Chapter 7

Summary and Implications

ADHD is a commonly diagnosed childhood developmental disorder that impacts on a school going child’s academic and social functioning. Symptoms of the condition can baffle even the best of teachers and parents who often tend to label such children as being difficult, lazy, defiant and stubborn. As defined by the American Psychiatric Association (2000), ADHD is a persistent pattern of inattention and /or hyperactivity- impulsivity that is more frequently displayed or more severe than is typically observed in individuals at a comparable level of development. The World Health Organization’s Classification of Diseases (WHO 1990) also recognizes this condition, referring to it as Hyperkinetic Disorders. Rarely travelling alone, research estimates that two thirds of elementary school-age children with ADHD have at least one other diagnosable psychiatric disorder (Arnold and Jensen 1995; Cantwell 1994).

Current research indicates that ADHD is no longer considered a condition restricted to childhood, a majority of children diagnosed with childhood ADHD continue to exhibit related difficulties with attention, behaviour, academic and peer functioning well into adolescence and adulthood. Causal factors for ADHD point towards biological involvement. This study however aligns with a Biopsychosocial framework (BPS 2000) as opposed to the polarized ‘nature-versus- nurture’ conceptualizations that dominate research on ADHD and believes that biological causes and behavioural outcomes are mediated by experiential and environmental factors (Frith 1992).

ADHD in India is essentially located in the school context with most clinic referrals being linked to academic concerns (Wilcox et al. 2005; Karande et al. 2007). Milder presentations of ADHD or sub clinical levels of ADHD that have been referred to as ADHD type behaviours in this study do not present themselves in clinic contexts, nevertheless children who are challenged by these behaviours and teachers who are required to manage them on a daily basis do experience distress. Schools in general and teachers in particular constitute an integral part of the child’s environment and can play a significant role in recognizing and initiating interventions. The study’s theoretical framework was pegged on Bronfenbrenner’s (1979) ecological model of embedded systems and the Developmental Contextualist model (Pellegrini and Horvat 1995) which recognized the teacher as being part of the child’s complex, ecological system, having an influence in maximizing potential and in mediating the effects of a stressor.

The review of literature indicated that while ADHD did exist as a stable universal construct, cultural frameworks determined how it was conceptualized in a particular culture. Studies suggesting parent
preferences for educational interventions over psychiatric interventions for ADHD coupled with stigma associated in accessing psychiatric services strongly indicated that there was a need for research that would help mental health professionals restructure information and early intervention paradigms about ADHD within a school context (Wilcox et al. 2005).

Relevant research reviewed indicated that teachers in elementary classrooms were in vantage positions of being able to recognize children who displayed a range of difficult behaviours and initiate suitable classroom based interventions (Escalon et al. 2009). This study recognized that while teachers could be powerful change agents, little was known about what guided their thought processes and classroom practices. Teacher beliefs and perspectives were at the core of this study as research indicated that they acted as filters for interpreting information and experience. Beliefs as research suggests are integral to making sense and connections between existing information and values and influenced actual teaching practice behaviours in the classroom (Nespor 1987; Kagan 1992; Pajares 1992; Evans 1996; Richardson 1996; Romanowski 1998; Borg 2001; Lortie 2002).

The need to understand teacher perspectives in relation to children whose range of classroom difficulties challenge teachers’ skills and time, takes on a critical yet often ignored dimension (Fantuzzo and Atkins 1992). The lack of data specific to Indian contexts concerning teachers and how they negotiated ADHD behaviours in the classroom also suggested the need to contextualize data from a local and culturally relevant position.

On the basis of literature reviewed, professional experiences and research questions- the objectives of the study were:

- To explore teacher awareness, attributions of causes/moderators of ADHD type behaviours
- To understand teacher perspectives in relation to ADHD type behaviours
- To explore the implications of these perspectives on teacher responses to ADHD type behaviours
- To understand the influence of school systemic factors on teacher responses to ADHD behaviours
- To elicit teacher suggestions on how needs of these students can be met in the classroom
- To design a classroom based programme that would facilitate awareness, identification and early intervention for ADHD

Based on the theoretical and conceptual framework of the study and the near complete absence of researched information about behavioural difficulties in Indian classroom contexts, a qualitative approach to research was adopted. The ontological assumption was one of viewing social reality as constructed by the actors themselves. Through processes of social interaction, shared language and symbols, teachers
were seen to be constructing and interpreting their classroom realities. The epistemological assumption emphasised subjective ways of knowing. Engaging with a case study design allowed for the emphasis on interpreting the meaning that interactions, actions and objects have for teachers and children in school spaces regarding ADHD type behaviours. The study was located in Bangalore Urban district and through the use of purposive sampling a selected group of teachers, heads of school and students that met inclusion criteria were chosen from the elementary section of 5 schools. The final sample consisted of 15 teachers, 15 students and 5 heads of school. The schools were all privately owned unaided schools and covered a range of low to upper middle income schools. The primary respondents were teachers and data was obtained through in-depth interviews, observations, responses to questionnaires and vignettes. Research ethics were adhered to in obtaining informed consent for interviews and observations and in reporting data.

Working within the research structure provided by the objectives and the conceptual framework, the data was qualitatively analysed. A matrix based method for ordering and synthesizing data was used wherein recurring motifs in the text were recognized as themes and sub-themes. An index of central themes and sub-themes was constructed and subsequently represented in a matrix. This conceptually ordered matrix aimed to categorise and contextualize data which allowed for cross case analysis and a deeper understanding and explanation of issues that were being studied. School snapshots and brief descriptions of teachers and student respondents provided a context for discussing the main themes as they emerged. Significant themes corresponding to the objectives of the study were discussed under 3 major strands: Understanding ADHD Type Behaviours, Teacher Perspectives- Factors and Processes and Listening to Teacher Voices- Designing Classroom Interventions.

Teachers’ understanding of ADHD was discussed under sub-themes of SDQ ratings, awareness, attributions, classroom challenges, responses and moderators. Conclusions that can be made for the student sample in this study using scores obtained on the SDQ indicate that as compared to scores on the other subscales, scores on the hyperactivity scale were in the higher- abnormal range. Students also had slightly higher scores- mostly indicating borderline functioning on scales that addressed peer relationships and prosocial behaviours. Scores on the emotion and conduct scales fell largely in the normal range.

Steering clear of biomedical child mental health models, teachers’ appear to have located the construct of ADHD in a developmental context. Hyperactivity was viewed instead as a mixed set of volitional and age specific behaviours that deviated from classroom norms for behaviour. Teachers reported unfamiliarity with the term ADHD and gave multiple responses to what they understood by the term hyperactivity. However in response to identifying what classroom behaviours suggested its presence, teachers provided
behaviour descriptors that actually tallied fairly accurately with the core clinical diagnostic indicators of ADHD as specified in the DSM-IV. Motoric behaviours referred to physical behaviours- this corresponds roughly to the hyperactive and impulsive components of the DSM-IV diagnostic criteria. Classroom and academic functioning behaviours as described by the teachers aligns with the inattentive component of diagnostic criteria while peer functioning behaviours provides a glimpse of the impact of ADHD type behaviours in social contexts.

Teachers in this study believed that displaying ADHD type behaviours did not necessarily predict a negative developmental trajectory for a child because of the perception that problem behaviours were limited to a childhood period. The cumulative effect however of coping with a child who made demands on a teacher’s time and energy was a definite sense of experiencing stress. The grade in which the student was studying appeared to be linked to the degree of burden experienced by the teacher with teachers in lower elementary grades reporting lower levels as compared to teachers in the upper elementary classes. A possible academic contextual explanation for this belief could be stemming from the fact that teachers in elementary sections are just beginning to see deficits in the child’s classroom functioning, these however tend to be more defined and drawn in bolder strokes in middle school and high school contexts when the academic and social demands challenge deficits in executive functioning skills.

The majority of teachers in the study reported a sense of feeling burdened in having to manage ADHD type behaviours. Teachers were most challenged with behaviours that impacted on another’s learning, physical or emotional safety. This emphasis on the group as a whole entity and not on individual concerns constructs ways in which the teacher rates the severity of a particular inappropriate behaviour and also determines the nature of her response. Behaviours that challenged the teachers’ authority were also considered problematic. Teachers across schools expected students to ‘listen and obey’, failure to do so was interpreted as ‘being bold’, ‘not scared of the teacher’ and ‘being disrespectful’.

Most teachers attributed ADHD to inconsistencies in parent disciplining practices. Teachers observed a sense of disengagement that parents appeared to demonstrate from their children and poor supervision that translated into children functioning in home contexts with a poor sense of boundaries and a limited sense of what was considered appropriate and inappropriate behaviour. Unsupervised television viewing, video games and access to the internet were also held as responsible for influencing the way children thought and spoke. From the responses teachers shared about media influences it was evident that they were referring to the general negative effects they believed electronic and entertainment media had on students as a whole and not necessarily as specific causal factors for students with ADHD type behaviours.
Allowances were made for a child’s inappropriate behaviours if the teacher perceived the child to be ‘intelligent’. None of the teachers however mentioned high cognitive ability levels that a child exhibiting ADHD type behaviours may have as a causal factor considering that a significant number had made categorical references to it while describing their understanding of the term hyperactivity. Teachers did not attribute ADHD type behaviours to teacher-student interactions, teaching styles, pedagogy and classroom management strategies.

In the absence of any formal training or provision of ADHD specific classroom strategies or an understanding of ADHD behaviours, teachers appeared to use a variety of behavioural, environmental and instructional responses in responding to such students. While teachers recognized the impact of ADHD type behaviours on different areas of classroom functioning they were also able to identify child, parent and teacher specific factors that could moderate the effects of challenging behaviours. Student compliance with teacher instructions, described by the teacher as the child’s ‘willingness to change’ was viewed as a positive factor in predicting change.

Parent’s who showed a consistent level of involvement in their children’s academics and worked closely with teacher feedback were perceived to have a positive impact on their child’s academic and behavioural progress in class. Classroom preferential seating, engaging the student with work, close supervision, providing frequent reminders and cues and following up on feedback given to child and parent were listed as teacher initiated responses that could have a positive effect on reducing the severity of challenging behaviours. Responses underscored the need for a greater appreciation of the cultural complexities and shared belief systems that influence how a condition like ADHD is conceptualized and the challenges it presents in terms of designing suitable interventions.

Teacher perspectives were discussed under the themes of intrinsic factors, systemic factors and classroom observations. In addressing intrinsic factors themes were further examined under becoming a teacher, roles and beliefs. In the present study, family and friends rather than individually driven options played decisive roles in determining a significant life choice such as choosing a profession. It would appear from the responses that teachers in the study were guided by a combination of extrinsic factors and altruistic reasons in choosing to enter the teaching profession, these were also mentioned as reasons for them to continue being in it. Among the responses, interestingly there was a virtual absence of intrinsic factors in playing a motivating role - possibly referring to a subtext of prevalent societal views on the rather bleak professional image of the teacher.

Reflecting on early influences, teachers in sharing their experiences spoke reverently and fondly of a special teacher who they believed shaped their early teaching practice and continued to exert their
influence through powerful childhood memories. Regarding training received, formal teacher training programmes were viewed by most teachers as theory driven and of bearing little relevance to the complex actual world of the classroom. Informal learning experiences such as learning through observation and experience were more influential in defining their early pedagogic practices and current professional goals. Teachers described their roles as complex, requiring them to perform multiple roles of being knowledge provider, mother, classroom manager and Guru. As knowledge providers most teachers referred to themselves as being strict. References were frequently made to their teachers in school who were similarly strict in their approach. Gupta (2006) elaborating on this concept describes a strict teacher as a teacher who sets high standards and expectations for her students, provides honest feedback, is seen as a committed and dedicated teacher and manages the class with a certain degree of firmness. Teachers adopting roles of mother and guru simultaneously took on the responsibility of inculcating values in their students in accordance with social and cultural norms.

In addressing stress that they experienced in executing these roles, teachers in the upper elementary grades reported being more stressed than teachers in the lower grades about curriculum delivery primarily because of the difficulty level of concepts being taught and being able to sustain student attention and interest levels. Teachers in the lower elementary grades across the schools felt that students in their classes were more amenable and easier to discipline which eased up the teacher’s work in the classroom.

Teacher beliefs were discussed under broad headings of classroom and discipline beliefs. Beliefs about the ideal child were a direct contrast to a child with ADHD type behaviours, hence possibly explaining why such students would be viewed by them as difficult children. In keeping with the traditional Indian concept of the teacher as absolute, beliefs about classrooms indicated that teachers value control and order. Often teachers used the terms respect and fear interchangeably also possibly suggesting that the absoluteness of a teacher derived in large part from the authoritarian stance that she/he adopted in the classroom in addition to exercising power by virtue of being the sole gatekeeper of information that a child was required to know.

Behaviours indicating good discipline were regarded as originating in home and parent contexts. Consequently parents of children who had behavioural concerns were faulted for poor parenting practices. Discipline was viewed as a prerequisite to learning with a majority of teachers describing it as the student’s ability to listen attentively, follow through on instructions and adhere to class rules. All teachers in the group believed that they were better disciplined as students and attributed this mostly to the sense of being ‘scared’ of their teachers. The fear that teachers experienced as students stemmed mostly from the rampant use of corporal punishment by teachers or the threat that it would be used.
The ban on use of corporal punishment, teachers believed had taken away their ability to exercise control effectively in the classroom. Teacher respondents across schools opined that parents and disciplinary practices followed at home were significant influences in developing discipline patterns in the child. School philosophy and ethos was also mentioned as a contributor by some but it was clearly a secondary factor.

Teacher beliefs embedded within nested systemic contexts interacted with a student’s ADHD type behaviours to influence and guide teacher responses. Systemic factors and processes were examined under grade related factors, school environment, parent connections, curriculum and policies. The curriculum a school subscribed to did not appear to have any specific impact for students with ADHD type behaviours in elementary school.

Teachers expressed concerns that parents appeared to be interested mostly about their child’s academic performance and would often downplay behavioural issues. Conveying negative information or behavioural concerns was usually not easily accepted by parents. Teachers reported that parents would sometimes get defensive- deny that their child had a difficulty, state that they did not witness such behaviours in the home situation and either blame the school or the child’s peer group for the difficult behaviours. Teachers recognized that daily parent involvement in formal education did not have a cultural basis, evidenced from their personal histories as well but felt that changes in the current education system and the increasing levels of competition required parents to be more engaged with their child’s learning especially if the child demonstrated a learning or behavioural difficulty.

The presence of a clear school discipline policy, a nurturing yet problem focused principal and the grade taught were perceived to be significant in determining a teacher’s responses to a child with ADHD type behaviours and the degree to which she felt supported. Teachers in the present study reported differences in terms of beliefs about students, teaching practice and responses based on the grade level they taught. From their interview responses, teachers in the lower elementary grades appeared to report a greater sense of satisfaction, comfort and lower stress as compared to teachers in the upper elementary grades.

Zentall (1980) reported that in classrooms with greater structure and fewer child-directed activities, children with hyperactivity were less off task and less disruptive. These findings may help explain the observation that though classrooms in India are larger, there are lower ADHD referral rates and distress features reported by teachers in India as compared to what research tells us about their American counterparts. A defining characteristic of Indian classrooms is its high emphasis on order and structure, the teacher is directive in her approach and the number of group and out of seat independent activities is limited owing to the physical space constraints.
These features of the classroom may well be contributing to inhibiting the full blown or frequent expression of ADHD type behaviours that a student may be experiencing.

Classroom observations which were examined under the action aspect of teacher perspectives were addressed under Classroom Physical Environment, Instructional Activities and Teacher-Identified Student Interactions. Teachers believed that their classes were more interactive and child-centered in comparison to their own early school experiences, from their responses and observations however it appeared that classroom pedagogy strongly aligned with the culturally preserved role of teacher as knowledge provider. Classroom practices continued to reflect traditional Indian practices of emphasizing didactic methods of learning while oral and written activities dominated instructional methods.

The instructional activity that teachers most frequently engaged in was oral questioning. The majority of teachers asked closed ended questions that sought to orally revise and recap what the class had been taught or was currently being taught. Oral instructional methods are anchored in a historical and traditional oral culture of learning contexts in India, teachers in our present day classrooms and study, used this method as they felt it kept the students alert and helped in familiarising them with the core concepts.

The most common type of teacher-student interaction was the teacher issuing commands; this was usually said in a loud tone with the teacher sounding irritated. Along with commands, calling out the student’s name in a loud tone and asking the student a question about the behaviour he was engaging in was the second most frequent type of interaction. The type of school appeared to have no impact on the frequency with which teachers used commands and called out a student’s name as all teachers appeared to engage in it. Teachers also used verbal reprimands in their interactions with students, this interaction occurred sometimes as an independent event and on occasion when the teacher’s previous attempts to check a student’s behaviour by calling his name out or by issuing a command had not evoked the desired response.

Teachers’ responses and interactions as observed in this study is supported by research that indicates that teacher interactions with students displaying disruptive behaviour tends to be dominated by more negative interactions such as commands and reprimands (Nelson and Roberts 2000). Punitive responses such as verbally reprimanding, threatening and physically reprimanding the student appeared to dominate teacher-student interactions over positive interactions such as engaging the student in an academic task, assigning him a responsibility and acknowledging appropriate behaviour by indicating approval.
Classroom observations also revealed the pro-social roles played by peers in helping students who were experiencing behavioural or academic difficulties. Classroom practices emphasized didactic methods of learning; activities that were more child centered or constructivist in their approach were less frequently reported or observed. Teachers in the study stressed rules, compliance and conformity and valued achievement. The autocratic approach that teachers adopted also indicated an alignment with an Interventionist (Wolfgang and Glickman 1980, 1986) or directive approach in their responses to discipline issues and coping with challenges presented by students displaying ADHD type behaviours.

The strand on listening to teacher voices was discussed under preventive strategies, differentiating behaviours and meeting student needs. Teachers in this study indicated that the prudent use of certain whole class strategies or keystone behaviours such as those involving rule setting, monitoring behaviours and instructional strategies that engaged the students in activity based tasks decreased the likelihood that ADHD type behaviours would present themselves and hence served as powerful classroom preventive measures of ADHD behaviours. The emphasis on teaching keystone behaviours and the culturally held value of according respect to the teacher can be regarded as strengths inherent in Indian classrooms that possibly moderate the challenging features of ADHD. The responses teachers shared in terms of how they differentiate difficult from pathological behaviours indicate that regardless of cultural differences and frameworks, ADHD can be described as a fairly stable universal construct.

The study identified a framework model used by teachers across schools to differentiate challenging behaviours. Presented in a matrix format, the Four A Framework- consisting of Activity levels, Attention levels, Academic performance, and Absence of desired change represent core diagnostic features of ADHD and suggest that teachers are able to identify children who display ADHD like behaviours. While the presence of specific systemic features supported the teacher in coping with challenges presented by ADHD behaviours, teachers’ suggestions on meeting the needs of such students in regular classroom contexts, located the positive impact of interventions mostly in teacher personal and professional characteristics. The analysis of teacher responses revealed linkages with the underlying theoretical conceptualisations of the transactional nature of classroom functioning and its embededness in ecological cultural contexts.

Responses generated by teachers were funnelled into designing a classroom intervention programme that could aid elementary school teachers in being able to identify and provide feasible strategies for children with ADHD type behaviours. The study aligns with the perspective that positive teacher student interactions can serve as a protective developmental factor and emphasizes the need for creating collaborative spaces between schools, the communities they serve and mental health professionals.
The Classroom Intervention Programme is an attempt at bridging the gap between research in the area of child mental health and classroom practice. The Programme is designed to be read by a teacher who is challenged by a child’s ADHD behaviours in class and yet is constrained in terms of understanding the condition or being able to systematically address concerns. There is a high emphasis on addressing the teacher as a person- as each section of the programme concludes with requiring the teacher to be reflective and add her own experiences and learning that would supplement information she has read. Importance has also been given to the feasibility factor of measures suggested; teachers need to identify measures as those that can be executed in the classroom without making additional demands on their workload or paperwork. The objective of stressing on feasibility is to ensure fidelity towards the programme which will consequentially be beneficial to a child with ADHD.

Parents who are challenged by these behaviours are likely to address it with their child’s teacher rather than a mental health professional. This programme enables teachers to be equipped with the necessary amount of information about ADHD that can initiate positive and early intervention pathways. Information in the programme was ordered under the following heads: What is ADHD? How do I recognize it? Is it an attention difficulty or something else? What causes it? Instructional and Classroom Interventions, Behavioural Interventions and Involving Parents.

A limitation of the study could possibly be the type of schools accessed. The study addressed schools in the private sector, studying a range of government schools such as regular government schools and the more specialised Navodayas could have added to the complexity of the data. Teachers belonging to these schools may possibly express responses or demonstrate classroom practices that would be of interest to understanding classroom functioning of children with ADHD type behaviours and teacher- student interactions in these specific school contexts. Classroom observations yielded significant data and were triangulated with responses teachers shared in interview sessions. An increase in the number and specificity of classroom observations would be helpful in generating data that has ecological validity and is rich in terms of observing the child across a variety of classroom situations. Teachers in the study recognized the importance of engaging with parents in ways that would benefit the child’s classroom and academic functioning. While the study did address parent related issues, a limitation could be that these did not involve direct interaction or interviews with parents. An inclusion of this could have added to understanding ADHD from a home- parent context, hence adding another lens to research data.

Findings of the research have implications for addressing issues of designing effective teacher training programmes, school mental health and enabling schools in supporting required teacher skill sets that can foster positive child mental health. These have been discussed in the following section.
Study Implications

The results of this study are in consonance with research that addresses effective intervention pathways for children with ADHD and locates the teacher as the crucial change agent. Teachers interact continuously with students in complex nested structures in ways that can serve to moderate the effects of ADHD that the child is challenged by. Cultural values, training received, personal belief systems, systemic support and lived experience come together in a melting pot that determines a teacher’s response to a specific child. Implications of the present study have been discussed under the following 3 heads as represented visually below:

![Figure 7.1: Areas of study implications](image)

**Teacher Practice**

To highlight the complexities involved in teacher classroom practice vis-à-vis ADHD, I cite the example of two teacher respondents Noor from PI School (low income) and Kanika from DS School (high income). Both of them are similar in age, have a B.Sc. degree, have eight years of teaching experience and come from families where close family relatives are teachers themselves. They grew up watching their parents and aunts teach and easily remember playing ‘teacher- teacher’ with their peers- ‘Teaching was in our blood’ was a sentiment both identified with. Kanika did her regular B.Ed. training to qualify for a teacher’s post while Noor was absorbed into the schooling system without any formal training.
Their sense of familiarity with the profession, the joy of working with children and teaching them were factors that drew both of them into choosing it as a profession. The schools they worked in represented opposite ends of the spectrum in terms of fee structures, educational profile of communities they served and school resources available. Noor and Kanika are married with two children each.

In coping with a student’s extreme restlessness and tendency to be wandering in class, Noor placed him at the far end of the first bench where he was wedged between a wall on one side and students on the other. Bags were lined up in front of the bench that ensured a sufficient level of difficulty in moving out of his place. The classes she conducted made creative use of available materials- bottle caps, water, chalk pieces to demonstrate science concepts. Noor effectively engaged her students including the ADHD type identified student in a cramped, poorly ventilated classroom- monitored their work, provided positive feedback, displayed clarity in her communication and clearly shared a positive rapport with her students.

Kanika had access to sophisticated labs, well lit and ventilated classrooms equipped with ‘Smart Board’ learning systems. The one occasion where she did ask the ADHD identified child to stand for a few minutes as a consequence for his disruptive behaviour, it was not taken too kindly by the boy’s parents. Following that she mentioned being confused and frustrated about not knowing how to cope with his behaviours in class. In my observation of her class, Kanika appeared to spend a good portion of her time struggling to get the students to attend, they were frequent commands of ‘keep quiet’ but the students did not heed to those requests. Although she was teaching the class about Force and Simple Machines- there were no demonstrations or actual examples of what was being taught. The questions she posed were usually answered by the same set of students while the others did not display any active interest.

The implication in highlighting Kanika’s and Noor’s responses and classroom practice is surely not to arrive at a simplistic deduction that resources are insignificant to effective teaching or to providing effective interventions; resources do support teacher functioning and their importance in classroom contexts cannot be denied. The teacher examples described draw attention instead to the set of classroom instructional practices and nature of interactions teachers engaged in that determined student responses and learning. These at times gave the impression that they were autonomous of school philosophy and larger systemic factors but on the contrary were influenced by them at complex covert levels.

A key implication of this research and the need for further studies centres on examining teacher skill sets that would enable them to work effectively with students challenged by ADHD. The issues being raised are: Who is an ADHD friendly teacher? What specific skills does she possess or would need to that would be of benefit to the child? Do these skills represent good teaching practice at a generic level? Available research on classroom interventions for children with ADHD and teachers responses in the present study
appear to suggest that a combination of teacher personal and professional qualities are crucial to responding effectively to students with ADHD type difficulties. These ranged from being understanding and accepting of the child to demonstrating subject knowledge and classroom management. Responses that teachers generated echoed themes discussed under intrinsic factors that weighed in on teacher perspectives. Teachers perceived themselves as having to play multiple roles simultaneously in the classroom; the 4 major roles identified across respondents and across schools were those of being a knowledge provider, a mother, a classroom manager and a guru. Each of these roles represented a specific set of beliefs that translated into classroom behaviours and were strongly influenced by the cultural and historical contexts in which teachers operated.

An analysis of the responses in this study indicated that there were clearly some specific behaviours and instructional practices teachers followed that appeared to have a positive impact on reducing the frequency and intensity of ADHD behaviours in their respective classrooms. While there are possibly pockets of teachers across the country following such desired teaching practices in the relative anonymity of their classrooms and schools, there is a definite need to address how these can be ramped up to ensure greater levels of consistency and quality in terms of teacher responses to children with ADHD behaviours. Based on teacher descriptions of roles, their responses to how the needs of children with ADHD could be met in classrooms, classroom observations and current research on effective teacher interventions, a desired teacher skill set has been proposed that positions teacher functioning across two domains—classroom practices and pastoral care.

![Figure 7.2: Responding to ADHD- Teacher skill set](image)
Visually these domains have been depicted as being plotted on an intersecting XY axis, with the Y axis representing **Domain 1**- Classroom management and instructional practice and the X axis representing **Domain 2**- Pastoral care. The domains can be thought of as existing on intersecting continuums, dividing the figure into 4 quadrants (Q1-Q4). Specific skills and teacher behaviours that would present under each of these 2 domains have been listed to provide clarity:

**Domain 1- Classroom Management and Instructional Practice**

- Clear rules, routines, procedures, structure and consequences- teacher directed and controlled
- Affirmation of appropriate behaviours
- Ongoing monitoring and supervision
- Organising physical space- preferential seating arrangements
- Communicating clearly with students, parents, administration
- Allow for controlled movement
- Immediate feedback and follow up of feedback suggested
- Handling transitions smoothly
- Predictability
- Knowledge of student needs and strengths
- Content knowledge and ability to communicate it with clarity and simplicity
- Planning and preparation
- Review of previous class, summarising at the end of class
- Identifying clear learning objectives
- Using multiple types of assessments that would indicate if learning objectives have been met
- Flexibility and knowledge of using multiple teaching methods
- Sense mood and energy levels of class- being able to think on one’s feet
- Engaging students’ in learning- using cueing, prompting, questioning techniques
- Maintaining records of student work and behaviour
- Reflecting on teaching
- Professional goals
Q1 represents the ideal quadrant—teachers falling into this quadrant would demonstrate good classroom management skills, effective teaching practices and relate positively to their students. The domains demonstrate that in terms of implications for effective teacher practice, it is not sufficient for a teacher to be focussed on engaging with one domain to the exclusion of the other, a balance between them is what is suggested as it represents effective ways of moderating ADHD type behaviours in the class in addition to being beneficial for whole class learning and behaviour.

Further research on the domains described can possibly strengthen the framework and serve as a functional aid in teacher reflective practice.
**Systemic Factors**

The study brings to the fore the crucial role of the elementary classroom teacher in recognizing ADHD type behaviours in a child and initiating timely interventions that have the potential to alter the developmental trajectory of the child. The perspectives teachers hold are shaped by multiple intrinsic and systemic factors operating within the confines of a cultural context. The implications of this research on systemic factors have been discussed under teacher training, school management and home-school collaborations.

**Teacher Training** - In an attempt to address issues of teacher quality and consistency in elementary classrooms with specific reference to ADHD, an initial step in that direction is identifying teacher skill sets that would enable a child to function effectively in the classroom. The next logical step would be to address the mechanics of building those required skill sets among teachers, shifting the spotlight to implications for training at pre-service and in-service levels. Teacher responses seemed to indicate that their classroom practices were largely influenced by belief systems, professional and personal lived experiences and that formal training had little significance in their daily practice (Gupta 2006). Most teachers in the study recalled that their formal training was theoretical and did not prepare them adequately for meeting the challenges of having to engage with young children.

A perusal of various well meaning education commission reports since post independence reveals no dearth in identifying lacunae in our teacher education systems accompanied by elaborate plans of how to address these starting from village and district levels. It appears that in designing and implementing such training programmes, policy planners and teacher educators continue to exclude the teacher ‘as a person’. A failure to engage with powerful teacher beliefs and experiences at pre-service and in-service levels seriously affects the implementation of training programmes in daily classroom contexts.

The findings of this research categorically recognize the importance of teacher perspectives in determining classroom practices. This implies that if the outcomes of teacher training at pre-service and in-service levels are improving quality, fostering inclusive thinking and enhancing capacity, training programmes have to include an active component of including teacher perspectives. Training programmes need to appreciate that teachers come in with their rich experiences, complex belief systems and personal wisdom (Gupta 2006). These fuel the myriad classroom decisions and inter-personal transactions a teacher has to make in the course of a day. Being able to dialogue with them allows for the teacher to be involved at a personal level in decisions for classroom change.
While implications for teacher training are at larger policy and implementation levels, the research findings also have more immediate systemic implications with specific reference to school management and home-school communication structures and processes.

**School Management** - Heads of school are organizational gate keepers and more importantly can set the climate for school improvement initiatives and inclusive thinking (Rusher, McGrevin and Lambiote 1992) Principals in the study who personally believed in an inclusive philosophy and were also able to translate that into administrative structures, assessment and feedback policies for both students and teachers, were a positive influence on the classroom practices that teachers aligned with. Research findings imply that schools and Principals would need to be responsive and caring of teacher needs, in addition to addressing teacher professional issues of following up on their expectations of classroom change with consistent and constructive feedback on instructional practice. Schools would also benefit from clear discipline policies that are effectively communicated to the school community and in being able to guide and support teachers in the disciplinary actions they are required to make in class.

An important implication of this study for heads of school is the recognition that teachers who have to manage ADHD behaviours on a daily basis in their classrooms may experience feelings of stress, frustration and low self-efficacy in not being able to identify recognizable change in student behaviour (Greene et al. 2002). These may present as an increase in negative teacher-student interactions, harsh disciplinary actions, blaming parents, low initiative and motivation levels for suggestions offered or distancing self from child’s classroom behaviour and academic performance.

ADHD is a baffling condition and one that leaves even the best of teachers feeling challenged (DuPaul, Weyandt and Janusis 2011). A student may be on task for a particular period and complete work within the given period of time but may demonstrate the opposite in the next period. Establishing interventions and providing the child with required strategies is a slow process, the positive effects of those interventions are not always obvious or consistent with teacher expectations of change. Teachers would benefit from receiving encouragement for their efforts in carrying out interventions either from their immediate department or section heads or from the principal. A simple acknowledging of and appreciating the teacher’s ongoing efforts can be perceived as being very supportive and enables the teacher to be consistent in implementing interventions for the child.

Teachers and students also need to perceive the principal as approachable. Principals in the study who allotted a fixed portion of time during the day to walk around classes, informally conversing with staff and students also reported a better understanding of their staff and their needs.
Home-School Collaboration - Historically in India, schools were located in areas that did not provide for easy access to town and village community life. The teachers or Gurus in charge of these schools took complete charge of a child’s upbringing and had the parents’ unquestioning trust and respect (Bourai 1993). The role of the parent in the child’s formal education was minimal as this was believed to require a specialized set of skills located in the person of the Guru. In contemporary contexts, the relationship schools and parents share exists in a space that is not as starkly and simply defined as it was in the past, instead it is tenuous, complex and sometimes marred by a mutual lack of trust.

Extant literature on the effectiveness of school based early interventions clearly establishes the need for home-school collaborations (Grolnick and Slowiaczek 1994; Sui-Chu and Williams 1996; Wang, Wildman, and Calhoun 1996; Okagaki and Frensch 1998; Shaver and Walls 1998; Deslandes, Royer, Potvin, and Leclerc 1999; Fan and Chen 1999; Miedel and Reynolds 1999; Epstein and Van Voorhis 2001; Henderson and Mapp 2002; Hill and Craft 2003). Open communication between teacher and parent is regarded as having a beneficial impact on the child’s learning, especially for children who have learning or behavioural needs.

Teachers in this study observed that parents who were responsive to concerns that the teacher brought up regarding their child by following up on suggestions provided, made a positive impact on their child’s academic and behaviour related issues. According to the teachers the demands of teaching to large classes limited their options of working individually with students who had academic or behaviour related difficulties. Having an involved parent allowed for more one-to-one interaction between parent and child which helped in reviewing, strengthening academic concepts and revisiting appropriate behaviour expectations- hence supporting the teacher and interventions set in place for the child.

The implications of research findings in this area suggest the need for effective communication and collaboration between schools, teachers and parents. Establishing trust between the teacher and parent is crucial in creating a positive and caring learning environment for the child. Schools would need to be more welcoming and proactive in their approach with parents starting with the premise that parents and teachers are partners in the complex process of educating a child. Being responsive to parent concerns, communicating positive feedback about the child, allowing for privacy while conducting a meeting where concerns are being addressed, creating awareness about developmental issues, providing specific learning strategies that parents can use with their child and following up on suggestions and feedback are some ways of enabling communication.
Teachers would also need to be sensitive to the fact that for a parent to understand and accept their child’s difficulties involves a period of time and that initial displays of being defensive, denying the presence of difficulties or being guarded in sharing home related concerns, stem from a deep sense of concern for their child rather than a non-acceptance of teacher reported classroom related difficulties.

School Mental Health

ADHD in India is located in a school context. Most clinic referrals are teacher initiated in response to a combination of academic underachievement and behaviour related concerns that a child displays in a classroom setting (Wilcox et al. 2007). The gap between the initial recognizing of ADHD symptoms in a child and finally receiving an actual diagnosis for it is approximately 6 years in India (Karande et al. 2007). Teachers and parents tend to adopt a ‘wait-to-fail’ approach in making a decision to consult with a mental health professional. The unfortunate consequences of subscribing to this approach are that the child loses out on the window of early intervention and is pushed into a vicious cycle of behavioural issues, academic underachievement and negative peer and teacher interactions.

Research findings indicate that school based interventions if timely and consistent can moderate the academic challenges a child with ADHD experiences (Murray, Rabiner and Hardy 2011). The research literature on school-based interventions for children with ADHD has largely focused on classroom management strategies (Schultz et al. 2011). Teachers generally find these behavioural strategies relevant to their contexts and are able to implement them in the classroom. Research also indicates that they are known to be effective in reducing disruptive classroom behaviour of children with ADHD (Pelham & Fabiano 2008).

In addressing the relevance and need for addressing ADHD in school related contexts, the findings of this study also have implications for school mental health with specific reference to the Indian context. Students identified in the study were not referred to mental health clinics, yet their behaviours were sufficiently difficult to be viewed as a ‘burden’ to the class teacher and impacted negatively on peer relationships. The gradual academic slide, limited experiences of classroom success and peer related difficulties that initially present in elementary school take on a more chronic tone as the child transitions to middle and high school. The sheer numbers of similarly affected children in India yoked to a strong societal stigma of accessing mental health services provides adequate rationale for the need to ramp up child mental health interventions through alternate service delivery options.
Schools as sites for prevention and intervention are increasingly being recognized as viable options with the added benefit of providing support in natural ecological contexts thereby reducing the stigma factor traditionally associated with psychological conditions (Masten 2003).

Currently India does not have a national child mental health policy and initiatives that address school mental health are patchy and do not appear to be executed with sufficient rigour or consistency (Kapur 1997). Child mental health issues are forced to take a backseat when policy planners and economic resources are still grappling with weighty matters such as; basic issues of literacy, access to maternal and emergency health care and child mortality rates. The common understanding of school mental health in India is often limited to mean creating awareness about mental health conditions. Typically a psychiatrist or a psychologist or a lay counsellor who may not have any formal experience of having worked in school settings, is invited to present a talk to either the parent or teacher group. The objective of such presentations is to provide information about a relevant child mental health topic. The talk usually concludes with a list of suggestions provided by the expert on how the difficulties discussed can be best remedied.

In the developing area of school mental health in India it must be mentioned that schools such as those recognized by the CBSE Board have begun to implement a Life Skills curriculum that addresses preventive issues, building on developing age appropriate personal, social and emotional skills. Regular classes are timetabled and conducted by the teachers themselves.

Schools perceive teaching and child mental health as mutually exclusive compartments- their primary mission is to teach- this is an underlying core fact that needs to be factored in discussions pertaining to designing effective school mental health programmes (Adelman and Taylor 1999). Schools and teachers tend to view the introduction of child mental health related programmes in their classrooms with a sense of apprehension that it would burden their existing workloads or take away resources from their primary mission (Ringeisen et al. 2003). This study implies that a major overhaul in schools and health delivery systems is required for the growth of a culturally relevant school mental health programme.

Creating a collaborative space between schools and child mental health professionals is a much needed requirement, defined however by complex challenges. Mental health professionals entering school spaces would need to avoid prescriptive solutions that are of relevance in clinic contexts. There has to be instead greater sensitivity towards and an appreciation of the complex factors that govern daily classroom teaching practices. The research findings also indicate that school mental health interventions could acknowledge the inherent strengths of classrooms in India.
Robin (2000) in his cross-cultural study of schools observes; classrooms in India similar to those in Russia and France demonstrate a high degree of consistency and predictability, routines were clear and internalized and there were hence lesser disciplinary interactions between teachers and students. In contrast classrooms that were ‘framed by values of individualization, collaboration and negotiation’ were organizationally complex and carried greater risks of students demonstrating disruptive behaviour. Teachers can feel validated rather than constantly criticized in knowing that there are some classroom practices that they are following which are beneficial and some that need to be modified, for e.g. teachers spend significant time in monitoring student work, this tends to be largely supervisory in nature. It could be used more effectively to benefit student learning if teachers were encouraged to use the same amount of time for instructional monitoring instead.

Further research on recognizing parent and teacher attributions and beliefs about behavioural/ emotional/academic difficulties would be a crucial first step in designing interventions that would be of relevance. Programmes developed in orderly, research controlled clinical situations cannot be simply unwrapped and executed in a classroom context as they do not allow for teachers to meaningfully own the programme. Reducing a teacher’s sense of control and contribution to an intervention or a programme impacts its fidelity and sustainability in the classroom (Ringeisen et al. 2003).

School mental health programmes would need to pay attention to outcomes of relevance to schools, such as academic achievement scores, while this may not seem a very palatable fact and may even jar with our ideal holistic conceptualisations of schools as nurturing spaces devoid of academic pressures, it is a fact nonetheless in a country where quality higher education and employment opportunities for the middle socio-economic income group are severely competitive. Further research can help suggest how schools can be supported in their primary mission and encouraged to recognize that heeding to children’s mental health needs and providing an enabling learning environment are factors intertwined and not separate of achievement goals (Joshi 2009).

Change in schools according to Ferlie and Shortell (2001) has to be targeted at multiple levels. This is a clear reference to the nested structures that children and teachers transact their daily interactions within. While the teacher is responsible for the actual execution of a classroom based intervention, factors such as organizational climate, school policies, state and national examination board policies, child specific issues such as severity of difficulties, temperament and home-school communication patterns, can support and positively influence change.
Further research in these areas and their complex interactions is recommended. School mental health programmes would hence need to expand their scope to include these nested multiple factors rather than narrowly focussing on either teacher or child and their interactions as points of change.