B.Sc. (Hons) Psychology
Final Year Project

Including a Pupil with Attention Deficit Hyperactivity Disorder: Exploring Teachers Perspectives

2018

Dissertation submitted in partial fulfilment of the requirements of the Cardiff Metropolitan University for the Degree of Bachelor of Science
Declaration

DECLARATION

I hereby declare that this dissertation is the result of my own independent investigation under the supervision of my tutor. The various sources to which I am indebted are clearly indicated. This dissertation has not been accepted in substance for any other degree, and is not being submitted concurrently for any other degree.
Acknowledgements

Firstly, I would like to express my gratitude to my supervisor, for her guidance throughout this research project. I am truly grateful for your patience and support throughout, and also helping me through some of the difficulties I experienced during my final year at university.

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Secondly, I would like to thank my participants for being so open and honest about their experiences. Without you, this project wouldn’t have been possible. I wish you all the best for the future.

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I thank you for your guidance during my time at university. I am truly grateful for your support and I believe that I could not have done as well as I have at university without you.

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To my friends, thank you for being a means of escape when things got tough. I can’t thank you enough for all of your endless positivity and support.

*****

Finally, I would like to dedicate this project to all of my family for being so understanding and patient during my three years at Cardiff Metropolitan University. Even on my worst days you have always managed to put a smile on my face, for that I thank you. To my mum I owe a special thanks for her unwavering support and love throughout my degree. You have been my rock and I am forever grateful.
Abstract

Previous literature focusing on attention-deficit hyperactivity disorder (ADHD) primarily explores the experiences and perspectives of the parents of a child diagnosed with ADHD. Despite working day-to-day with these children, there is a deficiency of literature studying the experiences of teachers who work with these pupils. Previous research often explores the teacher’s knowledge of the disorder rather than their experiences of including pupils with ADHD in the classroom, and the methods and strategies that they employ to achieve this.

The current study aims to address this imbalance of literature by exploring the experiences of teachers in including a pupil with ADHD in the classroom. Thematic analysis was employed to analyse the data that was collected. Five themes were identified from the data; ‘Inclusion’, ‘Teacher Fairness’, ‘Student-Teacher Relationship’, ‘Communication’ and ‘Understanding of ADHD’.

The findings of this study provide an insight into the experiences of teachers including children diagnosed with ADHD in mainstream classrooms. Additionally, from the teacher’s perspectives, emphasis is placed on the importance of positive relationships between the teacher and child, and also the teacher and the child’s parents for the successful inclusion of pupils with ADHD. The results have been discussed in relation to previous literature, and possibilities for future research to expand upon the current study’s findings have been suggested.
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Chapter One: Introduction

Mainstream teachers work with pupils diagnosed with attention-deficit hyperactivity disorder (ADHD) on day-to-day processes. This study will explore teachers’ perspectives of working with, and including children diagnosed with ADHD in the classroom.

ADHD is considered to be one of the most common psychiatric disorders in child and adolescent psychiatry (Ghanizadeh, Bahredar, & Moeini, 2006). Consequently, a vast amount of research has been completed in recent years to increase our understanding of the disorder, and in turn, to produce the best treatment for reducing the symptoms of ADHD (Bell, 2011). ADHD is considered a complex neurodevelopmental disorder (Weis, 2013), comprising of a deficit in behavioural inhibition (Bell, 2011). The disorder is understood to commonly begin in childhood, and also often persists into adulthood (Brugha, Adherson, Strydom, Morgan, & Christie, 2016).

The Diagnostic and Statistical Manual (DSM) was first published in 1952, however this publication did not include ADHD as a disorder. Now in its 5th edition, the DSM-V is the most widely used system for diagnosing ADHD (American Psychiatric Association, 2013). According to the DSM-V, a diagnosis of ADHD requires an individual to show 6/9 symptoms of either inattentiveness, or hyperactivity and impulsivity in multiple settings. The disorder is classified by types (inattentive type, hyperactivity and impulsivity type, and combined type) and severity (mild, moderate or severe).

Those with attention deficit type suffer from persistent and developmentally unexpected difficulties with attention to detail (Weis, 2013). They struggle with paying attention to their teachers, and correspondingly, this can lead to consequences such as receiving a “time out” or detention (Owens & Hoza, 2003). Some children with this diagnosis are considered as appearing to be lethargic, passive and not aware of what is going on around them (Weis, 2013). As a result of this, they are often described as having a “sluggish cognitive tempo” (Weis, 2013). Children that suffer from “sluggish cognitive tempo” often miss instructions from teachers while day dreaming, and are more likely to be socially withdrawn and therefore, can experience difficulty making and maintaining friends.
However, those diagnosed with hyperactivity/combined type experience more behavioural difficulties at school. (Carlson & Mann, 2002). Those showing significant hyperactive and impulsive symptoms are often described as “on the go”, (Weis, 2013). They are suggested to often exhaust others patience with their high rate of behaviour and can annoy with their restlessness (Weis, 2013). Although these children may also struggle with their attention, it is not severe enough to merit combined type ADHD (Owens & Hoza, 2003).

Children that are diagnosed with combined type suffer from symptoms of both inattention, and hyperactivity and impulsivity. Parents and teachers often describe these children as careless, forgetful, restless and irresponsible (Weis, 2013).

These different types of ADHD are suggested to be prevalent in 3-5% of children in the general population in which they are meeting the diagnostic criteria for ADHD (Sayal, Prasad, Daley, Ford, & Coghill, 2017). The prevalence of ADHD is indicated to be higher among school-aged children compared to pre-schoolers, adolescents and adults (Weis, 2013). This prevalence may be the result of the age-of-onset criterion in the DSM-V for diagnosis of ADHD which is between the ages of seven and twelve (American Psychiatric Association, 2013). This age requirement has been supported by previous findings that the accuracy of diagnosis has been improved by introducing this age of onset criterion. Children below the age of seven are suggested to show many behaviours such as inattentiveness which has been linked to ADHD. However, rather than being symptoms of ADHD, these behaviours are indicated to usually improve in children after they reach the age of seven (Applegate, Lahey, Hart, Biederman, Hynd, et al, 1997). Therefore, if 6/9 symptoms are still shown in multiple settings after the age of seven, the validity of diagnosis for a child is increased.

However, flaws have been noted with the diagnosis of ADHD leading to a zone of ambiguity in which individuals argue that the majority of children are misdiagnosed (Parens & Johnston, 2009). One such problem in previous publications of the DSM was that symptoms were required to be shown before the age of 7, to be diagnosed with ADHD. However, it has recently been discovered as noted above, that nearly 50% of children do not show ADHD symptoms until after this age (Weis, 2013). Therefore, the DSM-V changed its age of onset criterion between 7 and 12. Since this change, many older children have been identified as having ADHD, with serious symptoms only first emerging after the age of 7 (Polanczyk, Caspi, Houts, Kollins, Rohde, & Moffitt, 2010). Although the DSM-V changed
its age of onset criterion in attempting to improve its validity, this change has since been questioned. Previous findings suggest that there are differences in the ages of onset of symptoms and impairment of the three subtypes. Therefore, it could be argued that the age of onset criterion should not be generalised and instead, it should be changed to apply to each type of ADHD to improve validity (Applegate, Lahey, Hart, Biederman, Hynd, et al, 1997).

Even though there has been considerable research into ADHD, the causes of the disorder remain unclear. However, it has been suggested that 80% of the variance in the symptoms of ADHD can be explained by genetic factors (Brookes, Xu, Chen, Zhou, Neale, et al, 2006). Yet since there is limited control over children’s genes, the aim of treatment is to not to cure the disorder but to alleviate symptoms (Barkley, 2004).

When diagnosed with ADHD, the most common first-line treatment for children with ADHD is pharmacology (Weis, 2013). The most commonly prescribed medication for ADHD are psycho-stimulants, which come in the form of amphetamines and methylphenidates. Ritalin is an amphetamine which is the most commonly prescribed medication for ADHD. This form of treatment can be self-medicated or given by parents/guardians and sometimes teachers. Even though psycho-stimulants are suggested to be significantly effective in reducing the symptoms of ADHD in children, when combined with behavioural management, the positive effects can be greatly increased.

Behaviour management methods are non-pharmacological strategies and techniques devised in attempt to alleviate the symptoms of ADHD. The methods are used in classrooms by teachers, and are also sometimes used at home by parents/guardians (Weis, 2013). The methods used by teachers can be designed at an individual level or can be used as a classroom management teaching technique. The behaviour management method suggested to be the most common in the classroom, involves the use of praise and rewards. This method is, however, indicated to have limited success (Weis, 2013). Other behaviour management methods have been shown to result in more significant reductions in symptomatic behaviours.

Working memory is suggested to be one of several executive functions believed to be underdeveloped in children with ADHD (Barkley & Murphy, 1998). The delayed development of such functions may contribute to the children’s symptoms of inattention and associated academic problems (Weis, 2013). However, behaviour management methods have
been designed to improve working-memory. One example of this form of method is an intensive working-memory programme which can be used by teachers and parents/guardians. The program is designed to help the children to transfer their skills to other domains and has shown to significantly improvement working memory (Holmes, Gatehrcole, Place, Dunning, Hilton & Elliott, 2009).

Another effective method which has been shown to significantly reduce some of the symptoms of ADHD is a broad-based treatment referred to as Multi-Modal Psychosocial therapy, which integrates psychosocial, educational and behavioural treatments (Hechtman, Abikoff, & Jensen, 2005). This form of treatment is designed to improve the child’s home behaviour, academic skills and social functioning with peers and adults (Weis, 2013). This is achieved through parents, teachers and therapists working together to address the symptoms expressed by the child consistently in different environments. This method involves a variety of processes such as parents attending small-group parent training sessions, where they are taught principles of operant conditioning (Hechtman, Abikoff, Klein, Greenfield, Etcovitch, Cousins, et al, 2004). Operant conditioning is the modification of behaviour through reinforcement and punishment. Previous literature has argued that teachers believe a parent’s lack of communication with the school can be one of the main causes of their child’s misbehaviour (Miller & Black, 2001). Therefore, this method involves the child’s parents working with the child's teacher to reinforce appropriate behaviour in different settings. This can be achieved through the use of communication, for example, report cards being sent home from the teachers on their child’s behaviour at school. To improve their academic functioning, the children receive educational skills training, support and tutoring (Hechtman et al, 2004). Social skills are further developed by therapists and teachers training children in basic interaction skills, such as getting along with peers and how to hold a conversation (Abikoff, Hechtman, Klein, Gallagher, Fleiss, et al, 2004). Both parents and teachers are encouraged to remind the children to practice these in real-life situations.

As well as having to deal with the numerous symptoms of ADHD, children that are diagnosed with the disorder can also develop associated problems. A few examples of commonly associated problems are anti-social behaviour, peer rejection and underachievement at school (National Institute for Clinical Excellence, & Britain, 2006). For example, the child’s hyperactive and impulsive behaviour frequently has a negative impact upon their peer interaction, and often results in children with ADHD being disliked (Weis,
The disorder has also been associated with low academic performance (Loe & Feldman, 2007). Although it remains unclear which is the dominant factor of ADHD that lowers academic performance, numerous possible causes have been suggested such as the disrupted relationships with parents and teachers (Elkins, McGue, & Iacono, 2007). This poor relationship can lead to a lack in confidence in asking for extra help with homework, or with tasks at school. As a result, this can lead to a reduction in the child’s academic achievement capability. On the other hand, those with predominantly inattentive type are more likely to have lower academic performance due to social withdrawal (Breslau, Lane, Sampson, & Kessler, 2008). As these children have trouble staying focused and listening to others, they often struggle to pay attention to their teachers at school and consequently miss information (Owens & Hoza, 2003). In turn, this can negatively impact on the child’s academic performance. Consequently, these associated problems can contribute to the development of conduct problems that are strongly associated with ADHD (Schubiner, Tzelepis, Milberger, Lockhart, Kruger, Kelley, & Schoener, 2000). This is supported by previous findings which argue that individuals with ADHD that are struggling with social, emotional and psychological difficulties are at a higher risk of developing conduct disorders (Spencer, 2006).

Teachers are often one of the first to notice a child’s behaviour problems (Vereb & DiPerna, 2004). As mentioned above, teachers are heavily involved with including the child in the classroom, and use various behaviour management methods to alleviate the symptoms of ADHD. Yet there is a paucity of literature focusing upon their experiences of teaching a child with ADHD. When comparing the amount of previous literature on parents’ experiences of children with ADHD to the research on teachers, the research is limited (Kos, Richdale, & Jackson, 2004). Moreover, previous literature in this area is usually quantitative and focuses on the teacher’s knowledge of ADHD and their attitude towards it (Guerra Tiwari, Das, Cavazos Vela, & Sharma, 2017), rather than the teacher’s individual experiences of working with children diagnosed with the disorder. Due to the nature of quantitative research, previous literature has not gained enough in-depth information on personal perceptions to reflect a true understanding of what it is like to work with children with ADHD. However, qualitative research methods such as one-to-one interviews could offer this information (Scuitto, Terjesen, & Frank, 2000; Bekle, 2004; Kos et al 2004).
Through gaining a better insight into the perspectives of teachers that work with children with ADHD using a qualitative method, these findings could provide numerous positive outcomes such as improving the methods and treatment to alleviate symptoms of ADHD expressed in the classroom. In turn, this could reduce stresses that teachers have to overcome from the child’s symptomatic behaviours, such as dealing with their restless behaviour, or having to repeat information that they may have missed.

Even though teachers play this pivotal role in their pupils’ lives, there is a lack of literature about their experiences of doing so. Therefore, this study aims to address this deficiency of literature, by exploring the perspectives of teachers on their experiences of including pupils diagnosed with ADHD in the classroom. As a result of the information gathered, a better understanding and insight can be gained into the strategies that teachers employ to include their pupil’s with ADHD. This information could potentially equip prospective teachers for their new role in a more rounded, consistent way. Consequently, this could lead to teachers more successfully including their pupil’s with ADHD in mainstream classrooms.
Chapter Two: Method

2.1 Design
A qualitative method design was used for this study using semi-structured interviews. This form of data collection was chosen as it allows the researcher to gain rich descriptions of the participants’ experiences (Sofaer, 1999).

2.2 Participants
This study involved interviewing four teachers on their experiences of working with pupils with ADHD. The teachers were recruited via purposive sampling. This technique is a non-probability type of sampling that recruit’s participants which suit the particular purpose of the study (Tongco, 2007).
The inclusion criteria necessitated that participants were currently mainstream teachers with experience of working with a child diagnosed with ADHD. Participants ranged across KS2 and KS3 and 4 (primary and secondary level). There was no gender or age specification for participants.
The participants were recruited via a snowball technique and were initially contacted via email. This recruitment method makes use of participants’ social networks to gain better access to specific populations (Browne, 2005).
This technique was used as the researcher has personal contacts with individuals who were willing to be included in this study.
Pseudonyms were used for all participants for anonymity purposes.

Table 1: Participant Vignette

<table>
<thead>
<tr>
<th>Name of Participants</th>
<th>Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1: Jessica</td>
<td>Female. Worked in field of education for 6 and a half years.</td>
</tr>
<tr>
<td>Participant 2: Jac</td>
<td>Male. Worked in field of education for 5 years.</td>
</tr>
<tr>
<td>Participant 3: Emily</td>
<td>Female. Worked in field of education for 29 years.</td>
</tr>
<tr>
<td>Participant 4: Tom</td>
<td>Male. Worked in field of education for just under 2 years.</td>
</tr>
</tbody>
</table>
2.3 Materials
Semi-structured interviews schedules were used to collect the data in face to face interviews. Before the interviews took place, the participants were given information sheets informing them of their right to withdraw, and also a consent form. Interviews took place in a convenient quiet location for the participants; each interview took between 19 and 40 minutes. Interviews were recorded on an audio recorder on a password protected iPhone.

2.4 Data collection
The interview encompassed questions that revolved around the teachers’ experiences of working with children diagnosed with ADHD such as;

• In your experience, does having a child with ADHD in the classroom change anything?
• Can you explain some of the methods and techniques that you employ to teach and include ADHD pupils?
• Have you had any suggestions made by the school’s/child’s educational psychologist on how to improve the symptomatic behaviours of ADHD in the classroom?

Ethical approval for this study was granted by the university ethics board. All of the participants were informed of their right to withdraw during the interview, and their right to withdraw their data up to three weeks after the interviews took place. The information sheet also provided contact details of support groups for the participants to access if they became distressed during the interview, and felt that they needed support. The information sheet and consent forms were signed by all participants before the interviews were carried out. All raw data was stored anonymously and confidentially on a secure iPhone and laptop. Once the interviews had been transferred onto a USB for evidence, all recordings were deleted off the iPhone.

2.5 Method of analysis
Thematic analysis was used to analyse the data set gathered from the interviews (Braun & Clarke, 2006). It is suggested that this method of analysis allows for increased sensitivity, in understanding and interpreting observations of people, events and situations (Boyatzis, 1998). Braun and Clarke (2006) defined thematic analysis as the ‘method for identifying, analysing
and reporting themes within data’ (Braun & Clarke, 2006). For this reason, thematic analysis was chosen for this study, so experiences such as including pupils diagnosed with ADHD in the classroom can be explored (Boyatzis, 1998). The analysis process involves six stages that encode the qualitative data gathered in interviews (Boyatzis, 1998).

The first stage of Braun & Clarke’s (2006) thematic analysis method involves the transcription of the interview audio recordings. This stage included the use of the transcription conventions produced by Jefferson (2004). Once transcribed, the interviews were read multiple times, in order for the researcher to familiarise themselves with the data. As a result of this, the first stage of thematic analysis is referred to as ‘familiarising yourself with your data’. This facilitates the analytic process, allowing the researcher to move on to the second stage of the process.

The second stage, also known as ‘generating initial codes’, requires producing an initial coding of points made by the participant that the researcher found noteworthy.

The third stage; ‘searching for themes’, involves the clustering of the noteworthy points into different themes that link them together.

In stage four, reviewing of themes takes place to increase their relevance by either discarding irrelevant themes or altering them. This could involve breaking themes down into separate themes or themes collapsing into each other.

Stage five; defining and naming themes, begins once a satisfactory thematic map of data is produced. A number of themes and subthemes can now be defined and further refined. Braun and Clarke (2006) suggest this means identifying the ‘essence’ of what each theme is about, and what aspect of the data each theme captures.

The final stage involves producing the report. During this stage, the themes are written up in the report. Braun and Clarke (2006) emphasise the importance that ‘the analysis provides a concise, coherent, logical, non-logical, and interesting account of the story the data tells – within and across themes’.
Chapter Three: Results

3.1 Overview

Five themes were identified from the transcripts; ‘Inclusion’, ‘Teacher Fairness’, ‘Student-Teacher Relationship’, ‘Communication’ and ‘Understanding of ADHD’. These themes consist of numerous subthemes as shown in the thematic map below.

![Thematic Map](image)

Figure 1: Thematic Map

3.2 Inclusion

This theme consists of two sub-themes ‘Methods’ and ‘Challenges’. The teachers consistently referred to the methods that they have used in the attempt to include children with ADHD in the classroom. They also discuss the challenges that they have experienced when trying to include these pupils.
Methods

All of the teachers discussed the methods that they use in attempt to include children with ADHD in their classroom. Although during the interview two psychologically approved methods were drawn upon by the interviewer, only one of the participants was aware of both of them but she did not use either. Instead, the techniques employed by all of the teachers were basic and were not learnt through teacher training, but instead through gaining a relationship with the child.

“I made sure that they knew what the routines were, that they knew what was coming next.”

(Emily; 7, 346)

“Make sure that they feel included, making sure you tell them ahead of the time, give them the space, give them the kind of routine, let them know what is going on.”

(Tom; 4, 205)

Both Emily and Tom highlighted the importance of including the child by explaining to them what the lesson entailed. They discussed how the child felt ‘secure’ and ‘included’ by always knowing what was coming next.

“So within my provision, its short and sharp. Its, um, very visual learning. Um, I think giving clear instructions. Um, I think you’ve got to come down to their level. You’ve got to speak to them and understand them.”

(Jessica; 2, 54)

Jessica discussed the importance of understanding the child in order to work best with them. She explained that it was essential that the pupil also had an understanding of the teacher and knew that he/she was on their side and was not ‘the child’s enemy’. Therefore, a positive relationship between the pupil and teacher is beneficial for the child’s inclusion in the classroom and as a result, improving their academic achievement.
Challenges

All of the teachers discussed the biggest challenges they have had to face working with pupils with ADHD in the classroom. The teachers described how having just one pupil in the classroom can have an impact on the rest of the class and also their teaching.

“They’re so noisy sometimes or because they’re so vigorous sometimes with their movement around the classroom demands attention because it can disturb other pupils.”

(Emily; 8, 385)

“It’s in the planning then with lesson that has a massive impact on how that one person behaves and being aware that if that one person is not kept entertained that can effect the rest of the class then”

(Jac; 2, 72)

“One with quite severe ADHD and it makes a massive difference to that classroom and that environment in that classroom.”

(Tom; 1, 17)

Emily, Jac and Tom explained how the behaviour of a child diagnosed with ADHD can make a large difference within their classrooms. Emily described how the child demanding her attention through being noisy and vigorous can disturb the other pupils. Emily discussed how although the pupil is not actually asking for her attention, the actions of the child demand her attention and as a result, her other pupils can lose focus.

Jac supported this with his experience of how one pupil’s lack of engagement can negatively effect the rest of his class’ attention. Jac explained that if he wants to get his whole class to behave then sometimes, he has to make sure that he gets that one pupil to behave or focus.

3.3 Teacher Fairness

This theme consists of two sub-themes ‘Equality’ and ‘Imbalance’. These sub-themes represent the balance of the teacher’s attention in the classroom such as time sharing, and focusing on individual pupils. All participants highlighted how sharing their time and focus can impact upon a classroom. There was mixed opinions from the teachers on what they
thought was right and wrong on splitting their attention and time fairly in a classroom involving a pupil with ADHD.

Equality

All of the participants discussed trying to make sure that they shared their attention and time evenly amongst the whole class to include all of their pupils in the classroom. However, this is described as difficult as pupils with ADHD often demand a lot of their attention.

“Make sure the other children’s needs are being met and that you’re planning for the other children”
(Emily; 9, 449)

“I think when you’re trying to speak to a whole class and you’ve got one that’s sort of itching to move, its really tricky. So its trying to engage everybody by making things short and sharp”
(Jessica; 1, 39)

“So, its juggling between giving them the required attention and also keeping the rest of the class learning”
(Tom; 2, 64)

Ensuring that the whole class’ needs are being met is highlighted as being an area of difficulty within a class with a pupil with ADHD, by all of the teachers. Jessica discussed how ‘it’s really tricky’ to engage the whole class when there is one pupil that is demanding all of her attention.

However, the teachers discussed the methods that they use in order to try and overcome this. Planning ahead for the lesson to make sure that all of the class are involved, and still learning and preventing an imbalance of their attention.

Imbalance

Three of the teachers discussed feeling that they did not share their time and focus equally amongst their class. They often felt that they spent the majority of their attention on the pupil
diagnosed with ADHD in their classroom. They also discuss focusing on the child as they expect poor behaviour from the child.

“If it’s just I want to get this class to behave I’ve got to get that one boy to behave or that boy to focus then.”

(Jac; 2, 75)

Jac explained that by focusing on his pupil that has been diagnosed with ADHD, this can have a positive effect on the rest of the class. By spending his time ensuring that the child with ADHD is behaving and on task, the pupil is described as being less of a distraction to the other pupil’s and therefore, all pupils are included and engaged.

“Everybody sees everything and I think that sometimes that’s a little bit unfair”

(Emily; 2, 80)

“I’ve noticed often the attention of the teacher is on that child with ADHD a lot more than the rest of the class”

(Tom; 1, 19)

On the other hand, Emily and Tom discuss the negatives of allocating more time to their pupil’s diagnosed with ADHD.

Emily explained that she thought it was unfair on the pupil as all of the teachers in the school ‘have a spotlight on that child all the time’ and that they have no space to be themselves. Emily discussed teachers’ expectations of the child with ADHD to be naughty, and therefore, would focus on them to ‘nip poor behaviour in the bud’.

Whereas Tom thought it was neglectful to the rest of the class to spend all of his time with just the one pupil in his class with ADHD.
3.4 Student-Teacher Relationship

All of the teachers emphasised the importance of having a relationship with pupils in their classroom, especially those that are diagnosed with ADHD. The teachers repeatedly suggest that having a relationship with the child is essential to work successfully together. By forming a positive relationship, the teachers state that an understanding of the pupil can be gained. This understanding is suggested to allow the teacher to then adapt their approach, to better suit that pupil in attempt to improve not only their school experience, but also the whole class. The teachers indicate that as a result of a positive relationship, they can more successfully include the pupil (diagnosed with ADHD) in the classroom, and therefore he/she can be less of a distraction to other pupils.

“The key is getting to know the child”
(Emily; 9, 453)

“I think if you understand the child then, your teaching changes as well. So you adapt to suit them and then your classroom is a bit calmer.”
(Jessica; 1, 17)

“So the hardest bit is trying to get their attention but that comes with starting up a good relationship with them and most things you do, then do tend to come in time really”
(Jac; 2, 68)

Emily, Jessica and Jac highlight the importance of building a positive relationship and trust with their pupils with ADHD to effectively include the child in the classroom.

“I think the struggle with him is communicating that to people that don't know him because he can get quite frustrated if the teacher is not understanding because they don't really know what he's like”
(Tom; 7, 322)

Tom supported the need for a relationship between teachers and their pupils with ADHD, by explaining how a lack of a relationship can impact upon the child’s behaviour. Tom discussed how frustrating it can be to the pupil if a new teacher comes into class, that doesn’t know
them and tries working with them. In his experience, pupil’s with ADHD don’t work well teachers that they don’t know.

3.5 Communication
This theme consists of two subthemes ‘In the Loop’ and ‘Difficulties’. All of the teachers stated that at some point they were supported by either another member of staff or the child’s parents/guardians. The teachers explained how effective communication can benefit including a child with ADHD in a mainstream classroom. However, experiencing difficulties with communication was also discussed, and how this can negatively impact upon the behaviour of a child that has been diagnosed with ADHD.

In the Loop
The participants described having support through communicating with others such as teachers and/or the child’s parents/guardians. All of the teachers discussed how keeping everyone involved has been a beneficial method of inclusion for children with ADHD.

“If you’ve got a supportive parent. The impact can be huge. The link is really, really good. It depends then on the parent”

(Jessica; 3, 130)

Jessica discussed how effective having support from the child’s family can be in ensuring she has the best chance of working successfully with the child. Jessica talked about how simple communication can be effective such as parents/guardians informing her that the child had a bad night’s sleep, so she can be more understanding when dealing with poor behaviour from the child that day. Following on from that, Jessica explained that from communicating with the child’s parents, she can then work more effectively with the child in attempting to include them in the classroom.

“I think its just if we all have that same approach at the start then all the staff were trained that would definitely help then.”

(Jac; 6, 271)
“Make sure that the senior leadership are fully involved in the situation … just so that they are kept in the loop”

(Tom; 3, 118)

Jac and Tom both highlighted how making sure information is shared with all of those concerned such as staff and parents, can be effective in helping to improve the child’s school experience. Jac discussed how sharing the same approach with all the staff at the school can reduce the child’s symptomatic behaviour’s, compared to being inconsistent with their use of techniques.

**Difficulties**

All of the teachers discussed experiencing difficulties communicating with other members of staff or the child’s parents/guardians. The teachers described how the experience negatively impacted upon how they worked with the pupil with ADHD.

“I sometimes find as well that sometimes the parents can be a little bit as disorganised as the children. So its relying on them to give us that information etcetera.”

(Jessica; 3, 122)

“The parents don’t agree with necessarily the way that they're being told to deal with the child. So in the different environments the child is being treated differently which is not helping him”

(Tom; 4, 175)

“When everyone is not on the same page in the multi-therapy then it can cause difficulties later down the line.”

(Tom; 4, 190)

Tom highlighted the importance of everyone staying in contact, and discussed how when communication falls through, it can result in problems. Tom described experiencing difficulties communicating with the child’s parents, and disagreements on the methods being
used to alleviate the child’s symptoms of ADHD. In Toms experience of parents using different methods to himself that this has not helped the child.

### 3.6 Understanding of ADHD

This theme consists of two sub-themes ‘Teachers Voice Not Being Heard’ and ‘Inadequate Training’. All of the teachers discussed their experience of being prepared and trained to work with children with ADHD in the classroom. One of the teachers felt confident that they were knowledgeable on the disorder and that they had been trained to effectively include a child diagnosed with ADHD in the classroom. On the other hand, three discussed not receiving efficient training on ADHD, and that they felt the needed to do their own research in order to understand the disorder to best work with their pupils with ADHD.

**Teachers Voice Not Being Heard**

When discussing issues such as deciding on individualized behaviour management methods and diagnoses, the teachers discussed what they believed to be the impacts of not being involved in the process.

“If they just come in for one day, they don’t see everything that goes on whereas that actually gave us the opportunity to actually say what he was like regularly”

(Tom; 5, 232)

“So you’d have a consultant psychiatrist, you’d have an educational psychologist, you’d have the behaviour specialist teacher like myself but there’s nobody from school which is very interesting.”

(Emily; 4, 204)

When discussing the process of referral and diagnosis of ADHD, Tom and Emily both felt that teachers are not involved enough. They explained that as teachers, they are the ones that deal with the child on a day-to-day basis. Emily listed the members of staff that are involved in the diagnosis and found it interesting that a teacher is not included. Tom went on to say how these individuals only see ‘little snippets’ of the child’s behaviour and do not get a true reflection of the child’s daily behaviour as the teacher would.
“Yeah I think the teachers voice needs to be taken more into consideration from my experience not say that the teacher is right because they haven't had the training that the others have had but they they can say whether they think these things can work more with the child than people that see it from the outside”

(Tom; 6, 301)

Tom argued that he felt teacher’s voices were not heard during the process of referral and diagnosis. Tom explained that as the pupil’s teacher he knows what works better for the child compared to staff members ‘from the outside’. He thinks it is a problem that the people making the judgements do not have a real understanding of the child like the class teacher does. Tom discusses that he believes that if the teachers voice were taken into consideration, that teachers could suggest methods that would be more effective in including the child in the classroom.

Inadequate Training
All of the teachers highlighted feeling that they were not trained appropriately to work successfully with children diagnosed with ADHD, before entering the classroom.

“I work with so many teachers who although they’re doing a really good job in class, they have never been trained with ADHD”

(Emily; 4, 188)

“So, if I had known all these things, I think it would help the child.”

(Jessica; 4, 168)

Emily and Jessica both felt that they were lacking knowledge, and training to work well with their pupils with ADHD. Emily discussed a lack of specificity of teacher training on ADHD, Emily mentioned that in her experience, teacher training does not specifically focus on the disorder and believes this needs improvement. Jessica felt that had she received adequate training before entering the classroom, she could have worked more effectively with the child, and been more successful in including the pupil in the classroom.
“In a sense you do your PGCE, read this book and all that crap and I feel you can read as many books as you want until you’re in the classroom and you’ve got to face that…”

(Jac; 5, 213)

However, Jac explained that he felt no amount of training or knowledge could have prepared him to work with a child with ADHD. Jac suggested that he was not trained to work with pupils with ADHD and suggested that nothing can prepare a teacher to do so.

3.7 Summary of Results
The themes identified from the transcripts highlighted different qualities that the teachers have found useful for the inclusion of pupil’s with ADHD in mainstream classrooms.

The findings illustrate the methods that the teachers have employed to include the child with ADHD in the classroom. However, the methods that the teachers used were not psychologically approved methods, instead they were methods that did not require any prior specific training. Only one of the teachers was aware of both of the psychologically approved methods mentioned during the interview, however she only described partially using one of them and did not employ the other. The challenges of including a child with ADHD in the classroom were also highlighted, such as the excessive demand for the teacher’s attention required by the child leading to a loss of focus given to the rest of the class.

The teachers balance of attention led to the theme of Teacher Fairness. The teachers repeatedly mentioned struggling with their pupil diagnosed with ADHD demanding their time and attention as they wanted to balance their focus fairly across the whole class. This theme highlighted an inequality for children diagnosed with ADHD as they are often more closely monitored by their teacher’s and are scrutinised by their peers whose negative behaviours may at times go unnoticed by the teacher due to this imbalance of attention.

The teachers also highlighted the importance of a positive student-teacher relationship in order to effectively include, and work with a pupil with ADHD in the classroom. This was accentuated with descriptions of the negative impact of having a poor, or lack of a student-teacher relationship with a pupil with ADHD.
The importance of communication between the teachers and other staff members and the pupil’s parents/guardians was also emphasised. By keeping all those that are involved with the pupil with ADHD ‘in the loop’, the effectiveness of behaviour management is suggested to be improved with the greater consistency of approach. When the teachers have experienced difficulties communicating with other staff and the child’s parents/guardians, it is indicated that this can lead to problems with the efficiency of behaviour management methods.

The teachers level of understanding of ADHD was a point of concern reflected in the lack of their training and involvement. This theme emphasized how the teachers felt that they were unprepared to work with children diagnosed with ADHD. Even though they had begun working day to day with the child feeling this way, some still felt that their voice was not heard during processes such as diagnosis, and discussing future methods for relieving the child’s symptoms of ADHD.
Chapter Four: Discussion

4.1 Overview

Day-to-day teachers work with, and aim to include pupils diagnosed with ADHD in the classroom. Although teachers are heavily involved in attempting to alleviate the child’s symptomatic behaviours through behaviour management methods, and are often the first to notice a child’s behaviour problems, there is a paucity of research into their experiences and perspectives (Vereb & DiPerna, 2004). The current study investigated into teachers’ experiences of working with their pupils with ADHD, in order to address the deficiency of literature.

The teachers drew upon behaviour management methods that they had previously employed to alleviate the symptoms of their pupils with ADHD. However, this discussion highlighted that the teachers did not employ psychologically approved methods in their classrooms. Although all of the teachers were aware of one of the two methods drawn upon in the interview (multi-modal psychosocial therapy), the method was not used in full effect by any of the teachers, and only certain parts had been employed. The importance of understanding the child and developing a positive student-teacher relationship was emphasized, as well as effective communication and teacher training to effectively include a pupil with ADHD in the classroom. Five themes were identified from the transcripts; inclusion, teacher fairness, student-teacher relationship, communication, and understanding of ADHD.

The theme ‘inclusion’ encapsulates the teachers’ methods and challenges of including a pupil with ADHD in the classroom. The methods that all of the teachers discussed regularly employing in order to alleviate their pupil’s symptomatic behaviours did not require prior training such as planning routine with the child, and gaining an understanding of their pupil. This contradicts previous research suggesting that the most common behaviour management method used in classrooms is the use of praise and rewards (Weis, 2013). Even though the teachers support previous research emphasizing the efficacy of routine, structure and consistency in alleviating their pupil’s symptomatic behaviours (Mulligan, 2001), they are not psychologically approved methods. If psychologically approved methods such as the working-memory programme (Holmes, Gatehrcole, Place, Dunning, Hilton & Elliott, 2009),
and Multi-Modal Psychosocial therapy (Hechtman, Abikoff, & Jensen, 2005) were employed by the teachers, this could reduce many of the challenges experienced by the teachers. Further research could explore how the behaviour management methods employed by teacher’s can impact upon the academic achievement of a pupil with ADHD.

The teachers also described struggling to keep a pupil with ADHD focused in the classroom and due to this, they often lost the engagement of the rest of the class. This links with previous literature which states that individuals with hyperactive or combined type ADHD are described as restless, and have trouble focusing on their teachers and consequently, demanding their teacher’s attention (Weis, 2013; Owens & Hoza, 2003). As a result of this behaviour, the teachers discuss how this can disturb the whole class, resulting in detention, “time out” and sometimes even exclusion for their pupil with ADHD (Owens & Hoza, 2003). Therefore, the child misses time being in the classroom and is absent from learning with the rest of their class. This could be one of the causes of the associated problem of lower academic performance of pupils with ADHD, compared to that of their peers (Loe & Feldman, 2007). The perceived negative behaviours that the participants describe experiencing could also be improved if psychologically approved methods were known and employed by the teachers. The provision of more training opportunities, and sharing good practice amongst teachers, therapists and parents could promote positive outcomes.

The theme ‘teacher fairness’ encapsulates the teacher’s descriptions of trying to balance their time and attention fairly between their whole class. Planning ahead for their lessons to ensure their whole class’ needs are met is noted as important to the teachers. They described their pupil’s with ADHD often demanding their time and focus. However, through careful planning, the teachers felt they could better include their pupil with ADHD in the classroom, as they were more successful in equally sharing their attention between all of their pupils. This supports previous research that highlights the efficacy of teacher planning, as disruptive behaviour is suggested to worsen as the result of a lack of planning and structure (Owens & Hoza, 2003; Vannest & Hagan-Burke, 2010). These findings overlap with the sub-theme ‘challenges’, as the teachers suggest that they plan ahead in order to avoid the disruption that their pupil with ADHD can cause. However, there is a deficiency of previous literature on the impacts that can be caused by teachers attempting to balance their time and focus across the whole class. Therefore, to build on this current study, future research could explore the impacts on a pupil’s academic achievement of their teachers sharing their time and focus equally amongst their class.
The teachers also discussed experiences of an imbalance of their focus when their pupil with ADHD is demanding their attention. It was suggested that this imbalance of focus was due to an expectation of poor behaviour from their pupil with ADHD. In addition to this, the teachers stated that their pupils with ADHD also received negative labelling from their peers in their classrooms. In relation to previous literature, this expectation of poor behaviour could be argued to result in a self-fulfilling prophecy, as the pupils with ADHD have been labelled, and are expected to behave poorly, by their teachers and peers (Nelson & Flutas, 2000). A “limelight” on a pupil with ADHD by teachers was also mentioned. This suggests that other members of the class are less likely to be caught misbehaving, compared to their watched-over peer with ADHD. This misbehaviour can then lead to negative outcomes such as exclusion and as a result, could lower academic achievement due to absence from lessons (Owens & Hoza, 2003). This raises questions on the validity of the suggested associated problems of ADHD, whether all poor behaviour at school, and academic achievement is actually symptomatic, or just the result of an attention bias from the pupil’s teacher. This links with the sense of “injustice” that pupils with ADHD may experience in a mainstream school as mentioned by one of the participants.

The theme ‘student-teacher relationship’ refers to the teachers aim to develop an understanding, and positive relationship with their pupils with ADHD. In the literature review, the dominant factor of ADHD that lowers academic performance remains unclear and it is suggested there may be with numerous possible causes (Elkins, et al, 2007). However, this theme highlights, and supports previous literature on the importance of developing a positive student-teacher relationship in promoting the best academic achievement possible for a pupil with ADHD (Elkins, et al, 2007). In contrast, the current study’s findings support the view that a negative, or lack of a student-teacher relationship, can lead to a fall in the academic achievement capability of a child with ADHD (Loe & Feldman, 2007). This correlates with previous research which highlights how this poor relationship can result in a pupil being unable to connect with academic and social resources offered by the school (Hamre & Pianta, 2006). This can be due to the teacher not understanding the child; the importance of which is emphasized in previous research, and in this current study (Weis, 2013; Elkins, et al, 2007). Similarly, previous findings also suggest that in order to successfully manage a classroom, teachers must develop an understanding of their pupils (Chaplain, 2016). Therefore, through gaining a positive student-teacher relationship, the
teachers explained how understanding their pupil with ADHD promoted successful outcomes as well as improving the pupil’s academic achievement.

As discussed in the literature review, not only can academic achievement be impacted upon by this relationship, but conduct problems can also be induced by the lack of, or development of a negative relationship between the child and their teacher or parents (Schubiner, Tzelepis, Milberger, Lockhart, Kruger, Kelley, & Schoener, 2000; Spencer, 2006). Although the current study emphasizes the importance of the student-teacher relationship, previous literature suggests that behavioural patterns are associated with the child’s family and not their teacher (Racz, O’Brennan, Bradshaw, & Leaf, 2016). Therefore, future research could expand upon this finding by investigating and comparing the significance of how influential each of these relationships are in terms of positive and negative outcomes of children with ADHD.

The theme ‘communication’ encapsulates the importance of staying in contact with surrounding members of staff, and the parents/guardians of a pupil with ADHD. The teachers emphasised how effective a consistent approach can be, using the same behaviour management methods at home and school in working successfully with pupils with ADHD. Therefore, this suggests that to work with, and effectively include a child with ADHD in the classroom, teachers and parents can facilitate positive outcomes by working and planning together to use consistent methods. This supports previous literature arguing that teachers believe one of the main causes of a child’s misbehaviour to be the result of a parent’s reluctance to communicate, and work with their child’s teacher (Miller & Black, 2001). Similarly, other findings have also highlighted the importance of communication between the school and the parents/guardians of the pupil with ADHD for effective, consistent behaviour management (De Nijs, Ferdinand, De Bruin, Dekker, Duijn, & Verhulst, 2004; Mulligan, 2001).

Participant’s also discussed the impact of experiencing difficulties communicating with parents, and how this had a negative effect on the child’s behaviour due to a lack of consistency. This could be explained by previous findings that parents of children with ADHD scored significantly higher on knowledge of the causes and treatment of ADHD, compared to that of their child’s teacher (West, Taylor, Houghton, & Hudyma, 2005). Therefore, the parents may use successful methods of behaviour management at home, and may prefer not to or be resistant to employing methods suggested by their child’s teacher. Consequently, this reduces the consistency of approach at home and at school, which is
suggested to be important to effectively work with a pupil with ADHD by the participant in this study.

This current study also supports the efficacy of the behaviour management method; Multi-Modal Psychosocial therapy, which highlights the importance of teachers, therapists and parents communicating and sharing ‘best practice’ (Hechtman, et al, 2005). This theme was overlapped as one participant discussed how communication with parents/guardians improved their understanding of the child. This was also highlighted as an important method of inclusion under the theme ‘student-teacher relationship’.

Further research could widen the understanding of this finding, by investigating into the impact of different relationships between teachers and the parents/guardians of children with ADHD.

The theme ‘understanding of ADHD’ encapsulates the teacher’s involvement with decisions being made for the child, such as developing behaviour management methods, and the process of referral and diagnosis. The theme also encapsulates the teacher’s experiences of training, and preparation for working with children diagnosed with ADHD. The participants’ description of their views on the diagnosis of ADHD, raised questions on the validity of the process. It was suggested that although those involved in diagnosis and deciding upon treatment may be better trained in the field, such as educational psychologists, that they only see ‘snippets’ of the child, and do not have a true understanding of the pupil. The teachers play a key role in early identification of behavioural problems (Vereb & DiPerna, 2004), and the participants argued that their opinion should be considered, but instead their voice is ‘not heard’. It could be suggested that the validity of the referral and diagnosis for ADHD, and decisions about effective treatment for an individual could be improved by including their teacher who may have a better understanding of the pupil from the start.

The teachers also revealed feelings of a lack of training on ADHD. The participants felt they would have been more successful including pupils with ADHD in the classroom if they had received specific training to improve their understanding of the disorder. Corresponding to the findings of the current study, previous literature also suggests that teachers lack knowledge on the behavioural profiles of ADHD and comprehensive plans for classroom management, which as a result has implications for general classroom functioning (Arica, Frank, Sanchez-LaCay, & Fernández, 2000; Kos, Richdale, & Hay, 2006). Previous literature also emphasizes that the successful education of children with special educational
needs in mainstream schools depends on the teacher having a basic core of relevant information, knowledge and skills of how to deal with such children (Mittler, 1992). This could suggest that associated problems such as lowered academic achievement, and peer rejection are not just due to the disorder, but also as a result of teachers being unaware of how to effectively educate and include a pupil with ADHD. Therefore, the findings of this study and previous literature both suggest that teachers are in need of increased awareness, and knowledge of the disorder to achieve successful inclusion of pupils with ADHD in mainstream schools (Kos, Richdale, & Hay, 2006).

4.2 Reflexive Analysis and Limitations

Reflecting on qualitative analysis is an important process as qualitative researchers are a part of their study and as a result, this can impact upon the objectivity of the research that is conducted (Dwyer & Buckle, 2009). This can be the result of prejudgment before interviews take place or biases during the process of analysis. It must also be considered that in qualitative research researchers can either be insiders that are a member of a group with their participants who share common views or experiences, or an outsider who does not share similarities with the group (Dwyer & Buckle, 2009). In the current study, I was an outsider to my participants as I have not experienced working with children with ADHD, I could not fully understand the experiences that they had gone through, but it was my aim to gain an insight for myself and others, by analysing their experiences using thematic analysis (Dwyer & Buckle, 2009; Braun & Clarke, 2006). This could have decreased the validity of my results as I did not have the ability to relate, or empathise with, their experiences and therefore, my analysis may have been effected by misunderstanding or misinterpreting their descriptions.

I also lacked experience of conducting interviews, and therefore this may have limited my ability to notice implicit cues and follow lines of enquiry effectively. My lack of experience could have also been the cause of a lack of specificity of questions which was brought to my attention during analysis.

The current study could be improved, and the validity increased by developing more defined questions based on the teachers’ experience of using different behaviour management methods. Specific questions focusing on how methods have impacted upon the academic achievement of their pupil’s with ADHD could also be beneficial.
4.3 Future Research

The current study could be expanded upon by further exploration into the relationship between teachers, and the parents of their pupils with ADHD. This could support the efficacy of psychologically approved behaviours management methods, such as multi-modal psychosocial therapy which integrates communication between teachers and parents. The balance of the teacher’s attention, and the use of different behaviour management methods could also be researched further in order to investigate the impact these factors may have on the academic success of a child with ADHD.

The current studies findings and future research could allow for more successful inclusion of a child with ADHD, as a better understanding of the causes and treatment of ADHD could promote for more valid interventions to be produced and employed by mainstream teachers.

4.4 Conclusion

In conclusion, the current study provides an in-depth insight into the experiences of teachers working with pupils who have been diagnosed with ADHD. The findings allow an insight into how teachers attempt to effectively include their pupils with ADHD in mainstream classrooms, and their experiences of doing so. The current research address’ the dearth of qualitative literature surrounding this topic, and offers new perspectives for future research to develop further. Exploration into how methods used by teachers can effect associated problems of ADHD; such as academic achievement, and lack of peer acceptance, could help to reduce these issues and promote inclusive environments for all children to flourish. Through a better understanding of the effect of behaviour management methods used by teachers in classrooms, the needs of pupils that are diagnosed with ADHD can be more successfully addressed.
References


Appendices

6.1 Interview Schedule

1. How long have you been teaching for?
2. In your experience, does having a child with ADHD in the classroom change anything?
   (Prompt) What changes and how?
3. Think about your experience of including a child with ADHD in your classroom: - what do you see as some of the biggest challenges?
4. Would you say you allocate more time focusing on children with ADHD compared to other children in the class?
5. Can you explain some of the methods and techniques that you employ to teach and include ADHD pupils?
   (Prompt) Can you explain the benefits of using these methods/techniques?
6. Have you heard of the following two psychologically approved, behaviour management methods that are suggested to be met with success in reducing the symptoms associated with ADHD?
   (Give participant sheet of paper with synopsis of two behaviour management methods).
   If so, can you expand on whether they were beneficial in reducing the child’s symptoms or not?
7. Do you feel that you have adequate support and training working with children diagnosed with ADHD?
   (Prompt) How?
8. Have you ever been involved in the process of diagnosis or referring a child for ADHD?
   (Prompt) How did this make you feel?
9. Have you had any suggestions made by the school’s/child’s educational psychologist on how to improve the symptomatic behaviours of ADHD in the classroom?
   (Prompt) What was suggested? Have you implemented them? If so, were they met with success?
10. What do you see as some of the biggest challenges for a child with ADHD in the classroom?
6.2 Synopsis of Two Behaviour Management Methods

Method One: Intensive Working-Memory Program

Working memory is one of several executive functions believed to be underdeveloped in children with ADHD. One example of an intensive working-memory intervention is a program designed to improve the working memory skills of youths with ADHD. The computer based program consists of 25 sessions, each lasting 30 to 40 minutes administered over the course of 6 weeks. Each session consists of activities designed to strengthen the child’s working memory skills. Some of these activities include verbal working-memory (e.g. remembering names or objects), whereas other activities are designed to strengthen visual-spatial working memory (e.g. remembering patterns, shapes, or puzzles). The computer adjusts the difficulty of the item based on the child’s performance, so they are neither bored nor overwhelmed by activities.

Method Two: Multimodal Psychosocial Therapy (MPT)

MPT is an approach which integrates psychosocial, educational and behavioural treatments. This method is designed to improve the child’s home behaviour, academic skills, and social functioning with peers and teachers. This is achieved through parents/guardians, teachers and therapists working collaboratively to reinforce appropriate behaviour in different environments. A teacher’s role in MPT involves providing feedback on a child’s behaviour at school to the child’s parents/guardians through the use of reports. As well as this, children receive educational skills training which involves the child being taught various study skills such as time management, organisation of written work and listening comprehension. The children also receive social skills training from their therapists on basic interaction skills such as how to get along with their peers, how to interact with adults and how to carry out conversation. Teachers and parents are asked to remind the child to use these skills in real-life situations outside of the classroom.
6.3 Participant Information Sheet

**Title of Project:** Including a Pupil with Attention Deficit Hyperactivity Disorder: Exploring Teachers Perspectives

**Project Reference Number:** 9777

**Participant Information Sheet**

**The study**
Exploring the experiences of teachers working with children diagnosed with attention-deficit/hyperactivity disorder (ADHD).

**What would happen if you agree to participate?**
A Semi-structured interviews schedule will be used to collect data in face to face interviews. The interview will be recorded on an audio recorder on a password protected iPhone. The interview will encompass questions that revolve around your experiences of working with children diagnosed with ADHD. Interviews will take place in a convenient quiet location; it is expected that each interview will last up to 40 minutes. Interviews will be recorded on an audio recorder on a password protected iPhone.

**Exclusion criteria**
Teachers that have not worked with a child diagnosed with ADHD will be excluded from participating.

**Potential Risk**
There are potential risks of stress when reflecting on experiences that may have been difficult to cope with.

**Potential benefits**
An opportunity for you to reflect upon your own practice knowledge and understanding of including a pupil with ADHD in the classroom.

**Withdrawal, anonymity and confidentiality**
Unique identifiers will be provided to each participant for anonymity, and all raw data will be stored on password protected devices for confidentiality. Researcher and research supervisor are the only individuals who will have access to the data. These requirements are to ensure anonymity and confidentiality so the research carried out is ethical (The British Psychological Society, 2010). You also have the right to withdraw up to three weeks after the interview. You can also receive a copy of the transcript and may withdraw at this stage up to 2 weeks after receiving. Interviews will proceed after informed consent has been established.

If you have any questions about the study, please contact:

Clare Glennan (Dissertation Supervisor):
cglennan@cardiffmet.ac.uk
PARTICIPANT CONSENT FORM

Reference Number: 9777
Participant name or Study ID Number: 20081888
Title of Project: Including a Pupil with Attention Deficit Hyperactivity Disorder: Exploring Teachers Perspectives

Participant to complete this section: Please initial each box.

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time before leaving the experiment, without giving any reason.

3. I agree to take part in the above study.

_______________________________________   ___________________
Signature of Participant                                      Date

_______________________________________  ___________________
Name of person taking consent                               Date

___________________________________________
Signature of person taking consent

38
Word Count Declaration

Abstract: 212
Introduction: 2,144
Method: 894
Results: 3,237
Discussion: 2,707

Total (excluding abstract): 8,982

Signed:

Date: 26.04.18