

Teachers' Perceptions of Students Diagnosed with ADHD

Patricia Mahar, Ph.D.

University of North Dakota
Department of Teaching and Learning
Grand Forks, ND

Lynne Chalmers, Ph.D.

University of North Dakota
Department of Teaching and Learning
Grand Forks, ND

ABSTRACT

The behaviors associated with ADHD may be first observed or most troublesome in a classroom setting. Snider, Frankenberger, and Aspensen (2000) found that teachers were involved in making the initial referral for evaluation nearly 60% of the time. This suggests that teachers play an important role in the initial screening for ADHD.

Purpose

The purpose of this study was to investigate teachers' perceptions of students diagnosed with ADHD. Analysis of the data was performed to describe teachers' perceptions of students diagnosed with ADHD by gender, highest degree held, total numbers of years taught, current teaching area, whether or not they were currently teaching a student(s) diagnosed with ADHD, and grades taught during their teaching career. The most surprising finding was that regular education teachers believed more strongly that students with ADHD can learn successfully and effectively in the regular classroom as compared to special education teachers.

Introduction

Imagine living in a fast-moving kaleidoscope, where sounds, images, and thoughts are constantly shifting, feeling easily bored, yet helpless to keep your mind on tasks you need to complete. Distracted by unimportant sights and sounds, your mind drives you from one thought or activity to the next. Perhaps you are so wrapped up in a collage of thoughts and images that you don't notice when someone speaks to you. According to Sharyn Neuwirth (1996), for many students this is what it's like to have Attention Deficit Hyperactivity Disorder (ADHD). She stated they may be unable to sit still, plan ahead, finish tasks, or be fully aware of what is going on around them. To their family or classmates, they seem to exist in a whirlwind of disorganized or frenzied activity. Unrepentantly, on some days and in some situations, they seem fine; often leading one to think the student with ADHD can actually control these behaviors. As a result, the disorder can mark the person's relationships with others in addition to disrupting their daily life, consuming energy and diminishing self-esteem (Neuwirth, 1996).

Children with ADHD

Typically, children diagnosed with ADHD have problems with following through on instructions and paying attention appropriately to what they need to attend to. They also seem not to listen, are disorganized, have poor handwriting, miss details, have trouble starting tasks or with tasks that require planning or long-term effort, appear to be easily distracted, and/or are forgetful. In addition, some children diagnosed with ADHD can be fidgety, verbally impulsive, unable to wait turns, and act on impulse regardless of consequences! Not all children diagnosed with ADHD have all of these difficulties, nor do they have them all of the time. Additionally, because of the ability of a child diagnosed with ADHD to over focus on something that is of great interest or highly stimulating, many untrained teachers assume that this ability to concentrate negates the possibility of ADHD, especially when they see children able to pay attention while working one-on-one with someone, doing something they enjoy, or sitting and playing an electronic game or watching TV for hours on end.

Education is viewed in the United States as the key to the nation's success in global leadership and in the international marketplace (Brenner, 1999). Schools are called on to prepare students to become informed citizens and productive workers, not just in their own communities and nation, but within an international perspective (Dettmer, Thurston, & Dyck, 1993). How students acquire an education, and by what means education is either delivered to them through instructional pedagogy, or how they equally participate as students, permeates to a degree their place and role as informed citizens and productive workers (Brenner, 1999). Lazerson (1991) suggested schools should illustrate a greater willingness on the part of those in positions of responsibility to adjust schools to the diverse needs of all students.

The behaviors associated with ADHD may be first observed or most troublesome in a classroom setting. Snider, Frankenberger, and Aspensen (2000) found that teachers were

involved in making the initial referral for a special education evaluation nearly 60% of the time. This suggests that teachers play an important role in the initial screening for ADHD. In light of this, it is critical that teachers are knowledgeable and objective if they are to play a key role in the diagnosis and education of students with ADHD.

Factors Associated with Teachers' Perceptions

Specifically, this study explored teachers' perceptions of their knowledge and experiences with students diagnosed with ADHD, specifically whether or not there were significant differences in teachers' perceptions of students diagnosed with ADHD based on the following factors:

1. The teacher's gender;
2. The highest degree held by the teacher;
3. Are there significant differences in teachers' perceptions of students diagnosed with ADHD between teachers having taught from one to six years and those that taught seven or more years;
4. Are there significant differences in teachers' perceptions of students diagnosed with ADHD between special educators and regular educators;
5. Are there significant differences in teachers' perceptions of students diagnosed with ADHD between teachers who are currently teaching a student diagnosed with ADHD and teachers who are not;
6. Are there significant differences in teachers' perceptions of students diagnosed with ADHD between teachers who have a family member/friend diagnosed with ADHD and teachers who do not; and
7. Are there significant differences in teachers' perceptions of students diagnosed with ADHD between teachers who teach elementary grades 1-5, middle school/intermediate grades 6-8, high school/secondary grades 9-12, and teachers who teach multiple grades.

Methods

Teachers in the state of North Dakota were selected using a random sampling to be assured elementary grades 1-5, middle school/intermediate grades 6-8, and high school/secondary in grades 9-12 would be represented equally. Eighty teachers from each grade level were randomly selected.

Survey Instrument: Development

A three-part survey instrument was developed to include demographic information and survey questions using a four-point Likert scale. The survey contained eight questions relating to the respondent's demographic characteristics (e.g., gender, highest degree held) and twelve questions pertaining to their perceptions of their knowledge and experiences of teaching students diagnosed with ADHD. All questions listed in the survey were derived from previous exploratory research involving interviews of parents of students diagnosed with ADHD, regular education teachers, and special education teachers. A review of literature on myths of students diagnosed with ADHD and successful adaptation and modification techniques was also explored thoroughly.

The survey was critiqued by several professionals using a form of the "group mind" process, which has been described by Sudman and Bradburn (1983) as an efficient method for developing and refining surveys. In this study, the survey was subjected to the group-mind process two times before being piloted with a group of eleven regular education teachers from Minnesota. The teachers in the pilot study were asked to review the survey (i.e. questions and instructions) and comment on its readability, clarity, comprehensiveness, and content coverage. The survey was revised based on their suggestions and comments as well as on the feedback from reviewers participating in the "group mind" process. A total of 240 surveys were sent out and 188 surveys were returned for a 78% return rate.

Results

Sixty (32%) of the respondents were male and 126 (67%) of the respondents were female. 143 (76%) of the respondents had bachelor's degrees, 41 (22%) had a master's degree, 1 had an Educational Specialist degree, 1 had a doctoral degree, and 2 had a Master's degree and an Educational Specialist degree. Thirty-three (18%) of the respondents had taught one to six years and 155 (82%) of the respondents surveyed taught seven years or more. Thirty-four (18%) of the respondents held a primary, grades 1-5, teaching license; 3 (2%) held a middle school/intermediate, grades 6-8, teaching license; 46 (25%) held a high school/secondary teaching license, and 104 (55%) held multiple teaching licenses. Of these 188 respondents, 3 (2%) held a license in the area of learning disabilities, 5 (3%) held a license in the area of mental retardation, and 1 held a multiple disability license. Fifty-three (28%) of the respondents were currently teaching primary grades 1-5, 26 (14%) were currently teaching middle/intermediate grades 6-8, 44 (23%) were currently teaching high school grades 9-12, and 62 (33%) were teaching multiple grades. One hundred sixty-one (86%) were currently teaching a child diagnosed with ADHD and 26 (14%) were not currently teaching a child diagnosed with ADHD.

Seventy-seven percent of the teachers agreed that students with ADHD "talk excessively and interrupt others." Likewise, 88% believed that they can "identify students with ADHD who have not taken their medication." Only 19% of the teachers agreed with the statement, "Typically, students diagnosed with ADHD 'outgrow' it." Twenty-five percent of the teachers

believed ADHD is under-diagnosed, while half (52%) believe it is over-diagnosed. Only three percent of the teachers agreed that girls are more likely than boys to be diagnosed with ADHD. Eighty-five percent of the teachers agreed their classroom is more manageable when students diagnosed with ADHD are medicated. Likewise, ninety-seven percent believed students diagnosed with ADHD can learn successfully and effectively in the regular classroom. Ninety-four percent agreed with the statement, "Typically, students diagnosed with ADHD have difficulty organizing schoolwork" while half (50 %) believed students diagnosed with ADHD have difficulties playing. Lastly, 78% felt comfortable referring students who exhibit symptoms of ADHD.

No significant differences were found in regards to gender for most of the survey questions, although males were significantly more likely to agree with the statement, "Typically, students diagnosed with ADHD out grow it," than females (KW=7.931, df=1, p=0.005). Males were also significantly more likely to disagree with the statement, "Typically, girls are much more likely than boys to be diagnosed with ADHD," than females (KW=4.128, df=1, p=0.042). Females were significantly more likely to agree with the statement, "Typically, students diagnosed with ADHD have difficulty organizing schoolwork," than males (KW=6.29, df=1, p=0.012). Lastly, females were significantly more likely to agree with the statement, "Often students diagnosed with ADHD have difficulty playing," than males (KW=18.06, df=1, p=0.000).

There were no significant differences in any of the survey questions based on the highest degree held by the teachers. There was also no significant difference in the number of years taught by the teachers for most of the survey questions, although teachers who taught from one to six years were significantly more likely to disagree with the statement, "Often, students diagnosed with ADHD don't try as hard in school as other students," than teachers who taught seven years or more (KW=4.15, df=1, p=.042). Teachers who taught seven or more years were significantly more likely to agree to the statement, "Often, students diagnosed with ADHD have difficulty playing," than teachers who taught from one to six years (KW=6.42, df=1, p=.011). Teachers who taught seven or more years were significantly more likely to agree to the statement, "I feel comfortable referring students who I believe exhibit symptoms of ADHD," than teachers who have taught from one to six years (KW=4.28, df=1, p=.039).

There was no significant difference between special and regular educators for 11 of the 20 survey questions, although regular educators were significantly more likely to strongly agree with the statement, "Students diagnosed with ADHD can learn successfully and effectively in the regular classroom," than special educators (KW=6.20, df=1, p=.013). Likewise there was no significant difference between teachers who were currently teaching a student with ADHD and those who were not for 11 of the 20 survey questions. Similarly, teachers who were not currently teaching a student with ADHD were significantly more likely to agree to the statement, "ADHD is under-diagnosed," than teachers who were currently teaching a student diagnosed with ADHD (KW = 12.37, df=1, p=.000). Teachers who were currently teaching a student with ADHD were significantly more likely to agree to the statement, "ADHD is over-diagnosed," than teachers who were not currently teaching a student diagnosed with ADHD (KW=5.27, df=1, p=.022).

There was no significant difference between teachers who have a family member/friend diagnosed with ADHD than teachers who do not for half of the survey questions. Teachers with a family member/friend diagnosed with ADHD disagreed more with the statement, "Typically,

students diagnosed with ADHD outgrow it,” than teachers who did not have a family member/friend diagnosed with ADHD ($KW=6.62$, $df=1$, $p=.010$). Teachers with a family member/friend diagnosed with ADHD agreed more with the statement, “I feel comfortable referring students who I believe exhibit symptoms of ADHD,” than teachers who do not have a family member/friend diagnosed with ADHD ($KW=4.47$, $df=1$, $p=.034$).

There was not a significant difference in regards to the grade level the teacher was teaching for 8 of the 20 survey questions. Teachers in the elementary grades 1-5 disagreed more with the statement, “Often, students diagnosed with ADHD don’t try as hard in school as other students,” than teachers in middle school/intermediate grades 6-8, high school/secondary grades 9-12, and teachers teaching multiple grades ($KW = 8.80$, $df = 3$, $p = .032$). Teachers in elementary grades 1-5 and teachers who teach in multiple grades agreed more with the statement, “I can identify students diagnosed with ADHD who have not taken their medication,” than teachers in high school/secondary grades 9-12 and middle school/intermediate grades 6-8 ($KW = 14.526$, $df = 3$, $p = .002$). Teachers in elementary grades 1-5 disagreed more with the statement, “ADHD is over-diagnosed,” than teachers in middle school/intermediate grades 6-8, high school/secondary grades 9-12, and teachers who teach in multiple grades ($KW = 17.57$, $df = 3$, $p = .001$). Teachers in elementary grades 1-5 also agreed more with the statement, “I feel comfortable referring students who I believe exhibit symptoms of ADHD,” than middle school/intermediate grades 6-8, high school/secondary grades 9-12, and teachers who teach in multiple grades ($KW = 10.677$, $df = 3$, $p = .014$).

Findings and Discussion

In response to the research question pertaining to gender, participants tended to respond similarly to most survey questions. Male teachers did not believe girls typically are diagnosed with ADHD more than boys. This perception is supported by NIMH (1998) stating that ADHD occurs three times more often in boys than in girls. Male teachers also noted they did not believe students diagnosed with ADHD have difficulty organizing homework or playing.

Based on conversations we have had with both male and female teachers, we would concur with these findings. Females communicated concern and even empathy for students diagnosed with ADHD not being able to play, not being able to get along with other children during free time or not having friends. Males responded to the same issues with “kids will be kids” or boys are just tougher than girls and engage in rough, impulsive play. Females have also repeatedly talked about the disorganization of desks, school work and back packs for students diagnosed with ADHD, and their efforts to make accommodations for the students.

In regards to the research question based on the highest degree held by the teacher, participants tended to respond similarly to all of the survey questions. This is surprising since teachers with more education should have more knowledge about students diagnosed with ADHD and thus greater understanding.

In contrast, there were significant differences between the perceptions of teachers who had taught one to six years and those that had taught seven or more years. Teachers who taught seven years or more thought students diagnosed with ADHD had trouble playing, but tried as hard in

school as other students. They also felt comfortable referring students who displayed ADHD symptoms as compared to teachers who taught one to six years. It makes sense that teachers with more years of teaching have experienced both success and failures when working with students diagnosed with ADHD and have learned from those experiences.

In response to the research question regarding differences between special education teachers and regular education teachers, there was only one significant discrepancy. Regular educators believed more strongly that students diagnosed with ADHD can learn successfully and effectively in the regular classroom as compared to special education teachers. This finding was shocking since one would expect special educators to have a better understanding and more positive inclusive outlook for students with ADHD. We find this data embarrassing, as well as hard to believe. One reason for this finding may be the small numbers of special educators in the sample compared to regular educators (i.e., 9 to 179).

Comparing teachers currently teaching a student diagnosed with ADHD to teachers not currently teaching a student with ADHD, the results indicated that teachers who are not currently teaching a student diagnosed with ADHD believe ADHD is not over diagnosed but is under diagnosed. This was the only difference between the responses of the two groups. Teachers without a student with ADHD may have a student that is disorganized, off task, and distractible in their classroom and believe the student should be diagnosed with ADHD. Therefore, the teacher would believe that ADHD is under diagnosed. It is our experience that teachers want children that are fidgety and impulsive to be put on medication to control these behaviors as an initial intervention rather than trying behavioral interventions first.

Teachers that had a family member/friend diagnosed with ADHD believed they did not outgrow it and were comfortable referring students that exhibit symptoms of ADHD. These teachers may be similar to the teachers Guyer (2002) studied who were able to distinguish between children with and without ADHD. These teachers had personal experience with students with ADHD and saw the benefits of a team approach in assisting the child with ADHD. They also lived with the issues on a day to day basis and realized that ADHD does not go away.

Teachers' perceptions based on the grade level presently teaching were significantly different in four areas. Teachers in the elementary grades one through five believed more strongly that students diagnosed with ADHD tried just as hard as other students. These teachers, along with teachers who teach multiple grades, believed they could identify when a student diagnosed with ADHD had not taken his/her medication more so than middle school and secondary teachers. The National Institute of Mental Health (Attention Deficit ..., 2003) noted that medications dramatically reduced hyperactivity and improved ability to focus, work, and learn. Likewise, Barkley (1998) found that giving stimulants to students with ADHD had the unexpected effect of calming them down. In addition, teachers in the elementary grades felt more comfortable referring students who exhibited symptoms of ADHD and noted they felt ADHD was not over-diagnosed. Typically, elementary teachers are going to be more sensitive to students' needs as their focus is on kids rather than content areas.

Implications

The results of this study indicate that professional development at both the pre-service and in-service levels continues to be necessary in order to create understanding of students with ADHD. Several aspects of teaching students with ADHD surfaced as areas that need more in-depth understanding by teachers: the characteristics of students diagnosed with ADHD, the need for and management of medication, how to teach students with ADHD organizational strategies, how to teach students with ADHD coping strategies for dealing with anxiety regarding school expectations, how to make educational and behavioral accommodations for students with ADHD, and how to use a multi-team approach when teaching students with ADHD.

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