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Teachers' Experiences With and Perceptions of Students With Attention Deficit/hyperactivity Disorder

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ABSTRACT

Purpose: The purpose of this research was to examine teacher experiences with and perceptions of students with attention deficit/hyperactivity disorder (ADHD). Teachers are integral in helping these children learn effectively and foster healthy relationships, yet little is known about their interactions with these children.
Design and Method: Semi structured interviews were conducted with a purposive sample of fourteen currently practicing or retired elementary and middle schools teachers in North Carolina and South Carolina. All interviews were audio-recorded then analyzed for common themes.
Results: Participants obtained ADHD information from in-services or peer interaction, rather than formal education. Culture and gender influenced teacher perceptions, and ADHD classroom strategies were based on anecdotal experience. Teachers experienced guilt and worry while negotiating student needs, school system constraints, and family issues.
Conclusions: While teachers have developed effective coping mechanisms through informal means, formal education and support will help teachers better serve students with ADHD.
Practice Implications: Pediatric nurses in many settings can benefit from better understanding how teachers perceive and interact with students who have attentional issues.

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Background

Attention deficit hyperactivity disorder (ADHD) is the most commonly diagnosed childhood mental health disorder in the United States. Typically diagnosed in childhood, ADHD is a chronic disorder with long-term implications for educational outcome, safety, and the ability to maintain employment as an adult (Kuriyan, Pelham, Molina, et al., 2013). The American Psychiatric Association (2013) now defines ADHD as a neurodevelopmental disorder (as opposed to previous categorization as a disruptive behavior disorder) with three types: 1) inattentive (previously known as attention deficit disorder, or ADD); 2) hyperactive-impulsive (without inattentive symptoms); and 3) combined (with both hyperactive and inattentive symptoms). The symptoms should not be explainable by another condition, such as an anxiety disorder. Symptoms should also have an impact in two or more settings, affecting school, social, or work functioning, and be present before 12 years of age.

Over 6.4 million, or 11% of children in the United States, have at some point been diagnosed with ADHD by a healthcare provider (USDHHS and National Institute of Mental Health, 2014). Males are more than twice as likely to have ever received a diagnosis as females (CDC, 2017), due in part to gender differences in ADHD symptoms. Females with attentional issues are more likely to have non-disruptive inattentive symptoms that may be characterized as forgetfulness or laziness. Males are more likely to manifest more noticeable hyperactive and impulsive behavioral symptoms that may lead to classroom, social, or workplace disruptions. While the disruptive nature of their symptoms may contribute to the greater likelihood of boys being diagnosed, girls experience the same difficulties with school including significant impairment in academic, emotional, and behavioral areas (DuPaul, Jitendra, Tresco, & Junod, 2006). White children are more likely to be diagnosed with ADHD than African American or Hispanic children (Centers for Disease Control and Prevention, CDC, 2017).

The prevalence of parent-reported ADHD varies from state to state with a low of <5% (Nevada) to a high of >11% (Iowa, Ohio, Louisiana, Arkansas, Mississippi, Alabama, North & South Carolina, Indiana, & Tennessee); it is higher overall in the eastern half of the US with comparable rates reported for northern and southern states (CDC, 2017). Internationally, rates of ADHD are rising, as is the use of medication as a treatment modality, although the etiology of this rise is unclear

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(Conrad & Bergey, 2014). Finally, although it is unclear exactly how socio-economic status is related to the development of ADHD, children attending schools where a higher percentage of students qualify for free or reduced lunches are less likely to receive a diagnosis of ADHD (Lee, 2008). This may reflect a lack of access to resources, making diagnosis less likely for disadvantaged children (Fabiano et al., 2013).

In addition to inattentiveness, impulsivity, and hyperactivity, children with ADHD may exhibit socially troublesome behavior such as difficulty in maintaining eye contact, infringing on personal space, and interrupting others. These behaviors not only interfere with a child's ability to learn, but can negatively impact a child's ability to interact with others and can affect the child's social relationships (Hong, 2008; Muntigl & Horvath, 2014). Children with ADHD symptoms may be viewed negatively by their peers who do not have attentional issues (Law, Sinclair, & Fraser, 2007), which can contribute to an increased risk of co-morbidities such as depression and anxiety (Bussing & Mehta, 2013). They may also be viewed negatively by adults, including teachers and healthcare providers. Teachers experience daily challenges when interacting with students with ADHD, including keeping children on task, managing classroom disruptions, and optimizing learning (Ohan, Cormier, Hepp, Visser, & Strain, 2008). Over time, these interactions can affect teacher perceptions of children diagnosed with ADHD, and in turn affect how they approach future interactions with students suffering from attentional issues. School nurses, pediatric nurses, and nurse practitioners often interact with children with ADHD in school and clinical settings. Their views of children with attentional issues may influence diagnosis, as well as the treatment recommendations they make.

Even if negatively held biases are not overtly expressed, children with ADHD are often very aware of how others perceive them, and can suffer from feelings of worthlessness and despair (Mueller, Fuermaier, Koerts, & Tucha, 2012). This internalized stigma can have lifelong implications for these children, contributing to difficulty with employment, drug use, and an increased risk for unlawful behavior if ADHD is untreated (Cahill et al., 2012; Kuriyan et al., 2013; Lee, Humphreys, Flory, Liu, & Glass, 2011). Positive school-based interactions and relationships with invested adults have the potential to mitigate long-term negative outcomes (Rush & Harrison, 2008). However, little is known about how teachers perceive their students with ADHD, or the effect of these perceptions on interactions between students and teachers. The purpose of this qualitative, descriptive study was to explore 1) teachers' understanding of and experiences with ADHD students, both personally and professionally; and 2) how teachers learn and develop the educational strategies they employ in their classrooms. We conclude with recommendations for future research and directions for development of interventions designed to optimize classroom interactions with children with ADHD.

Theoretical Framework

This work was guided by Bronfenbrenner's Process-Person-Context-Time (PPCT) model, a bioecological conceptualization of the complex interactions and intersections of multiple multi-level factors on development (Bronfenbrenner, 2005). The concepts in this model allow for the identification and examination of relevant variables contributing to disparate outcomes for children with ADHD. Specific examples include interactions between children with ADHD and their parents, classmates, and teachers (process); age, gender, and physicality of the child (person); home and school environments (microlevel context); the effect of a parent's work schedule (mesosytem context); the historical and current societal understanding of ADHD (chronosystem context); and changes in the behavioral manifestations of ADHD as a child matures (time). The PPCT model guided development of the semi-structured interview guide as well as data analysis.

Design and Method

Setting and Participants

We conducted this qualitative, descriptive study with currently practicing or retired elementary and middle school teachers from four counties in North and South Carolina. Childhood ADHD prevalence rates for North and South Carolina are 11.6% and 11.7% respectively, compared to a national rate of 11% for 2011 (CDC, 2017). After obtaining university institutional review board approval, we recruited a purposive sample of interview participants first through personal contacts, then snowball referrals in an effort to diversify the sample. All of the teachers we contacted agreed to be interviewed. Demographic information including age, gender, ethnicity, educational background and years of teaching experience was collected prior to beginning the interview. Of the 14 participants, all had classroom experience with students diagnosed with ADHD by a health care professional (psychiatrist, physician, nurse practitioner, or psychologist). The teachers were predominantly White ($n = 12$) and female ($n = 13$), with an average age of 40. They had a range of 3 to 39 years of teaching experience (Table 1).

Data Collection

After giving informed consent, each teacher participated in a single, one-hour, audio-recorded individual interview with one of the authors. Most interviews took place in classrooms during teacher work periods or at an agreed-upon location away from the school. Some interviews ($n = 3$) took place during the school day on the playgrounds or during “center time” (self-directed learning stations during classroom time) when classes were actually in session, by teacher request and in order to minimize participant inconvenience. Although this interview setting did result in some initial distractions for the students, they quickly acclimated to the presence of the researcher (in a back corner of the classroom or at a picnic table to the side of the playground).

The first and second authors, both of whom had professional experience with ADHD, developed and refined the interview guide. (Name redacted) is a pediatric nurse practitioner with thirty years' experience in managing children with behavioral disorders, including ADHD.

Table 1
Participant demographics.

Characteristic	*n*
Sex	
Female	12
Male	2
Age	
20–29	4
30–39	3
40–49	3
50–59	2
60 and older	2
Race/ethnicity	
White	12
African American	1
Hispanic/Latino	1
Education	
Baccalaureate	7
Master's	5
Pursuing doctorate	2
Years of teaching experience	
0–5 years	3
6–10 years	1
11–15 years	4
16–20 years	2
>20 years	4

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