Engaging students with ADHD in mainstream education: lessons from children, parents and teachers

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The move towards inclusive education in the UK (DfEE 1997; DfEE 2004a), and more recently integrated working (DfES 2003), has resulted in the development of a national framework calling for a change to the way organizations meet the needs of children. The Children Act (DfEE 2004b) provides the legal framework to legislate for these changes at national and local levels, and local service providers are required to work in partnership to provide a coordinated and coherent system of support aligned to the child's evolving needs. This paper reports on empirical findings taken from interviews with children with ADHD, their teachers and parents, to highlight what they perceive to be effective in providing support for the children in their learning environment. Examples are drawn from environmental, personal, organizational and structural factors that are believed to influence the children's behaviour. Suggestions are made over areas that need to be considered when setting up integrated services and how these can influence effective support for children.

Keywords: ADHD, learning styles, organization, environment

Introduction

Typically children with *Attention Deficit Hyperactivity Disorder* (ADHD) have difficulty in sustaining attention (Barkley 1997). Many fail to finish tasks, are easily distracted, have difficulty concentrating, and generally appear not to be listening or following instructions (Douglas 1983). They appear to behave impulsively, act without thinking, and move from one activity to another, never completing a task. In addition, they are disorganized in thought and action, often calling out, especially in class. At home, their verbal behaviour is loud and they are demanding. Hyperactivity is another feature of ADHD (Barkley, DuPaul and McMurray 1990). Typically hyperactivity is displayed as

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excessive moving around and fidgeting in an uncontrolled manner. As a consequence, children with ADHD may fall behind in their academic and social development, causing concern to both parents and teachers. The symptoms are not uniform and are often accompanied with other symptoms such as Tourette's Syndrome, tics, aggression and oppositional behaviour (Kewley 1998).

Current practice in the UK for reducing the symptoms of ADHD is to prescribe psycho-stimulants (Dugdale 2005), with methylphenidate or dexamfetamine accounting for 418,300 prescriptions in 2006 (NICE 2006). Most studies suggest that ADHD is not just a disorder of childhood as many children do not grow out of their symptoms (Greenhill, Halperin and Abikoff 1999), and therefore children taking medication are likely to require long term support. However, psycho-social theorists argue that environmental factors are responsible for ADHD, and criticism has been levied at child-rearing styles, educational practice and management strategies for deviant behaviour (Taylor *et al*. 1991). More recently it is recognized that ADHD is a bio-psychosocial condition requiring a multi-dimensional approach to assessment and management (BPS 2000; NICE 2002).

In its quest for 'Excellence for all Children' (DfEE 1997), the UK government called for agencies at local and national levels to work collaboratively as a means of detecting behaviour problems early, and for setting targets to support children with difficult behaviour. The Green Paper 'Every Child Matters' (DfES 2003) provides direction for the children's workforce in education, health and social care to work together in pooling resources and coordinating services to support all children. In addition, children and young people are being placed at the centre of the decision making process (DfES 2003; DfEE 2004a; DfEE 2004b).

The move to provide inclusive education for children with social, emotional and behavioural difficulties, including those with ADHD, may go some way to remove the stigma of 'special schooling' as well as that of 'medical categorisation'. Cooper, Smith and Upton (1994) argue however, that mainstream schooling is not geared up to deal with the demands of children with complex 'special needs', such as those with ADHD, as such needs are not easily identified in an environment that is unaccustomed to such provision. Moreover, specialised provision in such schools is insufficient to address the needs of such children, with special needs teaching staff filtered into delivering core curriculum (op.cit).

Schools have become accountable to parents and the community for meeting curriculum targets, and this has become a major determinant for success, with good results seen as increasing the school's financial resources (Galloway 2001). The focus on schools achieving academic targets may have also

contributed to "tension in teaching methods and resources" (op. cit. p. 151). Such tensions would force teachers to focus on the 'able' students and hinder their management of children with behavioural difficulties, making it more likely that teachers would need additional support in the classroom. What we thus need to establish is whether our educational system is capable of supporting children with complex needs such as ADHD, and to identify how this is best achieved.

In this paper, the author will present evidence from a larger study completed in 2004 which explored the perspectives of parents, professionals and children with ADHD to identify how they best manage the difficulties associated with this condition. The paper starts with a brief outline of the methodology, describes and discusses the conclusions of the study, and concludes with suggestions for changes to existing policy.

Methodology

This study used a multidimensional interpretative model with an 'informant style' of interviewing to retrieve information from professionals, parents and children in three regions in England to learn about the reality of living with ADHD. Respondents consisted of 9 clinicians from different disciplines, 14 children diagnosed with the condition, their parents and the children's teachers. The children in the study had received a diagnosis from a clinician, and were aged between 7 and 11 years of age. This is because, firstly, children are not usually diagnosed with ADHD before the age of 7 years, and secondly, as after the age of 11, children with ADHD are more susceptible to developing complications to their condition. Respondents were interviewed individually using a tape recorder. Adults were interviewed on 3 occasions and children on average 6 times over a period of 4 months. Each interview lasted approximately 60 minutes. Interview questions were semi-structured and open ended to encourage respondents to expand on issues that they felt were important to them. As individuals were interviewed on a number of occasions, issues that were raised at previous interviews were revisited to allow maximum coverage of an issue but also to provide clarity of understanding for the interviewer.

Key themes in the transcribed material were first identified, followed by the use of ETHNOGRAPH, a computerized package to trawl the data for key words, and code accordingly. The strategies found to be effective in managing ADHD are demonstrated through statements from cases to illustrate the difference between useful and not useful ways of thinking about ADHD.

Findings and Discussion

Trawling through the statements highlighted messages of both positive and negative experiences. From these we can learn how to address children's limitations, and how professionals and parents can work together to support these children. Two case studies serve to highlight the importance of recognising the child's limitations and offering alternative learning approaches to maximise the child's engagement in the learning experience.

Peter

One of the difficulties which children with ADHD commonly experience is commitment of their thoughts to paper. A boy called Peter illustrates this problem. His mother, when interviewed, expressed deep concerns about this:

> Parent: All his teachers, from him starting school, they've all said the same. He'll have views on things, and his reasoning's good, but trying to actually document this, you know, he just finds it so hard to write it down.

Peter too was concerned with his work especially at his slowness in class. He described how he tried, unsuccessfully, to keep up with others, and how he found that he had to rush his work in order to avoid being told off.

> Peter: My heart starts beating because I might get in trouble for not finishing my work. I know it sounds silly, but I want to be ahead of people, and not finishing an hour after they're all finished. Like in my English, I've only got onto question five, when everyone else has got onto a really high question like 16. I'm not finding it hard, it's just I'm slow.

Here is a child who is motivated to succeed, but who feels that he is not succeeding. Furthermore, his increased heart rate suggests that he experiences a high level of stress because of this situation, with fear of punishment as a key stressor. Teachers can help the pupil by pacing tasks and using verbal statements rather than written information for some tasks.

Alan

Alan's mother has noticed that Alan's behaviour is better when he is occupied and when this is not possible his behaviour becomes disruptive, particularly when he is taken out of a familiar

environment:

> Parent: He is a total monster, if he was with other children, if he was occupied that way he wasn't too bad, but if he was bored he was just a nightmare.

In situations where Alan is away from his familiar environment his behaviour becomes restless and disruptive. Only when his attention is captured with some form of mental or physical activity does Alan's behaviour improve. Alan's teacher suggests that since starting medication, Alan's academic work has improved:

> Teacher: Academically he's doing more work and he's improving. In September, he wouldn't put pen to paper and couldn't be bothered, he will now and he'll do it willingly, and he wants to work, I mean he's still below the average, but he's far better than he was.

Alan's teacher explains that despite his medication enabling him to get on with his academic work, the way he is managed in class can make a difference to his behaviour. She has noticed that Alan is especially difficult to manage when his regular teacher is not present, such as when a supply teacher comes into class. Teachers can help minimise the child's behavioural difficulties by providing regular, varied mental stimulation and ensuring that a change of teacher is one that the child is familiar with.

General

Case studies are useful ways to consider individual behaviour patterns across disciplines and to identify specific support styles for a particular child. However, this study identified similar patterns of effective support across case studies. For example, many teachers and parents spoke about the need for firmness and consistency in dealing with the child with ADHD; one teacher said:

> Teacher: If we show signs of being weak, when giving instruction we lose control over him.

Another teacher echoed this view, and cited the problem of consistency *between* staff:

> Teacher: You've got to be firm, but also, he doesn't respond to some teachers in the same way that he does with others. He's fine with certain members of staff.

This teacher believes that teachers who do not exhibit the highest levels of professionalism in their management practices, are exposed and undermined when confronted with a child with AD/HD:

> Teacher: I'm being unprofessional I know, but he knows the sort of weaker members of staff, and a supply teacher, when a supply teacher's coming in he'll rise to the occasion beautifully.

Another teacher thinks that Brian likes to have a clear outline of what is expected of him, it enables him to get on with the task:

> Teacher: He likes to know exactly where he's going and what's going to happen, and I find if he's got very clear objectives and what's to do, he will function within those.

Yet another teacher thinks that Neil, the student with ADHD that she teaches, talks all the time because he is intelligent, and thinks he needs to be kept busy:

> Teacher: I think that [chattering and working at the same time] is part of his intelligence. I keep him as busy as I can so he can't go off. Because I think that's his problem a lot of the time, he just needs his mind to be active.

Keeping Neil stimulated has been an important factor in minimising his behaviour problems. These statements suggest that students with ADHD test the school system because they tend to respond in extreme ways to situations that most children find problematic.   One of the teachers went on to describe how well the student responded to her consistent approach, over time, and some of the measures she takes to cater for his need for routine and consistency:

> Teacher: It took him virtually a term to settle down, get to know me, get to know the routine and accept it. Most of the time I try and keep [the need to deploy a supply teacher] to the same day and [try to keep to] the same supply teacher.

Implicit in this account is the need for teachers to show perseverance and to maintain a patient and positive attitude. What is also evident from the study is that the students having experienced difficulties with inconsistency of support and lack of professionalism, are recognising that their limitations can in many instances become exacerbated if they are unable to work within their limitations.

The children gave clear indications that the way they are supported can inhibit or exacerbate their behavioural difficulties. In the following extracts from interviews with children, the main issues that impact on their behaviour relate to the structure of their learning environment, their relationship with others, and the management of their medication. Alan and Sam report on the impact their environment has on their learning and behaviour. Alan believes that his ability to learn is affected by noise and the distraction of his peers, and that this is especially noticeable when the teacher fails to provide discipline in the classroom. He gives an example of the behaviour of a new teacher who is unfamiliar with his class:

> Alan: In maths everyone messes about when this other teacher comes in. Miss Bell, who used to be our old teacher, everyone just stops messing about and listens because she gets cross because she's strict. Miss Todd's new and they like mess about with her and she hardly ever gets cross.

Alan prefers to have a teacher who can control the noise of the class and who has the respect of the class as he is then able to concentrate on his learning. Another child, Sam has noticed that his ability to work is affected by where he is seated in class:

> Sam: Once I just took ages to do a piece of work and then the teacher told me to go and sit on my own because I was being slow, and then I got my work done a lot faster, so I work better alone.

Sam believes that without any distractions, he could focus on tasks more easily and complete his work. However, he also believes that having structure to his day would help him to organise himself better and understand what his teacher expected of him:

> Sam:[It would be good] if you had a little thing that told you what you're doing on different days.

Sam believes that being informed in advance what lessons were taking place and the requirements needed for lessons, would prevent him from forgetting things and help him feel more organised.

Three key themes

Three key areas emerged from the accounts of teachers, parents and students as important to the effective management of ADHD, namely Learning Styles, Organisation, Environment.

Learning Styles

It was found that children's learning was enhanced when parents and teachers were sensitive to the child's maximum length of concentration. Breaking down tasks up and making them flexible so that children could return to the task, helped to increase concentration and task completion. It was noted that keeping instructions simple, such as one instruction at a time and reducing noise, avoided confusion and distraction and enabled children to complete tasks. Children's concentration span wavered throughout the day, and offering alternative mental stimulation when the children became restless refocused their attention and avoided distraction from others.

There were many reported instances where verbal instructions/information was understood by the child, but that this often became forgotten as further information/instructions replaced the earlier ones. The children became confused when they were given a combination of verbal and written instructions, leading to a lack of understanding of what was being asked of them. Keeping requests clear and simple proved to be a more positive learning experience.

Many teachers and parents reported improvements in children's learning when they scaffold the child's work. Vygotsky (1962) referred to this approach as a means of supporting instruction and enabling the child to progress at their own pace. There was evidence too that consistency of instruction for work was important for reducing the anxiety that these children experience when adults are inconsistent with requests or in their management and response to behaviour.

Organisation

Teachers, parents and the children all identified that the behaviour associated with ADHD is less problematic when the child is provided with a clear structure in the class and school, and where clear boundaries are evident and consistent. Change is inevitable, but the children in this study fared better when they were well prepared for change rather than when it was sprung upon them. Being proactive and involving other members of the team, namely parents, children, teachers and other professionals, avoids inconsistent messages and perceived disorganisation, and reduces alarmist reactions in these children.

Environment

Parents, teachers and children all recognised that maintaining a calm environment minimised aggression and hyperactivity. It was found that aggression or impatience on the part of adults caused

children to feel vulnerable and anxious, fuelling challenging behaviour. Many of the children have experienced years of feeling inadequate in a system that does not understand or support their limitations. The children in the study are aware of their limitations, and are sensitive to the differences between themselves and their peers. They seek reassurance from adults rather than false expectations. They seek support from people and organisations to provide structure to their development, but above all they seek the skills and knowledge that will enable them to manage their condition as adults.

Conclusion

A key message from the findings of the study is that the organisational structure of the classroom is influential in providing effective support for children with ADHD. The children are keen to learn and to achieve similar standards to that of their peers, but they are aware of their limitations, and that the school and classroom management are key factors for enabling them to progress with their learning. They seek a quiet, structured learning environment that is responsive to their fluctuating attention span, one that requires mental stimulation punctuated with variety. Ultimately these children need to function without support, that is, to be capable of accepting and working with their strengths and limitations and develop the knowledge and skills necessary to function well and independently in society. Existing educational policies need to address this issue, and allow for a more flexible approach to classroom management and learning styles. Guidelines from professional organisations need to ensure that education and training equips teachers and health professionals with the skills and knowledge for collaborative working to provide the coordinated support these children need across disciplines and organisations.

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