sub-themes as follows:

Sharing resources

Parents noted that the group enabled them to share resources stating:

I was having difficulty getting an OT to assess my child ... So, one of the women said you know I had this fella in X [...], and I rang him, and I got an appointment. P4.

I felt that she didn't even know about Enable Ireland [...] she was like who are they do you know. It was like what you never heard of Enable Ireland. I said oh, they are very good; they help with x like. So she knew then she had a portal [...]. P1.

Lack of resources

Parents discussed the lack of services and resources in Ireland with comments including:

Some of the people now are from X city, and they have a lot better facilities and stuff to do than I have, but I'm in west X, and it's rural. P4

Everything is a fight from getting a diagnosis to getting an OT [...] the wait times and how you are just pushed from pillar to post, and I think the frustrations of trying to get children diagnosed here. P17

Theme 6: recommendations of how the course could be improved

Participants commented on what they felt needed to change for the programme to be improved moving forward. This theme consisted of multiple sub-themes as follows:

Longer

Those that attended the six-week version of the programme spoke about the need for the programme to be longer with comments including:

It would have been better if it was a bit longer because people were only really starting to open up around week four and five and then it was over. P4.

With the run time we could never cover the entire course [...] but if that wasn't the goal then that's fine [...]. P2.1.

Additional information/topics

Parents discussed personal interest topics they would have liked included in the programme quotes included:

There were a couple of topics I would have liked to go into a bit more detail [...] they would have been in the book in some shape or form, and then I would just have gone in a bit deeper on them. P3

[...] tips on how to schedule things or how to change a schedule. P6

On delivery

Parents discussed changes that could be made to the programme delivery, which included involving other professionals and moving around content delivered as follows:

Other parents were sharing information, but I think that would be beneficial as well about the whole diagnosis and treatment system in Ireland. To have someone come in, a professional who knows that side of it. P10

I think the self-care piece could be about your health. I know it was discussed at the end, but I think it should be brought to the front. There's no point sitting there doing 20 min mindful meditation when you haven't had your breakfast [...]. P18

Discussion

The first theme identified—support available from attending the programme—captured the levels of support experienced by parents, who noted the feeling of not being alone and that their experience was normalised by listening to experiences of others within the group. This coincides with research by Foubister et al. (2020), who noted that a group setting might provide parents with the feeling of togetherness and building a support network. The idea of a support network was raised by some parents who noted that ongoing support was available following the programme. This links to findings by Smith et al. (2015), who discuss the importance of providing parents with additional support to meet their own needs. However, during interviews it was noted that groups would have benefited from the facilitator helping to encourage ongoing support.

Theme two, learning experiences for parents, comprised the changes in parenting approach within the home marked by an enhanced sense of understanding surrounding ADHD and its influence on children's behaviour. These findings align with Foubister et al. (2020), who identified parenting programmes such as the Parents in Control (PINC) can be effective in helping parents reduce their perception of “problem behaviours”. Participants commented on a change in their approach, which also consisted of reusing methods they were already aware of or needed to reintroduce ideas previously used. One could consider this adaptation to align with expected outcomes given the PP-ADHD's solution-focused foundation, which encourages parents to identify existing strengths (Lightfoot, 2014). The “gained understanding” experienced by parents may align with the findings of Sayal et al. (2016) who identified possible improvements to parent mental health in tandem with a reduction in parent-reported hyperactivity suggesting a change in understanding following delivery of a school-based parenting programme. Sayal et al. highlighted these positive outcomes in the absence of improvements to core ADHD symptoms; adding to the critical commentary surrounding the extent of emphasis placed upon the reduction of core symptoms as a marker for intervention success. Study comparisons highlight a series of similarities and discrepancies that reiterate the inconsistencies associated with ADHD intervention research which can be understood given the challenge of evaluating psychosocial interventions (Zwi et al., 2012). Future research may wish to examine the effect that enhancing parental perceptions of ADHD can have on parent-reported ADHD symptoms irrespective of/or in direct comparison to changes in core ADHD symptoms along with aiding the generalisability of these findings.

Parental outcomes comprised the third theme where parents discussed an increase in confidence in parenting abilities along with general positive outcomes. Previous research focusing on an online parenting programme for parents of children with disruptive behaviour noted improvements in parental behaviour, child behaviour and confidence of parents (Baumel et al., 2016). In addition, a meta-analysis by Spencer et al. (2020) noted overall positive outcomes of online parenting interventions as an increase in parental satisfaction, confidence and positive child behaviour following the online

intervention. Improvements to parent satisfaction, SNAP IV Child-inattention and Oppositional Defiant Disorder were identified in the quantitative investigation complementing this study (McGrattan et al., 2025). Participants experienced an increased ability to talk to their child about ADHD and to parent a child with ADHD.

Theme four focused on differences between online and in-person delivery and explored the participant experience of online and in-person programmes and their preference, alongside the idea of introducing hybrid programmes delivered with a mixture of online and in-person sessions. As parents attended either online or in person, a comparison could not be made between the two groups. Still, both groups commented on positive outcomes of attending the programme in general, which are in line with results from Agazzi et al. (2022), who state that parents experience similar benefits from attending an intervention not dependent on the delivery method. According to participants, an advantage of online delivery of the Parents Plus ADHD Children's programme was that parents were in their own homes. This is in line with previous research stating that online programmes enable participants to engage from their natural environment, meaning that an increased number of parents can be targeted (Agazzi et al., 2022).

Theme five, access to resources and services, was defined by parent discussion surrounding the resources available during interviews, with some participants noting the lack of resources. This finding is in line with research by Fridman et al. (2017), who reported a lack of resources for parents of children with ADHD and that this could potentially impact how a carer coped with their child's needs. Parents discussed sharing resources within the group and the value of having the parent book to refer to as needed. They noted that they could share ideas that had worked within their home, but they also heard ideas used by other families and used them when and if needed within their household.

Theme six captured the recommendations forwarded by parents, who advised the addition of other topics of interest such as greater focus on the role of medication and managing technology, which could be included in future programme deliveries depending on the needs of group members. During the Pre-PP-ADHD data collection, only 27 children were reported by 118 parents to be taking medication and the topic, was not covered in length, leaving some parents potentially unsupported. This feedback will be utilised for edits to the programme content moving forward. Parents made further recommendations regarding a need for the programme to be longer, noting that individuals within the group may take time to settle into a group. It is important to note that the programme was developed as an eight-week intervention but was delivered as a 6-week programme to online participants. Therefore, results may vary among groups depending on whether they engaged with a six-week or eight-week intervention, with those that commented on the need for a longer intervention having attended the six-week online programme. Future research could focus on comparing differences in parents attending a six- or eight-week intervention.

Limitations

This study had some limitations, as more parents engaged in online ADHD Ireland cohorts; therefore, these parents may not be linked to services. Parents who attended via a CAMHS service were already linked to services and may have received support during

the programme delivery and data collection. These situational factors may have impacted responses negatively or positively depending on the professional support families received outside of the programme. Future research could analyse parents' engagement level with external services and their length of engagement with them. Parents may have been biased in responses to interview questions favourably and may have answered in a more socially desirable way due to building a relationship with the programme facilitators. Therefore, generalisability cannot be considered for the broader public.

Despite these limitations, this study offers professionals insight into parental feedback on the Parents Plus ADHD programme. Results from this study provide feedback on the delivery of the programme both online and in person and offer practitioners the opportunity to consider outcomes for implementing this programme within real-world community settings. Therefore, results indicate what other parents may experience if engaged in the programme in the same or similar setting. As the programme was delivered online and in person, results also provide information on the programme's flexibility and accessibility for use within services. This research can also be utilised for future delivery and editing of content with the potential for additional topics included in materials and ongoing feedback to ensure content is continually reviewed and updated.

As the study mainly consisted of participants who attended the programme online, future studies could recruit a larger sample of parents, specifically those who attended the programme in person. A larger sample of both groups would allow for comparison of online versus in-person programme delivery.

Conclusion

The present study explored the qualitative experience of parents' engagement with the Parents Plus ADHD Children's programme. Following their engagement with a six-week intervention and participation in a quantitative exploration of the PP-ADHD (McGrattan et al., 2025), fifteen parents were interviewed to explore the qualitative experiences and outcomes with feedback analysed using thematic analysis. Six themes were identified following analysis: (1) Support from attending the programme, (2) Learning experiences for parents, (3) Parental outcomes, (4) Online versus in-person delivery, (5) Access to resources and services, and (6) Programme recommendations, that captured parents' experience of the PP-ADHD. Each theme contained distinct outlooks that were both insightful and positive. This feedback from parents provides an important insight into factors that can contribute to an effective group intervention, with the parent's voice and involvement paramount in future programme development which will be formally discussed with the ParentsPlus clinical team, and evaluation, along with the quantitative information from the complementary investigation.

Acknowledgements

This study was supported by incredible practitioners and their managers across a wide range of services in Ireland and the United Kingdom, who ran the PP-ADHD programmes and invited parents to participate in this study. We appreciate the time and effort given by the parents to this research and the great dedication of all the services involved. We would also like to thank

the Parents Plus Team, University College Dublin, and everyone who has been involved in this project since the beginning.

Author contributions

Lesley Lally was the lead author and responsible for data analyses, and drafting of a preliminary manuscript including introduction, methods, results and discussion, under the supervision of Dr John Sharry and Dr Eileen Brosnan. Liam McGrattan developed the preliminary manuscript and made substantial changes to the introduction, methods, results and discussion sections. Dr Martin O'Connor aided Liam McGrattan in critical evaluation of intellectual content. Cian O'Regan was instrumental in data collection. Dr Blanaid Gavin was involved in the submission of this study for ethical approval. Dr Sharry was also responsible for the conceptualisation of this study while Dr Brosnan was responsible for the organisation of the data collection, the PP-ADHD delivery, and the grant application process for this study. Drs Sharry, Brosnan, Gavin, and O'Connor all provided finalised edits collaboratively and gave approval to be published.

Disclosure statement

Liam McGrattan is an Assistant Psychologist with the ParentsPlus charity and thus received a salary for his work on this research. Martin O'Connor is a Clinical Psychologist working with the Health Service Executive (HSE) and an Adjunct Professor in the Psychology Dept. University College Dublin and acted as an independent advisor to the research. Dr John Sharry and Dr Eileen Brosnan are employed by the ParentPlus charity; Cian O'Regan and Lesley Lally are both former Assistant Psychologists with the ParentsPlus charity, all of whom have been involved in this research as part of their paid roles at ParentsPlus. Dr Blánaid Gavin is a Consultant Child and Adolescent Psychiatrist and Associate Professor of Psychiatry at the UCD School of Medicine, acting as an additional academic advisor.

Funding

This work was supported by ParentsPlus and Community Foundation Ireland.

Financial support statement

The delivery of the 15 PP-ADHD programmes across 2021 and 2022 was funded by ADHD Ireland. The Community Foundation Ireland, Toy Show Appeal, and Transformative Grant funded the ten PP-ADHD programmes delivered during 2023. Provision of the necessary session materials i.e. Parent Books, was funded by ParentsPlus, who also covered the costs for necessary supervision for trained facilitators.

Ethical standards statement

"The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. The study protocol was approved by the ethics committee of University College Dublin". "The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that ethical approval for publication of this investigation has been provided by their local Ethics Committee." Ethical approval was obtained from University College Dublin Human Research Ethics Committee, reference number LS-21-85-Gavin and local ethics boards

within CAMHS and Linn Dara. This study adheres to the Declaration of Helsinki as highlighted above.

Notes on contributors

Liam McGrattan is an Assistant Psychologist working with ParentsPlus. He received an MSc in Clinical Neuroscience and a BA in Psychology from the University of Galway, Republic of Ireland. His clinical experience includes work within social care, mental health, and disability services. His research experience prior to ParentsPlus includes roles with Trinity College Dublin, and the Royal College of Surgeons. His research interests include ADHD, intervention evaluation, and human research.

Lesley Lally is a second year-trainee educational and child psychologist at University College Dublin. She received an MSc from Queens University, Northern Ireland and an MSc from the University of Edinburgh Scotland. Her experience includes work in early years, and social care services, alongside assistant psychologist and research roles. Her research interests include ADHD, early intervention and systemic intervention.

Dr Martin O'Connor is a clinical psychologist working in Primary Care Psychology Services with people across the lifespan. He is also an Adjunct Lecturer / Assistant Professor in the UCD School of Psychology. Martin has completed the UCD School of Psychology PhD Research Programme and the Doctoral Programme in Clinical Psychology. Martin's research interests include evaluating the efficacy of psychological interventions and investigating their processes of change.

Cian O'Regan is a mental health professional with a BA (Hons) in Psychology and a Master's in Applied Psychology from Dublin Business School. He has extensive experience in various sectors of mental health, encompassing both clinical and research roles. His research interests centre on neurodivergence and the development of effective support mechanisms for this demographic. Cian is a graduate member of the Psychological Society of Ireland (PSI REG:M12723).

Dr Blánaid Gavin works as a Consultant Child and Adolescent Psychiatrist and is Associate Professor of Child and Adolescent Psychiatry in the School of Medicine, UCD. Her area of clinical subspeciality is ADHD. She has a particular interest in the early recognition and support of mental health difficulties in young people. She has led the development of the Neurodiversity Project in UCD and chairs the UCD EDI working group. She is module coordinator of the Professional Certificate and Diploma in Neurodiversity and is also co-leading the UCD research programme on Neurodiversity.

Dr Eileen Brosnan is Head of Practice and Implementation at Parents Plus. Her clinical background is in Social Work practice. She holds a PhD in the field of Adolescent Mental Health, a Masters in Social Work and a Master in Multi Media and as Senior Researcher and Project Leader role across a number of Child and Adolescent Mental Health Research collaborative initiatives with the School of Medicine, University College Dublin and the Mater Hospital CAMHS. Dr John Sharry is Clinical Director, co-founder and co-developer of the eight evidence-based Parents Plus and Working Things Out Programmes. She has 30 years experience as a mental health professional and was formerly Principal Social Worker at the Mater Child and Adolescent Mental Health Service (CAMHS).

John Sharry is Clinical Director, co-founder and co-developer of the eight evidence-based Parents Plus and Working Things Out Programmes. He has 30 years experience as a mental health professional and was formerly Principal Social Worker at the Mater Child and Adolescent Mental Health Service (CAMHS).

Data availability statement

The data that support the findings of this study is available from the corresponding author upon reasonable request. An ethical review of the proposed use will be required.

ORCID

Lesley Lally  <http://orcid.org/0000-0001-9437-4617>
 Liam McGrattan  <http://orcid.org/0000-0002-8854-1711>
 Martin O'Connor  <http://orcid.org/0000-0003-2174-8344>
 Cian O'Regan  <http://orcid.org/0009-0001-4904-1343>
 Blánaid Gavin  <http://orcid.org/0000-0002-5338-906X>

References

- Agazzi, H., Hayford, H., Thomas, N., Dickinson, S., Ortiz, C., & Salinas-Miranda, A. (2022). Pandemic parenting: A pilot study of in-person versus internet-DOCS K-5 for caregivers of school-age children with disruptive behaviors. *Clinical Child Psychology and Psychiatry*, 27(3), 569–585. <https://doi.org/10.1177/13591045221096313>
- Aghebati, A., Gharraee, B., Hakim Shoshtari, M., & Gohari, M. R. (2014). Triple p-positive parenting program for mothers of ADHD children. *Iranian Journal of Psychiatry and Behavioral Sciences*, 8(1), 59–65.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Baumel, A., Pawar, A., Kane, J. M., & Correll, C. U. (2016). Digital parent training for children with disruptive behaviors: Systematic review and meta-analysis of randomized trials. *Journal of Child and Adolescent Psychopharmacology*, 26(8), 740–749. <https://doi.org/10.1089/cap.2016.0048>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2014). *Successful qualitative research: A practical guide for beginners*. SAGE Publications Ltd.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Carr, A., Hartnett, D., Brosnan, E., & Sharry, J. (2017). Parents plus systemic, solution-focused parent training programs: Description, review of the evidence base, and meta-analysis. *Family Process*, 56(3), 652–668. <https://doi.org/10.1111/famp.12225>
- Charach, A., Carson, P., Fox, S., Ali, M. U., Beckett, J., & Lim, C. G. (2013). Interventions for pre-school children at high risk for ADHD: A comparative effectiveness review. *Pediatrics*, 131(5), e1584–e1604. <https://doi.org/10.1542/peds.2012-0974>
- Daley, D., Jones, K., Hutchings, J., & Thompson, M. (2009). Attention deficit hyperactivity disorder in pre-school children: Current findings, recommended interventions and future directions. *Child: Care, Health and Development*, 35(6), 754–766. <https://doi.org/10.1111/j.1365-2214.2009.00938.x>
- Daley, D., Van Der Oord, S., Ferrin, M., Cortese, S., Danckaerts, M., Doepfner, M., Van den Hoofdakker, B. J., Coghill, D., Thompson, M., Asherson, P., Banaschewski, T., Brandeis, D., Buitelaar, J., Dittmann, R. W., Hollis, C., Holtmann, M., Konofal, E., Lecendreux, M., Rothenberger, A., Santosh, P., ... Sonuga-Barke, E. J. (2018). Practitioner review: Current best practice in the use of parent training and other behavioural interventions in the treatment of children and adolescents with attention deficit hyperactivity disorder. *Journal of Child Psychology and Psychiatry*, 59(9), 932–947. <https://doi.org/10.1111/jcpp.12825>
- Ferrin, M., Moreno-Granados, J. M., Salcedo-Marin, M. D., Ruiz-Veguilla, M., Perez-Ayala, V., & Taylor, E. (2014). Evaluation of a psychoeducation programme for parents of children and adolescents with ADHD: Immediate and long-term effects using a blind randomized controlled trial. *European Child & Adolescent Psychiatry*, 23(8), 637–647. <https://doi.org/10.1007/s00787-013-0494-7>
- Foubister, L., Rennie, F., & Williams, J. (2020). Parents in control: Parental perceptions of problem behaviors before and after attending an ADHD-specific parent-training program. *Journal of Child and Adolescent Psychiatric Nursing*, 33(1), 30–37. <https://doi.org/10.1111/jcap.12261>

- Fridman, M., Banaschewski, T., Sikirica, V., Quintero, J., & Chen, K. S. (2017). Access to diagnosis, treatment, and supportive services among pharmacotherapy-treated children/ adolescents with ADHD in Europe: Data from the caregiver perspective on pediatric ADHD survey. *Neuropsychiatric Disease and Treatment*, 13, 947–958. <https://doi.org/10.2147/NDT.S128752>
- Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the incredible years basic parent training programme as an early intervention for children with conduct problems and ADHD. *Child: Care, Health and Development*, 33(6), 749–756. <https://doi.org/10.1111/j.1365-2214.2007.00747.x>
- Lightfoot, J. M. (2014). Solution focused therapy. *International Journal of Scientific & Engineering Research*, 5(12), 238–240.
- McGrattan, L., O'Connor, M., O'Regan, C., Lally, L., Gavin, B., Brosnan, E., & Sharry, J. (2025). *The feasibility of a programme for parenting children 6–12 with ADHD; a longitudinal open label trial*. Manuscript submitted for publication.
- Roughan, L. A., & Stafford, J. (2019). Demand and capacity in an ADHD team: Reducing the wait times for an ADHD assessment to 12 weeks. *BMJ Open Quality*, 8(4), e000653. <https://doi.org/10.1136/bmjopen-2019-000653>
- Sayal, K., Taylor, J. A., Valentine, A., Guo, B., Sampson, C. J., Sellman, E., James, M., Hollis, C., & Daley, D. (2016). Effectiveness and cost-effectiveness of a brief school-based group programme for parents of children at risk of ADHD: A cluster randomised controlled trial. *Child: Care, Health and Development*, 42(4), 521–533. <https://doi.org/10.1111/cch.12349>
- Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., & Landau, S. (2010). Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: The SPOKES project. *Journal of Child Psychology and Psychiatry*, 51(1), 48–57. <https://doi.org/10.1111/j.1469-7610.2009.02127.x>
- Sharry, J., Furman, B., Madden, B., & Darmody, M. (2012). *Becoming a solution detective: A strengths-based guide to brief therapy*. Routledge. <https://doi.org/10.4324/9780203153765>
- Smith, E., Koerting, J., Latter, S., Knowles, M. M., McCann, D. C., Thompson, M., & Sonuga-Barke, E. J. (2015). Overcoming barriers to effective early parenting interventions for attention-deficit hyperactivity disorder (ADHD): Parent and practitioner views. *Child: Care, Health and Development*, 41(1), 93–102. <https://doi.org/10.1111/cch.12146>
- Sonuga-Barke, E. J. S., Koerting, J., Smith, E., McCann, D. C., & Thompson, M. (2011). Early detection and intervention for attention-deficit/hyperactivity disorder. *Expert Review of Neurotherapeutics*, 11(4), 557–563. <https://doi.org/10.1586/ern.11.39>
- Spencer, C. M., Topham, G. L., King, E. L., & Fiese, B. H. (2020). Do online parenting programs create change? A meta-analysis. *Journal of Family Psychology*, 34(3), 364–374. <https://doi.org/10.1037/fam0000605>
- Turan, B., Esin, I. S., & Dursun, O. B. (2022). The effect of parenting programme on the symptoms and the family functioning of children with attention deficit and hyperactivity disorder who have residual symptoms despite medical treatment. *Behaviour Change*, 39(1), 21–36. <https://doi.org/10.1017/bec.2021.13>
- WHO. (2017). *Mhgap intervention guide for mental, neurological and substance-use disorders in non-specialized health settings*. World Health Organization.
- Wright, N., Moldavsky, M., Schneider, J., Chakrabarti, I., Coates, J., Daley, D., Kochhar, P., Mills, J., Sorour, W., & Sayal, K. (2015). Practitioner review: Pathways to care for ADHD – a systematic review of barriers and facilitators. *Journal of Child Psychology and Psychiatry*, 56(6), 598–617. <https://doi.org/10.1111/jcpp.12398>
- Young, S., Asherson, P., Lloyd, T., Absoud, M., Arif, M., Colley, W. A., Cortese, S., Cubbin, S., Doyle, N., Morua, S. D., Ferreira-Lay, P., Gudjonsson, G., Ivens, V., Jarvis, C., Lewis, A., Mason, P., Newlove-Delgado, T., Pitts, M., Read, H., ... Skirrow, C. (2021). Failure of healthcare provision for attention-deficit/hyperactivity disorder in the United Kingdom: A consensus statement. *Frontiers in Psychiatry*, 12, 1–16. <https://doi.org/10.3389/fpsy.2021.649399>
- Zwi, M., Jones, H., Thorgaard, C., York, A., & Dennis, J. (2012). Parent training interventions for attention deficit hyperactivity disorder (ADHD) in children aged 5 to 18 years. *Campbell Systematic Reviews*, 8(1), 1–100. <https://doi.org/10.4073/csr.2012.2>