

The experiences of primary school teachers of ADHD in their classrooms

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ABSTRACT

There is a paucity of available literature regarding the experience of teachers dealing with Attention Deficit Hyperactivity Disorder (ADHD) in an educational setting. As children with ADHD are typically diagnosed at school entry level, primary school teachers are directly affected. This study therefore endeavours to address the gap in the body of knowledge with regard to the experiences of primary school teachers who have children with ADHD in their classrooms. Four participants from a private school were interviewed and transcripts were analysed and interpreted using the Interpretive Phenomenological approach. Five themes emerged: knowledge of ADHD, medication for ADHD, support received from the educational system, classroom management and emotional experiences of the participants. The overall experiences of the participants were both positive and negative. Further research is needed with regard to the experiences of teachers.

Keywords: Attention Deficit Hyperactivity Disorder (ADHD); children; classroom management; phenomenology; primary school teacher; private school

For decades, Attention Deficit Hyperactivity Disorder (ADHD) has constituted a contentious subject among health care professionals, researchers, parents, and teachers. The primary clinical characteristics or symptoms of ADHD include developmentally inappropriate degrees of inattention, hyperactivity and impulsivity (Holz & Lessing, 2002; Venter 2006). As a result of difficulties with inattention, impulsivity, and increased motor activity, children with ADHD find it challenging to adapt and cope in a school environment where they are expected to conform to rules and behave in a socially appropriate manner. Consequently, their academic performance and achievement is hindered and they are referred for treatment. Medication such as Ritalin has been used for over 50 years and has been found to be helpful in approximately 70% of children with ADHD (Venter, 2006).

South African statistics of ADHD indicate that approximately 3% to 6% of the general child population meet the criteria for some type of ADHD diagnosis (Venter, 2006), which means that it is probable that a teacher may have at least one child diagnosed with ADHD in his or her classroom. Children spend most of their time in classrooms and other school settings where, especially at primary school level, they are expected to follow instructions and participate in organised and complex activities in socially appropriate ways (Kleynhans, 2005). Consequently, the demand on the teacher becomes more pressing when dealing with children with ADHD (Holz & Lessing, 2002; Kleynhans, 2005) as their difficulty with inattention, impulse control, and hyperactivity regularly interfere with activities in the classroom (DuPaul & Stoner, 2003). In general, children with ADHD are irritable and explosive and may be apt to aggressive and uncontrollable outbursts (Sadock & Sadock, 2007) which greatly challenge teachers in terms of discipline and the general organisation of classroom activities.

Stigma and stereotyping usually accompany an ADHD diagnosis (Richards, 2001). The diagnostic label 'sticks' and soon the child's peers become aware of the 'problem' (Richards, 2001) as ADHD children are perceived and described as being difficult to manage and generally disruptive, often displaying unwanted behaviours such as defiance, aggression, and antisocial behaviour (Hinshaw, 1994; Holz & Lessing, 2002). Secondary problems such as difficulties in social relations may arise, which usually result in rejection by peers. Teachers are further challenged to balance a classroom consisting of children with ADHD together with children who do not face learning problems.

Yet a further challenge for teachers is that children with ADHD are often emotionally labile (e.g., a depressed mood where they may become teary, withdrawn and irritable) and their emotions may range from tears to laughter in a short time, which renders their mood and actions unpredictable (Sadock & Sadock, 2007). Teachers with no training in special needs education are therefore expected to be greatly challenged by having to contend with children with ADHD in their classrooms.

Most of the literature and research to date focuses mainly on the assessment (Carey 1999), etiology and epidemiology (Diller, 1999; Richards, 2001), and the diagnosis, management and treatment of ADHD (Fabiano & Pelham, 2003). The impact of ADHD on parents and the child has been thoroughly researched over the years and practical guidelines and manuals for parents and teachers on how to effectively manage children with ADHD have been provided (Barkley, 2000; Flick, 1996; Rief, 1993). Considering the available literature, it can be concluded that the teacher's experience of dealing with ADHD in an educational setting has only recently been deemed as important and relevant in understanding the dynamics involved in ADHD, and has not yet been thoroughly researched. No studies on primary school teachers' experiences of dealing with children diagnosed with ADHD using a qualitative methodology were found, therefore this study particularly endeavours to address this gap.

THEORETICAL BACKGROUND

This study brought together the theoretical framework of phenomenology and the qualitative research approach. Phenomenology is considered a philosophical perspective that emphasises people's subjective experiences and meanings of the world (Burke, 2004). Phenomenological research entails "illuminating intersubjective human experiences by describing the essence of the subjective experience" (Tesch, 1990, p. 51). According to Patton (2002), knowledge production in qualitative research is centred on people's experiences and interpretations. A qualitative perspective focuses on human experience and the meanings ascribed to those experiences (Burke, 2004). This means that qualitative researchers study phenomena in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people ascribe to them (Patton, 2002). Phenomenology as a paradigm is parallel to the qualitative research design, as both view information gathering as unique to human experience and allows for human interpretation and meaning that are not based on statistics or scientifically verifiable facts.

METHOD

Participants

In this study, purposive sampling and snowballing techniques were utilised to select suitable participants. Snowball sampling refers to the researcher choosing one participant and locating others by using the information supplied by the first (de Vos, Strydom, Fouché, & Delpont, 2002). Creswell (2007) describes purposive sampling as a means that is used to select participants for the study "because they can purposefully inform an understanding of the research problem and central

phenomenon in the study” (p. 125). Purposive sampling as a method of selecting participants was chosen because it is based on the subjective judgment of the researcher regarding the characteristics of the representative sample, with a specific purpose in mind (Neuman, 2006). The selection of the participants was based on the following predetermined criteria:

- The participant should have one or more children who has/have been formally diagnosed with ADHD (by a qualified medical or mental health care practitioner) in his/her classroom; and
- The child/children who form the participant’s experience should be formally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and not any other developmental disorder or learning disability.

At the time of the study, the first author was acquainted with a primary school teacher, at a private school in Pretoria, who was aware of children diagnosed with ADHD in other teachers’ classrooms within the school. The first author contacted the Head of Department of the Foundation Phase of the school to discuss suitable participants. The stipulated criteria as well the availability of the participants had to be considered. The Head of Department approached the teachers in order to assess their willingness to participate in the study.

Four participants were included in the sample according to the stipulated criteria. One school was selected as the study was in-depth in nature and aimed at generating data rich and descriptive in nature. The age and gender of teachers selected were of no significance for this study. The participants also had no formal training in special needs education.

According to Patton (2002), the number of participants in a qualitative study should be relevant to the purpose and goals of the study: “sample size depends on what you want to know, the purpose of the inquiry, what’s at stake, what will be useful, what will have credibility, and what can be done with available time and resources” (p. 244). As this study was exploratory it was not necessary to select a larger sample. The data also reached saturation for the purposes and scope of the study once the four interviews were completed and the first author decided not to interview any further potential participants at the school. Saturation refers to the “condition of an interpretive account where the account is richly fed by the material that has been collected” (Terre Blanche & Durrheim, 2006, p. 372). This means that, in this study, the first author was able to acquire a sense of satisfaction with the data collected in that she had thoroughly explored the phenomenon (Terre Blanche & Durrheim, 2006).

Interview Guide

Semi-structured interviews were used to collect information about the teachers’ experiences of having children diagnosed with ADHD in their classrooms. The

rationale for conducting semi-structured interviews is that they guide the researcher, but are not restrictive as they allow the researcher to explore interesting areas that arise and can follow the participant's ideas, interests or concerns more closely (Smith, 2003). This approach to interviewing can provide a "greater breadth of data" because of its "qualitative nature" (Denzin & Lincoln, 2000, p. 652).

The interview guide was developed in advance considering available literature on ADHD for the purpose of eliciting participants' experiences, perceptions and emotions regarding having children with ADHD in their classrooms. This allowed the first author to think explicitly about what would or should be covered in the interview as well as to consider possible difficulties or hurdles that might be encountered (Smith, 2003). The interview guide was aimed at exploring teachers' experiences and emotions of teaching children with ADHD. The interview guide further explored teachers' knowledge about ADHD, including diagnosis and stereotyping, as well as their training in dealing with children with learning difficulties. Participants could also introduce their own ideas and concerns that the first author had not considered previously as they were perceived as the "experiential expert on the subject and should therefore be allowed maximum opportunity to tell their own story" (Smith, 2003, p. 57).

Procedure

Ethical approval for the study was obtained from the Ethics and Research Committee of the Faculty of Humanities at the University of Pretoria. After receiving signed informed consent from the participants, stating their voluntary participation, the interviewing process commenced. Each interview lasted more than an hour. The interviews were audio taped and subsequently transcribed verbatim by the first author.

Data analysis

The Interpretative Phenomenological Analysis (IPA) approach was chosen as it aims to "explore in detail how participants are making sense of their personal and social world" (Smith, 2003, p. 51). The interviews focused on the experiences of the primary school teachers regarding having children with ADHD in their classrooms while IPA is concerned with exploring the meaning of experiences rather than attempting to produce an objective account (Young, Bramham, Gray, & Rose, 2008). This approach is well suited to gaining an insider's view of the participants' experience of a situation (Mulveen & Hepworth, 2006).

The analysis process started with interviewing the teachers and continued when the interviews were transcribed (Tesch, 1990; Terre Blanche & Durrheim, 2006). Thereafter, the verbatim transcripts were read several times. In the left-hand margin, notes were made regarding what was thought to be interesting or significant about

what each participant said (Smith, 2003). With each reading, the understanding of the accounts was enhanced and new insights were discovered. Once this process was completed the right-hand margin was then used to document emerging themes. Here, the “initial notes are transformed into concise phrases which aim to capture the essential quality of what was found in the text” (Smith, 2003, p. 68). The next stage entailed more analytical and theoretical ordering (Smith, 2003) in an attempt to understand the connections between the identified themes. As the clustering of themes emerged, it was checked in the transcript to make sure that the connections worked and were expressed in the actual words of the participant. Direct quotes from the participants’ transcripts were used to support the identification of these themes. Certain themes clustered together and superordinate concepts emerged (Smith, 2003), and were no longer expressed in the words of the participants. Themes were paraphrased by summarising them in academic language (Tesch, 1990).

Trustworthiness of the data

According to Stiles (1993), both validity and reliability entail trustworthiness. Validity refers to the trustworthiness of interpretations and understanding, and reliability refers to the trustworthiness of observations or data. In order for the research to increase its validity (credibility and transferability) and reliability (dependability), the semi-structured interview guide was developed to ask specific questions with regard to ADHD and teachers’ experiences of having children with ADHD in their classrooms. The semi-structured interview guide allowed for flexibility of participant responses, subsequently increasing the validity of the measure. The responses of the participants were plausible, which means that statements and descriptions about their experiences in the classroom were not exclusive or limited: “they are not the only possible claims, nor are they exact accounts of the one truth in the world” (Neuman, 2006, p. 197). From this it can be expected that the same study may have yielded different conclusions when interpreted by different researchers, each with his or her own biases, assumptions, beliefs, and experiences.

Validity, according to Neuman (2006), is increased as connections between the data obtained from the interviews are considered: validity “grows with the creation of a web of dynamic connections across diverse realms and not only with the number of specifics that are connected” (p. 197). As the collected data were engaged with, a rich description of the account of teachers’ experiences in the classroom emerged, indicating several similarities and some differences in their experiences of children with ADHD. The descriptions were accurately and truthfully portrayed.

The role of the researcher

Morrow (2007) maintains that it is essential to understand the researcher in relation to the study so as to provide “sufficient information on which to base a full understanding

of the context of the study” (p. 215). According to Denzin and Lincoln (2000), it is important that the researcher describes his or her role in the research process as the researcher “speaks from a particular class, gender, racial, cultural, and ethnic community perspective” (p. 18). Morrow (2007) states that when researchers “make public their own stances, motivations, assumptions, and biases, the research gains a level of honesty that contributes to the trustworthiness (rigor) of the study” (p. 216). Stiles (1993) states that in qualitative research, the researcher develops close relationships with participants and is purposely subjective, but the researcher’s role, biases and beliefs need to be made explicit. The researcher (first author) therefore made her biases, values and assumptions explicit so as to “bracket” these when collecting, analysing and interpreting the data.

The researcher has a family member diagnosed with ADHD and as a result holds certain beliefs and assumptions about ADHD regarding diagnosis and treatment. She believes that ADHD is a developmental disorder that the child must learn to cope with and manage effectively. ADHD should also be diagnosed carefully taking into consideration all possible influencing factors and differential diagnoses. A diagnosis of ADHD is imperative as it allows for the correct treatment and intervention strategies to be formulated for the specific child and his/her environment. As a child does not outgrow ADHD, it is the task of parents and teachers, and any other primary caregivers, to assist and support the child in learning ways to cope academically and socially.

Children with ADHD need constant individual attention at home and at school if they are to cope effectively with the disorder. The researcher believes that medication alone is not sufficient to deal with ADHD, but that a multidisciplinary approach is the best avenue of intervention and treatment. This team should include doctors, psychologists, occupational therapists, dieticians, teachers and parents, and whoever else is needed to address the specific needs of the child.

The researcher’s motivation for choosing this particular subject mainly originates with her experience of ADHD in her immediate context and her postgraduate training in learning difficulties. The researcher was drawn to a qualitative inquiry and phenomenology as the aim of the study is to get an insider’s point of view of the experiences of teachers. From experience, the researcher assumed that dealing with ADHD would be demanding, exhausting, and strenuous on teachers. During the interviews, the researcher had to be cautious not to impose her own assumptions of ADHD onto the teachers. The researcher allowed the participants to freely tell their stories and express their experiences regarding dealing with children with ADHD.

During the analysis of the information, the researcher drew on her own experiences and beliefs about ADHD to understand the information collected, but she was also constantly aware of her biases, assumptions, beliefs and values regarding ADHD and attempted to consistently apply the validity and reliability guidelines discussed previously.

RESEARCH FINDINGS AND DISCUSSION

Five themes emerged from the data analysis: knowledge of ADHD, medication for ADHD, support from others, classroom management, and emotions experienced by the participants.

Knowledge of ADHD

The participants felt that they were largely unprepared to deal with children with ADHD due to the lack of sufficient training in their tertiary teaching qualifications. Without adequate knowledge of ADHD, the teachers experienced classroom situations as being more challenging and difficult to manage. This left them feeling ill-equipped, unskilled and helpless to assist the children. The participants felt that without knowledge of the nature of ADHD, they were not able to fully understand why children with ADHD behave the way they do and consequently found it difficult to manage them with patience and empathy in the classroom.

... and I just feel I can't. I can't help them because I'm not qualified. And I felt ill-equipped. I don't have the qualification. I don't have the knowledge. (Participant 3)

It is their experience of children with ADHD in their classrooms that has given them knowledge of the symptoms and difficulties faced by these children and the practical interventions that can be applied in the classroom. Their knowledge of ADHD was further enhanced by attending workshops and symposiums where they gained an understanding of ADHD symptoms and classroom interventions to manage them.

So I struggled with that first little boy very much to handle it ... I had no knowledge ... and then I went to a symposium on ADHD ... and that helped a lot. (Participant 1)

And throughout the years I went to a few courses and that has helped a lot. (Participant 2)

Further interventions were also gained from the school's occupational therapist and educational psychologist.

The teachers felt that when they have additional knowledge regarding symptoms and behaviour they are able to better understand, have patience and empathise with the children with ADHD, which better equips them to manage the classroom situation. The participants recognised that ADHD is not something over which the child has control; it is fundamentally part of him or her. The participants also felt that with more knowledge of ADHD, they were better able to handle classroom situations in that they were able to change and adapt their interventions according to the child's individual needs.

It definitely makes it easier to deal with. You understand the way they react towards things. Why they don't work the one day and work the next day, the way they leave their homework at school every day. (Participant 2)

Knowing also gives you an empathy with the child – I know this child now, or have an idea now, so I need to change my ways, or my strategy for the child. (Participant 4)

This child is not just running around to be funny, or this child is not just constantly losing his stuff because he's trying to be difficult or is constantly asking you the same question, after you've explained twenty times, its not that he is just difficult. It's just because he can't help it. (Participant 1)

Medication for ADHD

According to the participants, when children do not receive ADHD medication they are generally disruptive and difficult to manage in the classroom. The participants experience this situation as challenging.

It's impossible if you have three or more kids in your class with ADHD that's not on medication people have no idea how difficult it is. (Participant 2)

Some are not taking anything, that makes it very hard. (Participant 4)

The participants report that children who do not take medication find it difficult to concentrate and may lag behind in important developmental areas such as academics and peer relations.

...they do fall behind, they miss out, especially in foundation phase are all those concepts that need to be put in place. (Participant 2)

Sometimes I feel he might as well not even have been here, 'cause he hasn't benefited. It's hard. And the thing is those gaps are going to be there next year. (Participant 3)

The participants experience some parents as being reluctant to acknowledge the value and importance of ADHD medication for the child's academic development. While therapists say that the child "needs medication", parents say "no".

they were very hesitant to put him on medication. (Participant 2)

It was a very long process, trying to get him on... (Participant 1)

It became apparent from the participants' experiences that medication is not only valuable, but necessary for the child with ADHD. The participants experienced a noticeable change when children adhere to their ADHD medication.

We usually call this medication "turn the page" medicine, because you cannot believe the difference between one page and the next page. (Participant 2)

Such a big difference is if you see children that's on medication ... how it changes when neurologically he is able to follow that instruction, able to follow it through on what he tried or started. (Participant 1)

Participants report that children concentrate better and, as a result, the teachers find managing them in the classroom easier and less challenging. When the child with ADHD is able to concentrate for extended periods, the teacher can attend to the other children in the class and in this way promote the academic development of the whole class.

In the participants' opinion, children receiving medication for their ADHD tended to achieve better academically, were able to socialise more appropriately with peers and displayed less unwanted behaviour.

Support from the educational system

The participants' experience of support comes from three sources: parents of children with ADHD, colleagues and the broader school system. Parental support to the teachers in the form of involvement, shared responsibility and following through on routine and structure at home enabled them to cope better in the classroom. For example, when a child with ADHD is on a diet prescribed by a medical professional, the parents at home and the teacher at school can work together to support the child's eating habits. Support from parents leads to the participants experiencing a sense of teamwork and collaboration.

It's very important that the parents are on board. With their support, we can help the child with that academic backlog. (Participant 3)

I can handle it much better, because first of all, we've got the support of the parents. So you work in a partnership So in that way it helps really, it's much easier to handle it, although it's still challenging. (Participant 1)

A lack of support from parents of children with ADHD leaves the teacher feeling alone and helpless.

You just have to deal with the situation but there's no extra help. There's no involvement from the parents or, you know, to get help for this child, so you just deal with the symptoms daily. (Participant 1)

The participants experienced support from the school by the provision of professionals (a speech therapist, an occupational therapist, and an educational psychologist) to assist with dealing with diverse learners in their classrooms. The Head of Department was also experienced as being supportive.

Within the school we also have pastoral care specifically and the therapists would assist. (Participant 3)

The head of department is wonderful ... she sometimes takes the children and also works with them. (Participant 2)

The participants experience valuable support from their colleagues. This includes the sharing of knowledge and techniques in dealing with children with ADHD,

which creates a better understanding of ADHD in terms of more or less successful interventions.

And you learn from your colleagues, what works here, and what works with that child. Sometimes you try something and it does not work at all and you share that. (Participant 1)

We share whatever we learn, we help each other. We constantly talk to each other. (Participant 2)

As colleagues we are able to talk. (Participant 4)

This support from colleagues also becomes more essential when the teachers feel that the parents of children with ADHD are not involved and supportive.

Additional support from the school is apparent in the opportunities allowed for personal growth and staff development in the form of attending informative courses and workshops on ADHD sponsored by the school.

If there is a course or workshop that is coming up, they are supportive. In our budget there is money for personal and staff development. (Participant 1)

Furthermore, the participants feel that they would benefit from having teacher assistants in the classrooms as they would enable them to provide individual attention to children with ADHD:

The school should really consider having classroom assistants to help the teacher deal with children needing help more on a one-on-one basis. (Participant 4)

The greatest thing for me would be classroom assistants. (Participant 1)

Classroom management

According to the participants, classroom management includes discipline, lesson planning, and time management. Classroom management becomes even more challenging when certain factors come into play such as the number of children diagnosed with ADHD, the degree of severity of the disorder, and how peers respond to the child with ADHD in the classroom.

The degree of their ADHD, how severe it is ... they can take up the attention of two, three, four kids at a time. 'Cause they need constant assistance. (Participant 2)

The more diagnosed children you have, it's hard – it just multiplies everything. (Participant 1)

Peers tend to pick up on the mannerisms of children with ADHD. The teacher needed constantly to be wary of the reactions of peers towards children with ADHD as this resulted in disrupting the classroom and placed added stress on the teacher.

The whole class would think he's the clown, or get irritated with him and push him out. Children are quick to exclude somebody that is not like them, somebody who does not fit the mould. (Participant 1)

The participants found it difficult to achieve the correct balance between equal treatment for all children and giving attention to those with special individual needs. The participants believed that because each child was unique, no one strategy or intervention would apply to all.

...to cater for this child's needs, but not to exclude him from how things must operate and go in the class, and that's when to have a constant integration. I find that's the most difficult challenge to keep him part of the class, but also give attention to his special needs. (Participant 1)

Because each one is different – you can't just say 'this is the recipe for an ADHD child, use it'. Every child is so individual and every child has got a different need and a different way in why he does it. There are some symptoms I think that's the same, but how a child will respond to you, your intervention will differ. The one will rebel and the other one will accept it and the other one will try to be even funnier. (Participant 1)

Discipline is described by the participants as getting children to listen to the teacher, to sit still in their chairs, to complete their tasks and homework and to interact appropriately with classmates. The participants experience the management of discipline in the classroom as challenging and demanding as they constantly have to change between discipline strategies to fit the situation and the child.

I try not to stick to one discipline strategy the whole time – I find the reward-system works. (Participant 4)

Owing to children with ADHD struggling to concentrate, participants experienced planning lessons for their classroom as difficult. The participants try to integrate creative strategies such as playing the guitar, drawing pictures, singing and incorporating movement into their lessons to retain the children's attention. Constant negotiation in lesson planning becomes pivotal as children with children with ADHD tend to lose focus and concentration during the lesson.

You have to negotiate – let's write a sentence and then we can draw. (Participant 1)

It is the experience of the participants that the more children with ADHD per classroom, the more difficult classroom management becomes. The increased number of children with ADHD amplifies the felt effects of disruptive behaviour, inattention and hyperactivity. The more children with ADHD in the classroom, the more individual attention is required from the teacher. This makes the teachers feel tired.

Emotions experienced by the participants

In dealing with children with ADHD on a daily basis, participants felt exhausted and physically and emotionally drained. They described their experience as follows:

Total emotional fatigue. (Participant 4)

It's very frustrating. (Participant 3)

They tended to worry about the well-being of the children with ADHD regarding academic, emotional and social development. The participants experienced a sense of failure and disappointment when they were unable to attend to the individual needs of children with ADHD:

You feel a failure, because you can't get to everything. (Participant 2)

I didn't achieve because he didn't achieve. (Participant 3)

The participants experienced some positive emotions in dealing with children with ADHD in their classroom such as a sense of accomplishment when they were able to help and see a difference in the child. Satisfaction, confidence in their abilities as teachers, and pride, is experienced by the participants when the child with ADHD achieves according to his or her ability and the teacher feels that she has made a positive contribution to the child's life:

Feeling of accomplishment by the end of the year. (Participant 4)

Wow, I could help this child. (Participant 1)

Knowing that you could make a difference in that child's life. (Participant 4)

CONCLUSION

The study found that the experience of the participants is that having children with ADHD in their classrooms is both challenging and fulfilling. All the participants shared the experience of the school environment as being supportive and as a result felt empowered and better able to cope with children with ADHD in their classrooms. The participants also shared the experience of the value of medication for ADHD, for instance, that it is not only beneficial for the child with ADHD, but necessary to prevent academic lags. A need for more knowledge regarding the symptoms of ADHD and practical interventions that the teachers can use in their classrooms was shared by the participants. All the participants with children with ADHD in their

class experienced classroom management as challenging as a whole; in particular, they experienced difficulty with discipline and lesson planning.

The weaknesses of the study were the small sample size of only four participants. Although sufficient saturation of the data, for the purposes of this study, was reached, more participants may have provided more information on teachers' experiences. Furthermore, only one private school was used in this study. Findings might be unique to the school and the private school is possibly better resourced than government schools.

Future research endeavours may include: increasing the sample size to include more participants with the purpose of obtaining more information about the experiences regarding the phenomenon; and including more schools in the study to ensure that results are not school specific. Public schools should also be selected to gather experiences of teachers in different educational contexts. In conclusion, more research is needed to illuminate the experiences of teachers in dealing with ADHD at high school level, as these may differ considerably from primary school teachers.

BIOGRAPHICAL NOTES



Janine Kendall is a counselling psychologist specialising in community psychology. She is currently lecturing at CTI campus in Pretoria. Her interests include learning difficulties such as ADHD as well as the emotional development of young children affected by HIV/AIDS.



Claire Wagner is an Associate Professor in the Department of Psychology at the University of Pretoria. Her research interests focus on aspects of social science methodology, particularly qualitative research. She has recently co-edited a book on teaching research methods in the social sciences.



Ilse Ruane is a lecturer in the Department of Psychology at the University of Pretoria. Her research areas include multiculturalism, the praxis of community psychology, traditional versus Western knowledge systems, local and indigenous knowledges.

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