Exploring boys’ experiences of ADHD and good practice in mainstream secondary schools: a multi-informant study

Dr Emma Flack
Exploring boys’ experiences of ADHD and good practice in mainstream secondary schools; a multi-informant study

EMMA FLACK
Why this research

- Qualitative ADHD research
- Young people’s views
- Practical application
Previous literature: constructs of ADHD

- Academic performance
- Anger & aggression
- Medical disorder
- Personality trait
- Minor concern
- Blended
Previous literature: school support
Research questions:

1. How do young people with ADHD experience their ADHD?
2. How do parents and SENCos perceive ADHD?
3. What do young people with ADHD think good practice is when supporting them in school?
4. What do SENCos and parents of young people with ADHD think good practice is when supporting young people with ADHD in school?
23 participants interviewed
3 additional parent/ SENCo questionnaires
Pupil characteristic data
Gaining pupil views
Findings: perceptions of ADHD

- Hyperactivity
- Inattention
- Impulsivity
- Conduct problems
- Anger
- Cognitive functioning difficulties
- Emotional difficulties
- Social relationships: positive & negative
- Level of Severity
- Emotional difficulties
- I/ he cope(s) better as he gets older

Perceptions of ADHD

- The drugs usually work
- ADHD means medication
- Main treatment
- Side effects
- Blurred lines
- Comorbidities
- Family Context
- ADHD means medication
- The label
- Diagnostic symptoms
- Level of Severity
- Impulsivity
- Hyperactivity
- Inattention

The drugs usually work
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The label

I am not normal

I am no different

Stigma

Understanding myself

Future worries

Positives

Is misunderstood and unclear

Challenges to inclusion
Good practice
Conclusions

- ADHD is complex. Young people hold different, sometimes contradictory views on what ADHD means to them.
- ADHD is often just one dimension to take into account when planning support for a pupil.
- Medication is inextricably linked to ADHD.
- What works well is different for every individual with ADHD, irrespective of the type and severity of symptoms experienced, so a tailored, trial-and-error approach is best.
- Services are limited.
- EPs are well-placed to support young people, parents and school staff.
- Importance of young people’s views.
- Pros and cons to labelling.
## Strengths & Limitations

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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<tbody>
<tr>
<td>✓ Practical application to EP work</td>
<td>o Small sample size.</td>
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<tr>
<td>✓ Considers all Bronfenbrenner’s systems: holistic</td>
<td>o Comorbidities of pupil participants.</td>
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<td>✓ Strong child voice</td>
<td>o Usually one interview.</td>
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<tr>
<td>✓ Real needs highlighted</td>
<td>o Interview &amp; interviewer factors.</td>
</tr>
<tr>
<td>✓ Thorough thematic analysis with newly defined method</td>
<td>o Data could have been more complete.</td>
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<td>✓ Included SENCo views</td>
<td>o Issues with Conners 3.</td>
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<td>o “Good practice” dependent on experience.</td>
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## Future directions for EPs

<table>
<thead>
<tr>
<th>PPCT aspect/ system</th>
<th>Recommendations</th>
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<tr>
<td><strong>TIME: Chronosystem.</strong></td>
<td>• Inform key stakeholders ADHD symptoms and relationships may change over time.</td>
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</table>
| **CONTEXT: Macronystem, exosystem, mesosystem, microsystem.** | • Help schools to think about how their environment and pedagogy fits with these pupils, not the other way around.  
• Promote the positive impact of ADHD and use of role models to help tackle stigma.  
• Help schools to secure support e.g. EHCP, CAMHS referrals.  
• Work with CAMHS and local charities to provide support and training to young people with ADHD and their families.  
• Work with community services to include young people with ADHD in social and sporting activities.  
• Raise the profile of ADHD in the LA.  
• Signpost families to other services they can access.  
• Promote the importance of meeting Maslow’s hierarchy of needs in schools e.g. comfortable seating, better food. |
| **PROXIMAL PROCESSES: Good practice, understanding of ADHD.** | • Carry out direct work with pupils with ADHD e.g. motivational interviewing, gaining their views.  
• Provide a better explanation of ADHD to young people that includes helping them to resolve their confused feelings of being normal and different at the same time and identify positive aspects.  
• Provide tailored training in schools to promote understanding of challenges faced by pupils with ADHD and their families, and ways to support them.  
• Support SENCos to manage the amount of intervention in place at one time for each pupil. |
| **PERSON: Demand, resource and force characteristics.** | • Carry out consultations with parents and school staff, and assess and observe pupils in order to develop a better understanding of the specific impact of ADHD, strengths, comorbidities and family circumstances on the pupil and their family. Based on this, support key stakeholders to develop an individualised, evidence-based intervention plan.  
• Be aware of pupil motivation as a factor in intervention efficacy.  
• Support schools in seeking and using pupil and parent views e.g. developing a range of tools, analysis of data, reviewing support (trial-and-error approach).  
• Help schools to deliver support for pupils’ emotional wellbeing and regulation. |
### How this relates to current practice

<table>
<thead>
<tr>
<th>Schools</th>
<th>CAMHS</th>
<th>NICE</th>
<th>Educational policy</th>
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<tbody>
<tr>
<td>• Importance of SENCo role</td>
<td>• LA does not offer all NICE recommendations</td>
<td>• LAs need £££s to implement guidelines e.g. CBT, parent/youth groups</td>
<td>• YP &amp; family views</td>
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<td>• Importance of gathering and using pupil &amp; parent views</td>
<td>• Under-funding is the primary cause of short-comings</td>
<td>• In agreement re: pros and cons of the label</td>
<td>• Inclusion- pupils are expected to fit the classroom; symptoms can make inclusion difficult</td>
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<td>• Trial &amp; error = plan-do-review cycle</td>
<td>• Broad recommendations are not useful to schools</td>
<td>• YP &amp; family views central</td>
<td>• Quality-first teaching</td>
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<td>• Strategies not necessarily ADHD specific</td>
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<td>• Regularly review needs</td>
<td>• Teachers reluctant to implement strategies- judged by exam results</td>
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<td>• Some pupils do not want to look different</td>
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Dissemination

- To participants.
- To TEPs and tutors at IOE
- To EPs in LA X.
- Publication?
- To COPE
- Here!
Thank you!

- Thesis available (for free) on UCL's Discovery:
  http://discovery.ucl.ac.uk/10054183/
DECP TEP Annual Conference 2019

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