
Further Training Opportunities For Trainee Teachers

RQ2: What do practitioners believe are the difficulties children with ADHD face?

Lack of training opportunities for practitioners

According to Educational Advice (2020), further training opportunities for trainee teachers need to be considered in relation to ADHD, to ensure that practitioners have sufficient knowledge in order to support children with this disorder. However, my research revealed that none of the practitioners interviewed had received any specific training in relation to ADHD prior to qualifying as teachers. P2 stated: "To date, I still have not received any specific training for ADHD."

P1 also suggested that she did not feel like she had adequate knowledge of the condition to provide effective support for a child with ADHD. Moreover, P5 stated: "...I would need to learn how best to support children in terms of emotional support and strategies. This concurs with Murray et al (2008) in Martinussen et al (2011) who suggest that additional training is essential in order to enhance practitioners' knowledge of ADHD and use more individualized instructional supports and behavior management approaches to enable success for students with ADHD.

Disruptive behavior

According to the ADHD foundation (2020), children who have this disorder can experience difficulties focusing, maintaining their attention, and controlling their behavior. All practitioners interviewed recognized that behavior was a key difficulty child with ADHD face. P4 shared her experience as a child in her class. "I found it very difficult to teach...the child defaulted to swearing when frustrated. It was difficult as this child presented consistent low-level disruptive behavior."

P1 also explained the difficulties she encountered when providing support. "It was particularly challenging for me, as this child had not been provided with one-to-one support, which I believed they desperately needed." According to Wedell (2008), successful inclusion can be compromised by class grouping and rigid timetabling, which makes it difficult for teachers to give their attention to children with behavioral disorders.

P2 discussed the support for a child with ADHD she teaches in her year group. She confirmed that the child receives interventions to support them academically, which allows them to work in a quiet space, with minimal stimuli or distractions.

Learning opportunities

According to Zendarski, Sciberras, and Mensah (2018) children with ADHD do not receive optimum educational support and therefore there is increased academic risk and difficulties keeping up with non-ADHD peers. These findings concur with P4, who stated: "They are

segregated from peers and often do not have the same exposure to learning.

P1 highlighted the fact that it was difficult to teach a whole class when one student was displaying disruptive behavior. "I think most teachers would feel that it was easier for the child to be excluded from the classroom."

Low self-esteem

The Education World (2012) suggests that low self-esteem can have a significant effect on children's academic performance as it lessens an individual's desire to learn, impacts their focus, and reduces their willingness to take risks. This notion is supported by Coopersmith (1967) whose research revealed that one student said that he felt frequent disappointment when making comparisons between himself and his peers, which resulted in him giving up.

My research revealed that all practitioners interviewed believe that there is a link between ADHD and self-esteem. In an interview, P5 stated: "The child I supported presented negative feelings...I think that children with ADHD have very low self-esteem." Similarly, P4 expressed concerns about a child in her class. "In my current experience, with the child in my class, he/she has low self-esteem and gets embarrassed easily if he/she gets something wrong." P1 further suggested: "I feel that if a child can build a trusting relationship with their teacher/TA, it can make all the difference to the way they perceive themselves." This concurs with Barber, Grubbs, and Cottrell (2005) who suggest that teachers have an influence on children's self-esteem with an ADHD diagnosis.

RQ3: What are the challenges practitioners face when providing effective support to children with ADHD?

Providing an Inclusive Education

Research from Learning Disabilities Association (LDS) in Wedell (2008) indicates that 30-50 percent of children with ADHD also have a specific learning difficulty and that these two conditions interact, making learning extremely problematic. This research was supported by a small-scale project, as most practitioners thought that providing an inclusive education for all children was a significant challenge. P1 stated: "My worry is that other children's education is being disrupted because of disruptive behavior by a child or children suffering from ADHD."

P4 reflected on the anxiety and pressure she felt in trying to provide inclusive education. "It is easy to become frustrated with children with ADHD because they can't focus and schools are high-focus environments." P3 further highlighted her personal challenge with providing inclusive education. "The challenge for me personally and professionally is that I am not convinced that this is a real disorder..." Erdman (1998) agrees that this can be difficult when providing inclusive education and states that "ADHD is frequently misdiagnosed, even overdiagnosed, and provides an alternative way of viewing such problem behaviors in children." On the contrary, P3's opinion conflicts with the findings of Open Society Foundations (2019) who suggest education that excludes and segregates discrimination against marginalized groups can potentially be minimized as a result of inclusive education.

Disruptive/Aggressive Behaviour

The ADHD Foundation (2020) suggests that children who have ADHD can experience difficulties focusing, maintaining their attention, and controlling their behavior. My research revealed that all practitioners found it challenging when a child with ADHD presented aggressive or volatile behavior. P1 stated: "The child I supported witnessed two children arguing and reacted instantly by picking up a chair and smashing it over one of the children's heads – it was such a bad injury that I had to call an ambulance - I found this experience very traumatic and upsetting."

P5 also commented: "Other challenges as a teacher have been to make sure the child and other children are safe when and if they have an aggressive or emotional outburst...I was left alone with a class and one child had a sudden aggressive outburst, which could have been avoided if I was aware of the child's specific needs." This challenge is also highlighted by Murray et al (2008) in Martinussen et al (2011) who revealed that additional training is essential in order to enhance practitioners' knowledge of ADHD and use behavior management approaches to enable success for students with this impairment.

Lack of Knowledge/Support

According to Zendarski, Sciberras, and Mensah (2018) children with ADHD in mainstream school do not receive optimum educational support, which is consequently associated with increased academic risk and difficulties keeping up with their peers. These findings concurred with all practitioners interviewed, who strongly believed that a lack of one-to-one support for children with ADHD, coupled with a lack of training provision, presented them with significant challenges. P3 stated: "Without additional adult support in the classroom, it is difficult to adapt the curriculum and the classroom to the function for the child." In addition, P5 commented: "Not enough training is given to practitioners who are responsible for supporting a child with ADHD...there's no one-to-one support available." According to ADHD Research (2020) without early intervention and teaching children to manage their ADHD, there is a significant risk of educational failure and difficulties accessing further education or employment.

Discussion

The research revealed that all practitioners understand ADHD as a behavioral disorder and recognize the associated traits and how these impact a child's education. However, it would appear that some practitioners question whether an ADHD diagnosis is being used to excuse severe behavioral difficulties and a result of poor parenting. Researchers, such as Erdman (1998) and Anderson et al (2012) support this notion and suggest that ADHD can often be used as an alternative way of problem behaviors in children and highlight the importance of teachers' attitudes as they can influence children's behavior.

Furthermore, the findings also suggest that practitioners believe, a lack of training, disruptive behavior, learning opportunities for children, and low self-esteem are the main difficulties that children with ADHD face. These findings contradict those of Burden (2008) who argues that early recognition, intervention, and emotional support are all significant factors in building resilience for children with ADHD. I would suggest that it is essential for children with primary difficulties associated with ADHD to be accommodated within the education system. However, as the findings suggest, it appears to be equally important for practitioners to acknowledge and understand secondary difficulties (aspects that originate from environmental issues e.g.

negative attitudes, peer segregation, etc) as these can prevent effective support and hinder children from achieving their full potential, which consequently may have implications on their self-esteem.

Finally, all practitioners interviewed highlighted barriers to providing effective support for learners with ADHD. These included: the provision of inclusive education, disruptive and aggressive behaviors, and the delivery of support for children with this disorder. Murray et al (2008) support these findings and agrees that further training is essential in order to enhance practitioners knowledge of ADHD and use behavior management approaches to allow students to achieve their full potential. Moreover, Cast and Burke (2002) Barber, Grubbs and Cottrell (2005) and Mujiyati and Adiputra (2018) examined the links between ADHD and self-esteem, where findings suggest that self-esteem levels were lower among children with ADHD.

Limitations

The time scale of the projects increased as a result of the physical and social limitations imposed by the response to the coronavirus. This inevitably placed a significant constraint on the study and hindered the data collection process. Although efforts were made to minimize the impact of coronavirus on the study, consequently, all five online-based interviews were rearranged by the practitioners due to unforeseen circumstances.

During the interview process, I experienced difficulties when refraining from commenting on the responses made by the practitioners. My personal experience of the impairment made this extremely difficult as I firmly believe that my partner's behavioral disorder has a significant effect on his self-esteem, which has consequently played a significant role in terms of employment and life difficulties. According to Woods (2006) research conducted by individuals with experience of the issues being questioned can be problematic due to preconceptions and prejudices.

Practical Implications

The participant population for the study included practitioners from one primary school. The sample consisted of five individuals, which is the first critique of the study. If this study were repeated, it would benefit from a larger sample group to gain a deeper understanding of contrasting opinions and experiences of practitioners. Furthermore, another amendment to the study may include the perspectives of parents with children who have ADHD. This would provide an insight, not only into the educational barriers to learning but also the difficulties these children face at home and the long-term implications they experience.

The research design is another critique of the study as the data was only collected from one primary school. Therefore, if this study were repeated, the findings may differ slightly with the inclusion of a secondary school, as well as a primary school. Moreover, the inclusion of additional schools may provide different perspectives of practitioners' experiences within several learning environments.

Future Recommendations

In response to the findings outlined in this study, I have presented several suggestions for future

educational amendments - these are as follows: (1) A meeting with practitioners in order to highlight the key findings of this research project. (2) Provide ADHD-specific training as part of practitioners' professional development, which incorporates the related difficulties of ADHD. (3) A self-esteem enhancement program should be provided to children with ADHD and practitioners could potentially encompass this into personal, health, social, and Citizenship Education (PHSCE) lessons.

I would argue that these suggestions are essential, as does evidence from the literature review, which illustrates an association between self-esteem and academic performance. I further propose that these recommendations would lead to a deeper understanding of ADHD and implement a more optimistic attitude and approach among practitioners. They would also support the development of children with ADHD and encourage them to achieve their full potential.