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**Abstract**

This research project, conducted in a Primary School within Essex, explores the influence of teacher actions, in response to the symptoms associated with ADHD in the classroom, upon the reactions of young children towards individuals with ADHD. In this small-scale study of 24 children in Year 2, semi-structured interviews were conducted in groups of 4 on their responses to the children featured in two vignettes. The two vignettes included the identical symptoms of ADHD as the behaviours of the featured child, but varied in the teacher's response to these symptoms. This allowed the comparison of responses during analysis in attempts to give insight into the social experiences of pupils with ADHD in the classroom and the possible influence of teaching practitioners upon these experiences.

**Introduction**

Attention Deficit Hyperactivity Disorder (ADHD) is characterised by symptoms of inattention and/or hyperactivity and impulsivity, as presented in the current edition of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-V) (American Psychiatric Association (APA) (2013). As a Social, Emotional and Mental Health need, individuals with ADHD are likely to experience social and emotional difficulties (Department of Education (DfE), 2015a) which can manifest in the classroom as negative peer relationships. Throughout my professional teaching experience, the distress of many children with ADHD caused by their difficulties interacting with peers has been observed. These emotional experiences and a desire to promote the wellbeing of all children has prompted my research interest of peer attitudes towards children with ADHD.

My own consideration of a teacher as an inspirational being in their pupils' lives has spurred my interest in the interaction between teacher and pupil responses to ADHD. There is little research into the relationship between the attitudes of these two groups. Interestingly, it has been found that teachers often hold negative attitudes towards ADHD (Ohan *et al.*, 2008; De Boer *et al.,* 2011). This, combined with my professional observation of varied responses of teachers to symptoms of ADHD, has encouraged the development this research project. This study aims to explore how a teacher's response to an individual with ADHD may influence pupils' response to the same child. Thus, considering the possible impact of a teacher on the social experiences of pupils with ADHD.

In this small-scale study of 24 children in Year 2, involved semi-structured interviews in groups of 4 on their responses to the children featured in two vignettes. The two vignettes included the identical symptoms of ADHD as the behaviours of the featured child, but varied in the teacher's response to these symptoms. This allowed the comparison of responses during analysis.

**Literature Review**
*Inclusion in Mainstream Schools*
The United Nations Education, Scientific and Cultural Organization (UNESCO) (1994) highlights the inequality demonstrated in the segregation of children into special needs and mainstream schools. The British Government has exhibited support of this claim in many publications (DfE, 2001a; 2001b; 2011a; 2011b), including the Special Educational Needs and Disabilities (SEND) Code of Practice (DfE, 2015a). Inclusion is also an expectation of teaching professionals within the UK as outlined in the Teachers' Standards (DfE, 2011a), reinforcing evidence that inclusion is promoted in the UK. Furtherance is provided by H M Treasury (2003) in the claim that the government is actively progressing to further ensure the protection of the rights of children within education.

*ADHD Diagnosis*
The current edition of the DSM-V produced by the APA (2013) provides a diagnostic criterion for ADHD based on symptoms of inattention and hyperactivity/impulsivity. However, the use of the DSM-V to diagnose ADHD is criticised by Bell (2010), who argues that the criteria fail to make appropriate situational considerations. In spite of this, the claims made in the DSM-V that the cause of the disorder is unknown (APA, 2013), which may limit the development of the diagnostic criteria, are supported by Goldstein & Naglieri (2008) who note that this continues to be studied and debated.

*ADHD and Social Interaction*
There is considerable evidence to suggest that individuals with ADHD are likely to struggle with social interaction, often experiencing poor relationships with others (Hoza, 2007; Mrug *et al.*, 2007; Normand *et al.*, 2011; Bellanca & Pote, 2012). Hoza (2007) indicates that high levels of peer rejection are likely to be experienced by this group. This claim is furthered by Bellanca & Pote (2012) who explain that the disorder can result in negative stigmas which can extend social isolation. Notably, Wehmeier *et al.* (2010) propose that the quality of life of individuals with ADHD can be negatively influenced by their poorer social and communication skills. Similarly, the World Health Organisation (WHO) (2013) also link the ability to build social relationships with positive wellbeing. The research and literature discussed suggest that pupils with ADHD are likely to struggle with social interaction which may be linked to their welfare.

*Teachers Attitudes towards ADHD*
In a research review of 26 empirical studies, De Boer *et al.* (2011) provides evidence to suggest that a majority of teachers hold negative or neutral attitudes towards inclusion. Insight into the variation of these attitudes is provided by Vas *et al.* (2015) who suggests that training and self-efficacy explain significant variation. However, Lee *et al.* (2015) conclude teacher training to be an insignificant factor. Interestingly, Guerra *et al.* (2017) found that a slight majority of a sample of teachers in the USA felt unprepared to support a child with ADHD in their classroom, indicating a lack of confidence in the inclusion of pupils with the disorder. This is reflected in findings by Ohan *et al.* (2011) that the negativity of teacher response to symptoms of ADHD is increased by the presence of a diagnosis. Support furthering the suggestion that teachers' attitudes towards ADHD tend to be negative is provided by Ohan *et al.* (2008) and Ohan & Visser (2009), although the same research professional involved in these studies should be noted.

*Influence of Teacher Attitudes towards ADHD*
De Boer *et al.* (2011) found no conclusive evidence regarding the impact of teacher attitudes on the peer relationships developed by pupils with SEN. However, Blake *et al.* (2007) suggest that that the response of teaching professionals to the developing needs of pupils can be supportive of positive peer relationships amongst children. Similarly, it has been found that the encouragement of particular

behaviours by teachers may improve social interaction experienced by children with ADHD (Mrug *et al.*, 2007).

*Children's Attitudes towards ADHD*
There have been considerable amounts of research highlighting the negativity of attitudes held by children towards peers with ADHD (Law *et al.*, 2007; Rosen *et al*., 2014; Boer & Pijl, 2016; Santos *et al.*, 2016). Recent research finds that the high levels of peer rejection experienced by this group continue in contemporary education (Rosen *et al.*, 2014; Boer & Pijl, 2016; Santos *et al.*, 2016). It should be noted that much of this research has been conducted with samples of secondary aged children, so caution must be made when applying to the primary school.

Interestingly, possible influences upon children's attitudes towards ADHD have also been studied. Rosen *et al.* (2014) find that an individual's level of self-control may be linked to peer attitudes towards them, in that a lack of perceived self-control is likely to result in lower levels of peer acceptance. Whilst Bellanca & Pote (2012) find that previous experience with peers with ADHD may be linked to increased positivity of children's attitudes towards this group. On the other hand, O'Regan (2007) claims that it is in fact the misunderstanding of the symptoms of ADHD which influences children's attitudes towards this group.

*Influence of Children's Attitudes towards ADHD*
Sibley *et al.* (2010) highlight how the negative reputations held by adolescents with ADHD have often been held since childhood, continuing to negatively influence their wellbeing. Mrug *et al.* (2012) are in agreement with this. In further support of this, Goswami (2012) found, in a national survey of schools, that positive relationships with peers is perceived to have to second highest influence on wellbeing. This view follows in line with the Social Cognitive Theory (Bandura, 1991; 2001), which outlines that our perception of self is influenced by our understanding of others' opinions of us. Hoza (2007) and Cowie (2012) concur that the experience of peer rejection puts individuals at risk of negative future experiences, including the development of psychopathological needs.

**Research Focus**
Much of the previous research discussed on pupils' attitudes towards others with ADHD focusses on that of secondary school aged pupils (Law *et al.*, 2007; Boer & Pijl, 2016; Santos *et al.*, 2016). This research project will focus on the attitudes of younger children of primary school age to explore the early stages of attitudes and opinions towards the disorder.

The research discussed involving younger pupils from Year 1 to Year 7 (Law *et al.*, 2007; Bellanca & Pote, 2012) also entails the recording of responses to vignettes on the symptoms of ADHD. However, these vignettes are unlikely to reflect the reality of pupils' experiences in the school environment due to a lack of mention of an adult presence. This research project will attempt explore responses to vignettes featuring the actions of a teacher.

Furthermore, the actions of professionals in response to the symptoms of ADHD are likely to vary, although previous research into this variance is limited. This research project will attempt to explore the influence of the teacher's actions upon the reactions of pupils to the children with ADHD featured in vignettes.

**Methodology**
This study incorporates elements of a Grounded Theory approach to research due to the nature of its focus. The exploration of Special Educational Needs and the social responses of young children has the potential to be complex and sensitive. Therefore, it would be of personal ethical discomfort to impose a predefined theory which could limit the collection of data and possibly disregard valuable

areas of consideration. Accordingly, Cohen *et al.* (2011) discuss Grounded Theory as allowing the development of theory from the data collected rather than the development of research from a theory. In an Interpretivist manner, this study has the intention of gaining insight into understanding beyond the observable. This has greatly influenced methodological considerations, due to a perceived need to collect in-depth data, which O'Donoghue (2007) highlights as requiring a researcher to act as a social being rather than a controlling body.

A sample of 24 children from a Year 2 class were selected for this study to enable the intended focus on young children within Key Stage 1. These pupils were also selected due to their familiarity with the researcher with the intention that this would allow their confident and comfortable participation. Macpherson & Tyson (2008) explain that this familiarity allows for participant's identification with the researcher throughout. Furthermore, the selection of groups was based upon teacher and researcher judgement. This was based on decisions which would limit the interference with school work and learning based on timings and expectations for individual pupils. This was intended to limit the impact of the research upon the workload of participants, an important concern relating to 'bureaucratic burden' as highlighted by the British Education Research Association (BERA) (2011, p.7).

Preceding the study, consent was obtained from the Headteacher of the school following receipt of the proposal and ethics forms. Further assent was verbally received from all children involved in the study following the explanation of their role. Due to the nature of this research project, in its general data collection rather than a focus on individual children, myself and professional colleagues deemed this as appropriate consensual consideration.  Cowell (2011) suggests that due to their competency based on age, it is appropriate to gain full consent from an adult in a position of care. As well as this, by informing the participants of their engagement in the research, a regard for their independence is demonstrated. This is discussed as valuable research practice by Atkins and Wallace (2012). This also allowed the opportunity for the participants to withdraw from the study if desired, which was maintained as a right throughout.

It was decided that vignettes involving children with ADHD and the response of a teacher *(Appendix 1)* would be read to the participants to ensure a hypothetical scenario was the topic of discussion and to discourage the discussion of real people. This was a vital ethical consideration for the protection from harm throughout the study. Sadi & Basit (2016) emphasise the value of using vignettes to address sensitive topics in an abstract way. The two vignettes applied to this research were adaptations of a peer-reviewed vignette from Ohan *et al.* (2008), Ohan & Visser (2009) and Ohan *et al.* (2011) in the study of a similar focus. Within the two vignettes, the symptoms of ADHD remain consistent and fit the DSM-V symptom criteria for ADHD-Combined Type as 6 symptoms of each symptom cluster are presented (APA, 2013). Whilst consideration has to be made regarding the limitation of failing to mention all recognised symptoms, this ensured consistency between the vignettes as appropriate for this study. Therefore, the two vignettes differed from each other on only three factors: the actions of a teacher in response to the children (within-groups), the names of the children (within-groups) and the gender of the children (between-groups).

Semi-structured interviews were applied to this research to collect data on participants' responses to the vignettes. This decision was based on an awareness of the topics intended to be discussed but the desire to avoid limitation to these areas. This suggests elements of a Grounded Theory approach to this research as it is intended to develop understanding towards theory rather than limit the collection of data. Coles & McGrath (2010) emphasise the in-depth nature of interviews in comparison to observations which can limit data collection to a knowledge of behaviour without an understanding of underlying reasons. The use of group interviews was applied to encourage the children's comfortable interactions with the study. This is supported by May (2011), who suggests that group size is an important consideration within this. Through deliberation with professionals, groups of 4

were selected. It is also important to consider the possible influence of the presence of peers upon responses. However Hopkins (2008, p.110) states that during group interviews the participants 'far from [inhibit] each other' but in fact motivate the discussion, particularly when sensitive.

The audio recording of these group interviews was conducted in agreement with the headteacher. All audio data was securely stored on password protected devices throughout analysis. Selective transcription of these interviews was employed due to much of the audio data being irrelevant to the research focus, as well as the practicality for analysis. In support of this, Duranti (2007) and Davidson (2009) explain transcription as being a selective process of analysis in line with intended focusses. Transcription also supports the analysis of data due to the opportunity to explore the data in a practical manner. Importantly, all identifiable features regarding participants were removed during transcription to ensure anonymity and confidentiality of all data complying the Data Protection Act (1998).

Transcriptions of the group interviews were coded to support the analysis of data, as it allows the recognition and exploration of clear themes within data (Ezzy, 2002). Throughout the coding process, decisions were made regarding the code to be applied in response to the data and emergent themes. According to Cohen *et al.* (2011) this is referred to as 'open coding' which allows adaptation to suit the data related to the core variables of the research. The lack of predetermined constraints and the development of theory through the analysis of data collected reflects a Grounded Theory approach to research.

As well as the collection of qualitative data, quantitative data was obtained from pupils' responses to a closed question regarding peer acceptance. The participants were asked which of the two children, from the vignettes, they would invite to play at their house. Positivists value the collection of quantitative data such as this, due to the measurability and comparability that numbers allow (Bernard, 2013). However, it was quickly realised that this did not allow the desired insight into their responses, as although their intended actions were clear the reasons behind these choices were not. Despite the interviews providing insight into the participants' thoughts about the vignettes, they did not give insight into their choice in response to this question. Furthermore, the closed question also caused confusion for some participants in understanding what was being asked of them which may have affected the validity of responses. As a result, follow up questions were implemented regarding their choices to allow an understanding of their reasons for their decisions to be obtained. This reflects an interpretivist approach to research as an in-depth study into choices and the reasons for these was intended.

**Findings and Analysis**

Of the 24 children selected to participate in this research project, 100% gave verbal assent and remained participants throughout. However, the level of interaction during the interviews varied amongst these individuals. This may be due to the dominance of discussions by some pupils based on differing personality traits (Lee, 2016). As a result of the varied engagement, validity of the data collected may have been influenced by this due to varying levels of disclosure. Despite this, peer discussion was seen to enthuse participants with the opportunity to reflect on, develop and respond to each other's remarks, a motivational factor of group interviews (Hopkins, 2008).

The most noticeable finding of this research project was the difference in reactions of participants towards the children featured in the two vignettes, despite the featured behavioural symptoms of ADHD being identical. The sample displayed greater negativity towards the child in Vignette 1 *(Appendix 1.1)* which features an unsupportive teacher response to the mentioned symptoms of ADHD. This corresponds with the negative attitudes previously found towards individuals with the

disorder (Law *et al.*, 2007; Boer & Pijl, 2016). Equally, the sample displayed greater positivity towards the child in Vignette 2 (Appendix 1.2) which features a supportive teacher response to the same symptoms of ADHD. The variance in participants' reactions towards the children within these vignettes could suggest a link between teacher behaviours in response to the symptoms of ADHD and pupil attitudes towards individuals with the disorder.

Furthering this, the extent of variation in the reactions of participants towards the children featured in the two vignettes differed between the groups interviewed. The order in which the groups heard and responded to the two scenarios seemed to have some influence upon their reactions. The three groups who heard and responded to Vignette 1 *(Appendix 1.1)* before Vignette 2 *(Appendix 1.2)* displayed reactions of greater negativity towards the child in Vignette 1, as well as, greater positivity towards the child in vignette 2 than the three groups who heard and responded to the vignettes in the reverse order*).* This indicates that the response of a teacher, which the participants were initially exposed to, may have impacted upon their reaction to the partner vignette. This also highlights that previous real-life experiences may have influenced participants' reactions to the vignettes. As previously discussed, Bellanca & Pote (2012) found previous contact to be a contributing factor to variance in attitudes towards peers with ADHD. An interesting area of investigation for further research may involve the influence of differing real-life experiences with peers with ADHD upon attitudes towards this group.

A majority of participants made predictions regarding possible future behaviours of the children, as behaviours were suggested which were not mentioned in the vignettes. It was found that there was a noticeable difference in the behaviours predicted for the featured children despite the identical behaviours in the vignettes. Reactions to Vignette 2 featured predictions of both desirable and undesirable behaviours. In comparison, reactions to Vignette 1 feature predictions of only undesirable behaviours. Furthermore, the undesirable behaviours predicted of the child from Vignette 1 indicate an expectation of physical violence (examples in *Figure 1*), whilst this was not so for the child from Vignette 2. With the only variation between the vignettes being the teachers' actions, this suggests that the response of a teacher towards the symptoms of ADHD may have influenced pupils' expectation of the individual. According to the Social Learning Theory of behaviour, expectations often give an indication of future behaviours (Bandura, 1991;2001) so an important consideration for practice. Therefore, the relationship between teacher behaviour, peer expectations and the behaviour of individuals with ADHD could prove a valuable area of focus for future research.

In the study, most of the participants mentioned themselves in their reactions to the vignettes*).* It was found that the perceived possible impact upon themselves of the presence of the child with ADHD varied between the two scenarios presented. In response to Vignette 1, participants only highlighted negative possible impacts upon themselves, including negative emotions and distraction from school work.

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**D:** I wouldn't want to play with him because he might hurt someone. He might throw something.
**C:** No, I would tell on him if he punched my friend in the face.

**Figure 1.** Vignette 1.

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However, in response to Vignette 2, both positive and negative possible impacts were discussed. Participants again expected to be distracted from their own school work but also indicated greater expectations of developing friendships with this child. An example of this is illustrated as *Figure 2*. As

there was no variance in the behaviours of the two children discussed, this implies that the variation of teacher responses is linked to the variation in perceived impact on self. As previously discussed, children with ADHD are likely to struggle with social interaction (Hoza, 2007; Mrug *et al.,* 2007; Normand *et al.*, 2011; Bellanca & Pote, 2012), which is unlikely to be supported by negative perceptions of how interaction with this group may impact upon peers. Although these findings are in relation to hypothetical scenarios, this encourages important questions to be asked regarding the impact of teaching practice upon the peer relationships that pupils with ADHD develop.

B: If he was on his own, we can all play a game together.
A: I would be his best friend because he's not rude and I would trust him.

**Figure 2. Vignette 2.**

This research also found that the participants made little mention of the teacher during their reactions to the vignettes. This may be surprising due to the perceived importance of teachers in children's development (Cowie, 2012) and the repeated mention of a teacher in the vignettes. However, it is noted that the participants were not explicitly asked about the teacher due to a focus in attitudes towards the children with ADHD. Of the four times a teacher was mentioned during the group interviews, a majority of these were in response to Vignette 1. These concern the negative emotions and responses of the teacher but indicate blame for this upon the individual with ADHD (illustrated in *Figure 3*). It is possible that this indicates some endorsement for the unsupportive response of the teacher during Vignette 1, however the absence of further mention of the teacher limits the validation of this suggestion. Further research into attitudes towards the teachers in these vignettes may be of value.

M: I don't want to be her teacher because you have to say her name again and again.
W: She's mean because she annoys the teachers.

**Figure 3.** Vignette 3.

Further findings suggest that the actions of the teacher in response to the symptoms of ADHD may be linked to the level of peer acceptance that individual experiences.
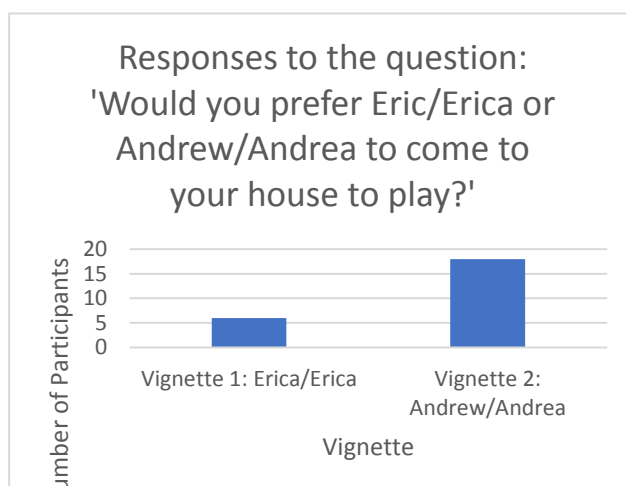
**Figure 4.** Peer Acceptance.

*Figure 4* presents the participants responses to a question regarding their hypothetical behavioural intentions in regards to the children presented in the vignettes. It can be seen that a 75% of the pupils opted to choose the child from Vignette 2, whilst only 25% opted to choose the child from Vignette 1. This may suggest a greater level of peer acceptance of Andrew/Andrea than of Eric/Erica, despite their behaviours being identical. However, the small sample used for this research project greatly limits the generalisability of this data. Furthermore, this collection of quantitative data gives little insight into the reasons for the participants' choices. Due to this, participants were asked further questions regarding their choices. It was found that participants made direct comparisons between the two hypothetical children in making their decision. Responses displayed that the participants held hesitance towards Eric/Erica (Vignette 1) but were open to accepting Andrew/Andrea (Vignette 2). This suggests that the variance in teacher response to symptoms of ADHD may be related to the level of peer acceptance that the individual experiences. Of the 6 children who selected, Eric/Erica (Vignette 1), all explained how they intended to help that child learn to behave in school, an example of this is illustrated in *Figure 5*.

T: If he comes to my house, I can play games with him about being at school and show him how to be good.

**Figure 5**. Vignette 5.

This might show supportive nature of some young children to peers with ADHD. However, these responses may have been influenced by the desire the give the socially valued response, suggesting elements of 'Social Desirability Bias' which may limit the validity of these responses (Grimm, 2010).

**Conclusion**
In conclusion, the exploration of how Year 2 pupils' reactions to stories about children with ADHD are influenced by the featured teachers' response to symptoms, through this research project, has highlighted some important considerations for practice in regards to supporting children with the disorder. The findings suggest that the behaviours of a teacher in response to a child with ADHD may

impact upon the reactions of pupils to the same child. The 24 Year 2 pupils within this study displayed variation in their responses to two vignettes featuring the same symptoms of ADHD, despite the only variant in behaviour being that of the featured teaching professional. Teachers have a responsibility to promote the wellbeing of all children in their care, regardless of the needs that individual pupils are affected by (DfE, 2015b). In future practice, I will consider the possible influence of my actions upon the peer relationships of individuals in my care to promote a safe and happy learning environment for all.

Notably, the supportive response of the teacher within the vignette produced a participant reaction of greater positivity of opinions and assumptions of the featured child, than that of the child receiving an unsupportive response of a teacher. This highlights the extent to which teacher behavioural choices can influence that of their pupils as participants discussed their own behavioural intentions towards the featured children. Previous research finds common attitudes of negativity towards ADHD between teachers (De Boer *et al.*, 2011; Ohan *et al.*, 2008) and children (Boer & Pijl, 2016; Law *et al.,* 2007; Santos *et al.,* 2016), however the interaction of these attitudes has not been previously studied. Whilst it is clear this is an area of research which requires further exploration, the close link between social relations and wellbeing previously discussed, alongside the findings of my research, encourages me to ensure that my behaviour reflects and encourages that which I expect and hope for from my pupils towards peers with ADHD and other needs. This study given insight into the social experiences of children with ADHD, particularly in regards to possible suggests for promoting the welfare of these pupils.

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**Appendix 1.**

**Vignettes**
Adapted from Ohan *et al.* (2008), Ohan & Visser (2009) and Ohan *et al.* (2011)

Note: vignettes were adjusted with the appropriate pronouns and nouns for the featured child.

*1.1 Vignette 1 – Eric/Erica (unsupportive teacher responses)*
Eric is a 7-year-old boy. His teacher gets angry because he is always out of his seat, fidgeting and wandering around the classroom. He also chats to other people instead of doing his work and gets shouted at by his teacher a lot. His teacher also gets annoyed because he doesn't do what he is told, like tidying up, even if the teacher shouts at him more than once. Eric takes a long time to start doing his work because he loses what he needs, such as his book and pencil, his teacher says he is wasting time. His teacher says he is often doing something he shouldn't be so doesn't check his own work. He doesn't not listen carefully when his teacher is talking to him who often gets frustrated and walks away. When Eric plays with other children he often interrupts, doesn't wait his turn and doesn't concentrate on the game they are playing. His teacher doesn't trust him to play nicely with other children.

*1.2 Vignette 2 – Andrew/Andrea (supportive teacher responses)*
Andrew is a 7-year-old boy. Andrew doesn't do what he is told to do straight away, like lining up, so his teacher often has to explain why he needs to do these things to get him to do them. Andrews teacher understands that he needs help playing with friends because he often interrupts other children, doesn't wait his turn and doesn't concentrate of the game they are playing. In class, his teacher reminds Andrew to check his work as he often starts doing something else instead. He often loses his things, such as book bag, which means he takes a long time to do his work, but he is learning to take care of his things with the help of his teacher. He does not always listen carefully when his teacher is talking to him, so his teacher has to make sure he understands. His teacher says he struggles to stay in his seat, often fidgets and wanders around the classroom, and he loses focus on his work and begins to chat with his friends, these are things they are working hard on together.