Elementary School Teacher Perceptions of Attention Deficit Hyperactivity Disorder

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Abstract

Though studies of ADHD using quantitative methodology have been conducted in the medical, psychological, and education fields, the researchers who conducted these studies by and large have ignored an important variable: the role of the teacher. The purpose of this multiple case study was to explore teachers’ perceptions about ADHD. Interview questions were adapted from similar quantitative studies in which teachers’ knowledge and perceptions about ADHD were assessed. In this study, we selected five elementary school teachers to participate in interviews. Themes of perception, focus, teacher empathy, parental concern, perception change, personal research, personal experience, and lack of institutional information emerged from these qualitative interviews.
Danielle, a teacher for 28 years, observed when asked about students with Attention Deficit Hyperactivity Disorder (ADHD):

God gives us these children, you know, And they are human beings and they have feelings, and I look at them and say….Okay, if I tell you something wrong, how would I want my principal to come talk to me?.. and I look at them and think, this is someone’s child. This is someone’s son or someone’s daughter, and you know, I remember that and then I just try to be very positive, very calm with them.

The importance of the teacher in dealing with the issue of ADHD emerges clearly in this quote. With an occurrence rate estimated at 3-10% of children, ADHD is the most prevalent developmental disorder of children (Jones & Chronis-Tuscano, 2008; Rowland, Lesesne, & Abramowitz, 2002; Sherman, Rasmussen, & Baydala, 2008; Stormont & Stebbins, 2005). According to Farone, Sergant, Gillberg, and Biederman (2003), ADHD may affect as many as 11 to 16% of elementary school children. Additionally, researchers have documented that among students with ADHD, boys outnumber girls by as much as three to one (Barkley, 1998; Concannon & Tang, 2005; Hartnet, Nelson, & Rinn, 2004; Loe et al., 2008).

Though the official recognition of ADHD is relatively recent, diagnosis criteria for ADHD have appeared in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) since 1994 (Rowland et al., 2002). Behaviors associated with ADHD were identified as early as 1902 by British pediatrician George Still (Rowland et al., 2002). Still gave a series of lectures in which he described a “lack of moral control among children without physical impairments” (as cited in Rowland et al., 2002, p. 162). In the intervening years between Still’s observations and
the current diagnosis criteria, teachers, doctors, and practitioners have struggled to pinpoint the causes of the inattention among students. To date, no single cause has been identified for the emergence of this disorder in children (Rowland et al., 2002).

Because ADHD has medical, psychological, and educational implications, extra challenges emerge when attempting to understand issues associated with this condition better. Without either personal experience with ADHD or a diverse academic background, researching and writing about ADHD becomes a daunting task. This difficulty may help to explain the absence of peer reviewed studies about important facets of ADHD. Though in all three of these major disciplines, the number of studies about ADHD has increased over the last 5 years (Troutt, Lienemann, Reid, & Epstein, 2007), many areas of this subject remain relatively unexplored (Sherman et al., 2008).

**Purpose of the Study**

The purpose of this multiple-case study was to explore elementary teachers’ beliefs of ADHD the disorder and their perceptions of the effects of ADHD on children with ADHD. Previous researchers who conducted studies in which they utilized the *ADHD Beliefs Survey Revised* and its predecessor served as a foundation for this study (Johnson & Freeman, 2002; Vance & Weyland, 2008). By adapting these quantitative instruments to a qualitative format, our goal was for a more thorough understanding about teacher perceptions of ADHD to emerge than what currently exists. Using qualitative methodology distinguished this study from the current body of research. One researcher suggested that qualitative methodology might in fact be the most appropriate way for examining teacher perceptions of students with ADHD (Rush & Harrison, 2008)

In defining ADHD, we relied upon several researchers’ utilization of the DSM-IV-TR’s
definition of ADHD as symptoms of inattention that have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level (Jones & Chronis-Tuscano, 2008; Sherman et al., 2008). At least one researcher attested to the validity of the ADHD diagnosis criteria listed in the DSM-IV-TR (Lee et al., 2007). The key diagnostic factor is whether an individual’s behaviors rise to a level that causes social or educational disruption (Jitendra, Dupaul, Someki, & Tresco, 2008; Lee et al., 2008).

**Multiple Issues with ADHD**

To students diagnosed with this disorder, ADHD presents myriad academic and social challenges. Because the diagnosis is often first made in elementary school-aged children, the teachers of these students play a key role in their success or failure (Jones & Chronis-Tuscano, 2008). It is surprising then, that most researchers who have conducted studies concerning ADHD have only rarely addressed the role of the teacher (Sherman et al., 2008).

**Multiple Academic Challenges**

Children diagnosed with ADHD present several academic challenges to educators. For example, researchers have cited difficulties in academic performance, peer rejection, and low self-esteem as symptomatic of students who were diagnosed with ADHD (Jitendra et al., 2008; Jones & Chronis-Tuscano, 2008; Loe et al., 2008; Mrug, Hoza, & Gerdes, 2001). Furthermore, researchers have documented that students diagnosed with ADHD are much more likely to be identified as needing special education or Section 504 accommodations (McClure, 2008; Reid & Katsiyannis, 2002; Rinn & Nelson, 2009; Schnoes, Reid, Wagner, & Marder, 2006; Zirkel, 2000). The term “Section 504” refers to section 504 of the Rehabilitation Act of 1973. This law guaranteed students with disabilities equal educational opportunities (Reid & Katsiyannis, 2002) and, in practice, results in schools requiring special accommodations for students with
Medical researchers have confirmed links between negative classroom outcomes and ADHD. In one study, Loe et al. (2008) conducted assessments of children at several intervals from ages 3-11 to examine the effects of ADHD over time. Loe et al. demonstrated that children with ADHD had lower mean grades and a higher instance of behavioral problems than children who were not diagnosed as having ADHD. Additionally, though the non-ADHD children’s behavior improved over time, the ADHD children’s behavior deteriorated (Loe et al., 2008). These academic difficulties are not limited to students in grades K-12. In a meta-analysis of the literature with a follow-up study of college students with ADHD, Frazier, Youngstrom, Glutting, and Watkins (2007) confirmed earlier studies in which researchers had established links between low achievement and ADHD. Because many of these behaviors are exhibited in the classroom setting, they often contribute to students’ academic difficulties.

In addition to educational struggles, children with ADHD experience social difficulties as well. Researchers have identified hyperactive and aggressive behavior, inattentiveness in class, and poor academic performance as examples how children with ADHD faced increased difficulties when interacting with their peers (Mrug et al., 2001). Moreover, children with ADHD do have difficulty in maintaining friendships with their peers (Kos, Richdale, & Hay, 2009). Atkinson, Robinson, and Shute (1997) further suggested that teachers attitudes toward these students may have an effect on the way they are treated by their peers.

**Lack of Research Concerning Teachers Factors and Students with ADHD**

A notable lack of research concerning ADHD and teachers exists in light of the apparent link between ADHD and academic performance. No qualitative ADHD studies conducted by education researchers concerning teacher factors and students with ADHD were located after an
extensive search of the literature. Of the studies involving ADHD and qualitative methodology, they were conducted by researchers in the medical and psychology/psychiatry fields (Meaux, Hester, Smith, & Shoptaw, 2006; Young, 2007; Zambo, 2008). None of the researchers who conducted these studies considered teacher factors. Even the ADHD studies that are considered the most thorough, such as the Multimodal Treatment Study of Children with Attention-deficit/Hyperactivity Disorder (MTA) conducted by the National Institute for Mental Health (NIMH), fail to include teacher factors (Sherman et al., 2008).

Researchers have reported the presence of few studies concerning teachers knowledge, perceptions, and attitudes about children with ADHD (Kos, Richdale, & Hay, 2006). Further acknowledging this void, Sherman et al. (2008) asserted that too few existing studies were present to assess adequately the link between teacher factors and issues concerning children with ADHD. As a result, teachers’ impact on issues related to children with ADHD is not well understood (Sherman et al., 2008). Regarding aspects of this issue that have been studied, investigators have analyzed the diagnosis and identification of ADHD and determined that teachers were often the first persons to suggest to administrators and parents that ADHD was a possible diagnosis for a student (Rinn & Nelson, 2009; Scuito, Terjesen, & Bender-Frank, 2000).

**ADHD and Teacher Perception**

In four separate studies that involved the examination of ADHD and teacher perceptions, the investigators utilized some form of a quantitative questionnaire (Harnett et al., 2004; Rinn & Nelson, 2009; Scuito et al., 2000; Vance & Weyland, 2008. Many of these studies were quite similar to each other, with the researcher in one study adapting a questionnaire directly from an earlier study (Vance & Weyland, 2008). In an early investigation, Scuito et al. used the
Knowledge of Attention Deficit Disorders Scale (KADDS); a 36 item questionnaire that had been utilized in prior studies (Scuitto et al., 2000). Scuitto et al. (2000) revealed that, despite being knowledgeable about symptoms and diagnosis, teachers were less familiar with treatment options. Additionally, Scuitto et al. (2000) documented that the more experienced teachers were, the better their knowledge base was about ADHD. Replicating a previous study by Hartnett et al. (2004), Rinn and Nelson (2009) reported that when teachers were aware of an ADHD diagnosis, their perceptions of the students were skewed.

Vance and Weyland (2008) utilized the ADHD Beliefs Survey Revised to examine the perceptions of college professors toward students with ADHD. The ADHD Beliefs Survey Revised was adapted from the earlier ADHD Beliefs Scale developed by Johnson and Freeman (2002) by adding 20 questions to the earlier instrument. Though these authors did find some gaps in professors’ knowledge and perceptions of ADHD, a major limitation of the study was the 24.44% response rate of the mail survey.

Although it would be inappropriate to generalize the findings to all teachers in all grades, several common themes did emerge when comparing the results from these quantitative studies. Themes that emerged as common findings of these studies were: (a) the more experienced educators were, the better they understood ADHD; (b) prior knowledge or personal experience with ADHD had a positive effect on teacher perception of ADHD; and (c) though many teachers were familiar with symptoms and behavior associated with ADHD, misconceptions about causes and diagnosis did appear to be fairly prevalent.

Research Questions

In this study, the following research questions were explored: (a) What are the perceptions of elementary school teachers concerning ADHD and students with ADHD?; (b)
What are the common themes that emerge when elementary school teachers begin talking about their experiences with ADHD and students with ADHD?; and (c) What experiences are related to teachers becoming better informed about ADHD and students with ADHD?

**Method**

In this study, a multiple case study method of qualitative research was utilized to collect and analyze data. This methodology was chosen because the framework allowed the issue of teacher perception of ADHD to be studied using similar cases, thus utilizing replication logic (Yin, 2009). The cases became less important than the phenomenon being studied, with the phenomenon in this study being elementary schoolteacher perceptions of ADHD. The goal was to explore and further confirm or dispute the findings in the earlier quantitative studies of teacher perceptions of ADHD. Both Creswell (2002) and Yin (2009) suggested that 3-5 cases was an appropriate number for a multiple case study. Because a higher number of cases would yield a more robust study, five cases were included in this study.

**Data Collection/Participants**

In choosing participants for this study, purposive sampling was used to enable us to select participants on basis of specific criteria. Participants were requested to participate in this study based on experience in the classroom. The teachers were all veteran teachers; the years of teaching experience ranged from 10 to 31 years ($M = 20.00, SD = 10.09$), as well as being elementary school teachers. Profiles of the five elementary school teachers are located in Table 1.

**Data Collection/Instrument**

Before any contact with participants for this study occurred, permission to conduct the study was obtained from the university Institutional Review Board. Before the interviews, all
participants read and signed an informed consent form. Interviews were recorded on a digital recorder and then transcribed. Upon verification of the accuracy of the transcriptions, all recordings were subsequently destroyed. Identities of all teacher participants remained confidential, referred to within this study only by a pseudonym. Three of the interviews occurred in classrooms, and two in private homes. All locations for face-to-face interviews were chosen in deference to the convenience of the participants. Interviews lasted approximately 30 minutes except the interview with Glenda, which was cut short due to a family interruption.

The questions were adapted from the ADHD Beliefs Survey Revised (Vance & Weyland, 2008). Initially three demographic questions were asked: (a) years of experience teaching, (b) grade levels they had taught, and (c) districts/states where had they taught. The senior researcher made the decision not to disclose to the participants that he was a parent of a child with ADHD. Disclosure might have resulted in a deference effect with participants not expressing honest feelings about aspects of ADHD to avoid offending the first author. As Fontana and Frey (2005) observed, the interviewer can have an impact on the results. Being aware of the possibility that the researcher might have expressed bias in the interview process and to increase further the potential validity of the questions, questions were adapted from existing questionnaires from teacher perception studies.

Five open-ended questions were asked: (a) Describe your impression of Attention Deficit Hyperactivity disorder (ADHD); (b) What is your reaction when you receive 504 modifications for a child with ADHD; (c) Describe your impression of your past students with ADHD; (d) What strategies have you used with success in dealing with students with ADHD; and (e) How do you compare your perception of ADHD to your perception of other disabilities such as epilepsy or autism?
**Data Analysis**

Because the interviews were the main source of data, the interview transcripts were the main source for data analysis. The transcripts were thoroughly read, and using a matrix, the senior researcher then categorized the data to compare similar patterns. In coding and analyzing the data, the goal was to follow the theoretical propositions that formed the main foundation of the study; this strategy was very useful in guiding the data analysis (Yin, 2009). This technique of cross-case synthesis was used to analyze the data fully. Because one of the goals of the study was to provide a deeper understanding of the teacher perceptions of ADHD, cross-case synthesis was used to compare common themes that emerged among the cases in this study (Yin, 2009). Once themes emerged that addressed the research questions, Word tables were created to categorize the data from the individual cases. Within this Word table, information from the interviews was then matched with the research question it addressed. Resulting similarities that emerged in these cases confirmed that they were all the same kind of cases (Yin, 2009).

Triangulation, member checking, and peer review were among the techniques used to address validity questions within the study. In addition to interviews, archival data and multiple sources of documentation were used to satisfy the test of triangulation (Guba & Lincoln, 1989; Yin, 2009). While coding the data, teachers’ responses were triangulated to each other. Responses were then compared against each other and further compared to the findings of other researchers. Additionally, the rough draft of the study was peer reviewed by several colleagues and edited for accuracy.

**Results**

In analyzing and constructing word tables with the interview data, common themes emerged regarding the stated research questions. In addition, the resulting data were in
agreement with the findings of the previous studies (Concannon & Tang, 2005; Harlacher et al., 2006; Jones & Chronis-Tuscano, 2008; McClure, 2008; Rush & Harrison, 2008) and partially conflicted with the findings of another earlier study (Scuito et al., 2000).

**Perceptions of Elementary School Teachers Regarding ADHD**

When teachers discussed their perceptions of ADHD and students with ADHD, themes of perception, focus, and teacher empathy became apparent in the interviewees’ responses to research question 1. Themes and example statements are presented in Table 2. Participants’ discussion of their perceptions of ADHD highlighted the depth of compassion and thought of these teachers. Based on their comments great consideration was given to the issues facing these students by these educators. When discussing the theme of perception, Connie noted:

I think it is how you appreciate, I think it is how you appreciate different kids and ADHD kid, if I always, because I read a lot. I know that some of our most brilliant creative people in the world suffered from that.

All of the teachers interviewed expressed similar sentiments while acknowledging the difficulty in having students with ADHD in class. Because a lack of focus is a key component of the diagnosis, it is not surprising that the lack of focus among students with ADHD was often mentioned when teachers discussed their perceptions. Students with ADHD were described as “lost” or “in another world.” All of the teachers in some way discussed this lack of focus. As Stephanie described:

Just a child that has a hard time focusing, sitting still in their seat. You know, it's like if I have [a] child that has ADHD, I constantly have to change what I’m doing in my classroom to keep him focus[ed] and keep him on task.
Stephanie further lamented, though, that this sensitivity to lack of focus could result in over-diagnosis of ADHD, stating,

I’m a lot more hesitant to make focusing statements now or lack of focusing statements to parents or to administrators or anybody before I really get to know the child and to make sure that it may just that their 6 years old didn’t and there’s the 6-year-old that doesn’t like what you’re teaching right now.

The most interesting concept that appeared in the data in relation to this research question was that of teacher empathy. As the teachers spoke of their responsibility to the child, their empathy became readily apparent. Danielle noted of her colleagues:

Some teachers just absolutely cannot handle it. I have heard them just… you know, yell at the kid, take up a child out in the hall and just yell at them, and my instinct is just to go take the child away (like come to my room for a while), you know? I do not feel like there are the majority of the children. I do not think they are bad on purpose.

Amy agreed and commented:

I’ve tried to meet them all in this -- right in the middle, right where they are, no matter what child they are because they’re going to come with some kind of problem. You know, we all have faults and, you know, and I’m trying not to do that in the classroom just meet them where they’re at, and try to work with where they are and try to make them successful, that’s my job.

Finally, Stephanie offered this defense of the students with ADHD:

You can see the goodness in them and you can see that they’re trying and like the one little boy that I had that was often and I saw, there was three days that he was off from medicine, I knew he was trying. He was trying all he could do to -- but you could just
tell, he couldn’t, you know and I saw the next day when that fourth day when he came in, he was almost like -- he’s like, “I’m fine. I’m okay. I can do this.” And that breaks my heart in a way because that’s not their fault. You know, it’s not their fault that they have that.

**Themes That Emerge Among Elementary School Teachers When Discussing ADHD**

As the teachers spoke about their experiences teaching students with ADHD, they all mentioned parental concerns and changes in their perceptions about ADHD. Themes and example statements are presented in Table 3.

When teaching students with ADHD, interactions with parents become a central issue. Connie shared that “I usually trust parents, I trust parents. And parents come to me concerned, then I start really paying attention to it.” The teachers are in a difficult position in that there are limitations on their interactions. For example, Danielle remembered an incident when a parent informed her of the son’s ADHD diagnosis. When Danielle told the parent she was not surprised the parent wondered why Danielle had not told her, the response was simple, “I am not allowed to”, she further stated, “but then again, the child was making straight As, so you have got a child who is able to cope.”

Glenda noted,

Still today you cannot really mention ADHD because of legal issues, but I would say, I think the parents are more outspoken about it than they used to be because I mean, I have had parents that did not think, my child had ADD or ADHD. I think they are more educated about it and that they already kind of know…

To Stephanie, the key is ensuring that communication is continual with her students’ parents.
I keep a pretty open lines with the parents in my classroom so it's almost like they're not my friends but I felt they can talk me and I can talk to them about their child so there is really never any surprises that come up during conferences or towards the end of the year if there is any problems. They’re pretty -- they know what’s going on in the classroom.

All of the teachers interviewed talked about how their perception of ADHD had changed over the course of their career.

All of the teachers talked about how their patience with the students increased as they became more experienced. Amy related how much more cautious she was:

When I first started, I was like all behavior kids must have ADHD and there’s something wrong with him because he’s just, you know, he just cannot behave himself. Whereas, now, we take a much more cautionary approach to it, where we have different interventions to try to help the student be successful, and not just jump to it

Amy’s district, unlike the others, follows a specific protocol in identifying students with ADHD:

We have a committee, it’s called RTI, and I’ll bring him to the committee and said this is more, this is his papers, this is what he is doing, what can I do that I'm not doing and they will give me suggestions and there’s people on the committee they will make …But if you’re still continuing to be unsuccessful and you’re failing, bring him back to committee, and then it’s again, can we try this, we try this, we try this, we try this, okay, let’s try this. So it’s like a pyramid and you go up the pyramid.

**Becoming Informed About ADHD**

Participants in this study all reported gaining experience and knowledge about ADHD from two main sources, personal experience or personal research. None of the teachers
mentioned their schools or districts as important sources of information about ADHD. Themes and exemplars are presented in Table 4.

Stephanie noted, “Just through reading things and probably school and the checklist that you get and I don’t honestly think when I was in school, I don’t even think there is anything that we were taught about ADHD or ADD.” Two of the participants had family members who were diagnosed with ADHD.

In both cases, participants indicated this fact increased their knowledge of this disability. According to the participants, none of their districts offered training on ADHD.

**Information Level of the Teachers**

In several of the quantitative studies, limitations were documented in the teachers’ knowledge about key aspects of ADHD (Scuitto et al., 2000; Vance & Weyland, 2008). Teachers in this study all appeared to possess an adequate knowledge base about treatment options for ADHD. This finding contrasted to the findings of an earlier study (Scuitto et al., 2000). Despite some disagreement about the extent or process concerning ADHD diagnosis, all the teachers accurately discussed the pathology, symptoms, and treatment of this disability. For example, teachers clearly spoke about the differentiation between ADHD and other disabilities. Danielle noted,

I would look at the autism more as a social disorder, where their child is not a real social type of person and needs to have their own space or else they got a like up space, you know, depending on the student, and the ADHD I see is more as something is going on inside where they just cannot get themselves under control and settle down.
Connie observed that, “the main difference I see between someone on the autism spectrum and just plain ADHD is a child on autism spectrum really does perseverate on things, and cannot let things go.”

The fact that all of these teachers had extensive classroom experience would appear to have affected the extent of their knowledge about this disability. This connection between experience and knowledge confirmed the results of one previous quantitative study (Scuitto et al., 2000).

Discussion

In this study, interviews were conducted with five elementary school teachers about their experiences working with students with ADHD. The experiences these teachers shared highlighted several common themes. Our results were similar to an earlier study, in which similar themes were identified using quantitative methodology (Rush & Harrison, 2008). Although the themes of communication with parents, professional training, assistance from school psychologists, curriculum development, and learning accommodations were identified (Rush & Harrison, 2008); missed in the quantitative studies was the high level of teacher empathy shown to students with ADHD. Teachers also discussed a lack of district-wide ADHD training in all of the participant’s districts.

An important finding of this study was observing the theme of teacher empathy emerge during the coding of the data. As teachers confront students with ADHD as well as other disabilities, empathy becomes paramount. Although several important themes emerged in this study, few themes were as important as the theme of teacher empathy. Hearing the sentiments voiced by the teachers in this study, empathy allowed them all to look past the disability and see the child.
An assertion of the teachers in this study, namely, that specific interventions by teachers do have an impact on the academic performance of students with ADHD mirrored results from other studies. Although DuPaul (2007) provided only an overview of current interventions, Jitendra et al. (2008) documented several interventions in which student academic achievement was improved. Interventions that would provide benefits to all students in the class were presented as an alternative to student specific interventions (Harlacher, Roberts, & Merrell, 2006). In this study, evidence could be interpreted as meaning that teachers play important roles in aiding students with ADHD. Researchers reported that by utilizing a classroom-wide intervention, teachers could avoid singling out a student and increase efficiency (Harlacher et al., 2006).

Several researchers have also demonstrated that classroom and teacher interventions serve as critical components to achieve success (Concannon & Tang, 2005; Harlacher et al., 2006; McClure, 2008). Additional teacher training was also cited as an important component in aiding students with ADHD (Jones & Chronis-Tuscano, 2008; “Trainee Teachers Need,” 2008; Sciutto et al., 2000). We extended those findings by allowing teachers to talk more fully about ADHD. The participants of this study showed the extent that teachers consider the issues surrounding students with disabilities. For this reason it is important for future qualitative and quantitative ADHD research studies to include, at a minimum, some teacher input.

Several limitations and delimitations are apparent when considering the findings of this study. Though the sample size did conform to the recommendations for a multiple case study, the demographics of the study were limited. All participants were female teachers with extensive teaching backgrounds. All except one were employed in suburban districts with relatively homogenous populations. Therefore, this sample did not represent a basis upon which
generalizations should be made to other teaching populations. Further, it was outside the purpose of this study to find generalizability, rather the goal was to explore the experiences of a specific group of educators in regard to ADHD.

During the study the teachers spoke extensively about successful strategies of teaching students with ADHD. It cannot be determined whether these strategies would be successful in other classrooms by other teachers. The transferability of ADHD teaching strategies to different age or demographic groups was beyond the scope of this study, and could be a basis for further research.
References


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<tr>
<th>Participant</th>
<th>School Enrollment</th>
<th>Years of Experience</th>
<th>Interview Duration (min)</th>
<th>Interview Location</th>
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<td>Connie</td>
<td>215</td>
<td>31</td>
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<td>Church Classroom</td>
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<td>Glenda</td>
<td>897</td>
<td>15</td>
<td>19</td>
<td>Home Office</td>
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<td>Danielle</td>
<td>663</td>
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<td>35</td>
<td>University Classroom</td>
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<td>Stephanie</td>
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<td>Amy</td>
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<td>Private Residence</td>
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Table 2

*Themes emerging in response to Research Question #1*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Definition</th>
<th>Teacher Statement Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception</td>
<td>How do the teachers view ADHD</td>
<td>I see it as real medical problem and my perspective is that kids can function without medicine to a degree. … kind of like saying, well, they are going to be more active, they are going to be this…[Glenda]</td>
</tr>
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<td>Focus</td>
<td>How well the student can concentrate on a task</td>
<td>It is a child who really feels like they are crawling out of your skin, cannot stay tuned into whatever they need to be doing. Fidgeting, handwriting issue showing not good…[Connie].</td>
</tr>
<tr>
<td>Empathy</td>
<td>How did the teacher feel about the student</td>
<td>It used to be “Oh my Gosh!” and now, I look at it more as that child needs some help and I need someone to be understanding and I have to know that they are not doing these things on purpose. They are not staying focused because they are not able to [.Danielle]</td>
</tr>
</tbody>
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Table 3

*Themes emerging in response to Research Question #2*

<table>
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<th>Themes</th>
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<td>Parental concerns</td>
<td>Descriptions of parent/teacher</td>
<td>It is, death of a dream that parents have, takes a while for all that to sink in. For your child is different or no matter what you do…[Connie].</td>
</tr>
<tr>
<td>Perception change</td>
<td>How has your view about ADHD</td>
<td>in 1964. It was even, that one even a known thing, so those kids who are just bad. That is what everybody just thought, they are just problems or lazy…But 15 years later we started learning more about it. And we would have you know, we can set up some modifications for a child to be somewhat successful…[Connie].</td>
</tr>
</tbody>
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Table 4  
*Themes emerging in response to Research Question #3*

<table>
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<th>Themes</th>
<th>Definition</th>
<th>Teacher Statement Example</th>
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<td>Personal experience</td>
<td>ADHD in the immediate family</td>
<td>You’re dealing with it as a parent … just being able to see the outside of school</td>
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<td></td>
<td></td>
<td>issue to the point that it is not just that they are not behaving in school and they are not</td>
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<td></td>
<td></td>
<td>being able to focus in school and that your thing is just that they like long challenge…[Glenda]</td>
</tr>
<tr>
<td>Personal research</td>
<td>How did the teacher learn about ADHD?</td>
<td>I remember my principal coming to me and said “you know, I think that child probably has ADHD” and she goes like “you have heard of it, I am like no, … I have got most of my information on my own. [Danielle]</td>
</tr>
<tr>
<td>Lack of institutional information</td>
<td>What has the school/district done to help inform about ADHD?</td>
<td>What they are starting to do is they are starting to put video clips online and I think it would probably help teachers and myself included watching teachers interact with ADHD children, [Danielle]</td>
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