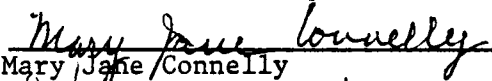


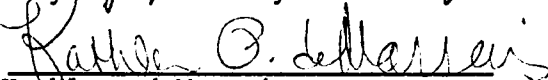
To the Graduate Council:

I am submitting herewith a dissertation written by Hazel Darline Bell entitled "A Study of the Experiences of Elementary Principals Who Work Effectively with Students Who Have Attention Deficit Hyperactivity Disorder." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Leadership Studies in Education.


Gerald C. Ubben, Major Professor

We have read this dissertation
and recommend its acceptance:


Mary Jane Connelly


Kathleen deMarrais


Michael Hannum

Accepted for the Council:


Associate Vice Chancellor and
Dean of The Graduate School

A STUDY OF THE EXPERIENCES OF ELEMENTARY PRINCIPALS
WHO WORK EFFECTIVELY WITH STUDENTS WHO HAVE
ATTENTION DEFICIT HYPERACTIVITY DISORDER

A Dissertation

Presented for the
Doctor of Education
Degree

The University of Tennessee, Knoxville

Hazel Darline Bell

December, 1996

ABSTRACT

This study explored the experiences of elementary principals who had worked effectively with students with Attention Deficit Hyperactivity Disorder (ADHD). A review of the literature showed a lack of research concerning administrators and their knowledge of Attention Deficit Hyperactivity Disorder. This study sought to answer the question: **"What are the knowledge, skills, and attitudes needed by principals to work effectively with students with ADHD?"**

The study used a qualitative approach to research. The participants were eight selected practicing elementary administrators from southeast Tennessee and northern Georgia. Data were gathered through recorded face-to-face interviews. The transcribed data were systematically coded into four main themes: 1) Administrators' Role in Collaboration, 2) Administrators' Relationship with Faculty, 3) Administrators' Relationship with Students, and 4) Administrators' Role: Medication's Use for ADHD.

The participants had developed methods to identify, treat, plan appropriate educational programs and build teams, to effectively educate students with ADHD. These administrators' descriptions of their caring relationships with students with ADHD, suggested positive effects on the students' academic, behavior, and social performance.

Implications drawn from the findings indicated a need for students of

Educational Leadership and Teacher Programs to be taught the knowledge, skills, and attitudes to understand the positive aspects of ADHD. There is a need for teachers to be trained to develop the strengths of students with ADHD and assess their progress via those strengths. Schools need to develop and implement a process for referring students for diagnoses and for administering medication for ADHD. To provide a multimodel treatment plan, school systems need to make provisions for teaching behavioral management and social skills training to students with ADHD.

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Background	1
Problem Statement	9
Purpose	10
Research Question	10
Significance	10
Delimitations	11
Limitations	12
Assumptions	12
Operational Definitions	13
Organization for the Remainder of the Dissertation	13
II. REVIEW OF THE LITERATURE	
Introduction	14
The Role of the Administrator in the Educational Process	15
Characteristics of Effective Administrators	16
Administrators' Role: School Climate	17
Administrators' Role: Collaboration	18
Administrators' Role: Students	19

II. REVIEW OF THE LITERATURE (Continued)

Training of Educational Administrators	20
The Administrator and Students with Special Needs	23
Administrators' Role: Special Programs	24
History of ADHD	25
Educational Implications of ADHD	28
Administrators' Role: Manifestations of ADHD	28
Hereditary Factors of ADHD	32
Administrators' Role: Treatment	32
Administrators' Role: Legal Implications	34
Administrators' Role: Social Development	39
Summary	40

III. METHODS 42

Research Design and Methodology	42
Qualitative Design	43
Subjectivity Statement	44
Participant Selection	45
Data Collection	48
Data Analysis	50

IV. FINDINGS 53

Introduction	53
Participating Administrators' Profiles	55

IV. FINDINGS (Continued))

Contextual Data	64
Statistics of the Study's Participating Schools	65
ADHD Referral Process	67
Educational Implications of ADHD	73
Dysfunctional Characteristics	74
Hereditary Factor	75
Comorbidity Factor	77
Inclusion	78
Summary	79
Thematic Presentation of Data	80
Theme One: Administrators' Role in Collaboration	82
Collaboration in Planning Modifications and Adaptations	83
Collaboration with Non-school Professionals	87
Collaboration in Discipline	89
Collaboration in Communication	95
Collaboration in Planning and Implementation of Treatment ..	99
Ricky's Story	102
Summary	103
Theme Two: Administrators' Relationship with the Faculty	103
Administrators' Role in Staff Training	103
Summary	108
Administrators' Role in Staff Development	108
Cathy's Story	117
Summary	118
Theme Three: Administrators' Relationship with Students	
with ADHD	118
Administrators' Role: Educational Plan of Students	
with ADHD	122
Administrators' Role: Social Skills of Students with ADHD ..	127

Administrators' Role: Student Placement	128
Administrators' Perceptions of Students' with ADHD	
Academic Future	131
B.J.'s Story	133
Summary	134
Theme Four: Administrators' Role: Medication for ADHD	135
Administrators' Perception of Medication's Use for ADHD . .	135
Administrators' Role in Legal Issues of Medication	138
Mike's Story	141
Summary	142
Correlation of the Study's Themes to NPBEA's Twenty-One Domains	142
Summary	147

V. FINDINGS, CONCLUSIONS, AND IMPLICATIONS

Summary	151
Findings	152
Contextual Data	152
Theme One: Administrators' Role in Collaboration	154
Theme Two: Administrators' Relationship with Faculty	155
Theme Three: Administrators' Relationship with Students	156
Theme Four: Administrators' Role: Medication for ADHD	159
Correlation of the Study to NPBEA's Domain	159
Conclusions	160

V. FINDINGS, CONCLUSIONS, AND IMPLICATIONS (Continued)

Implications	162
Implications for Training: Administrators	162
Implications for Training: Faculty and Staff	163
Implications for Further Research	164
Implications for Policy and Administration	164
Summary	165
LIST OF REFERENCES	166
APPENDICES	176
APPENDIX A. Participant Information Sheet	177
APPENDIX B. Participant Consent Form	178
APPENDIX C. Summary Questions	179
APPENDIX D. Interview Guide	181
APPENDIX E. ADHD Parent Interview Form	183
APPENDIX F. ADHD Referral Summary Data Sheet	187
APPENDIX G. ADHD Medical Forms	188
APPENDIX H. Sample School Board Medication Policy (General) .	190
APPENDIX I. Sample School Board Medication Policy (Specific) .	191
VITA	192

LIST OF TABLES

TABLE	PAGE
2.1 Hartmann's Perception of the Characteristics of ADHD	31
3.1 Demographics of Participants and Schools in the Study	48
4.1 ADHD Statistics from the Schools in the Study	65
4.2 Participants' Student Placement Procedures	130
4.3 Advice Given to Administrators by Study's Participants	147

CHAPTER ONE

INTRODUCTION

His nervous giggle is heard before he enters the office. School has not even begun, but Josh is already out of control. He has been in perpetual motion since arriving on the bus and cannot stay in line to get to breakfast. Josh is bumping into other children so forcefully they are knocked down. He cannot keep his attention on the teacher long enough for her to give him a direction. He will have to stay in the office until the medicine he took just before leaving home takes effect.

The teacher knows the problem, but it is still hard to remember Josh is not deliberately ignoring rules and disobeying her. His actions are manifestations of Attention Deficit Hyperactivity Disorder (ADHD).

Background

ADHD is a developmental disability. Researchers say from three to five percent of the school population have this chronic condition (DSM IV, 1994). There has been debate over what constitutes a true case of ADHD. Before 1994, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM, III, 1980) gave two criteria for consensus of diagnosis. First, the symptoms must have been present before age seven, and second, eight of twelve identified inattention

and/or hyperactivity - impulsivity characteristics needed to be manifested.

The fourth edition, the DSM IV, divided the criteria for diagnosis of ADHD into two categories (e.g., ADHD predominantly with inattention, or ADHD, predominantly with hyperactivity - impulsivity), and made the criteria more specific.

To be diagnosed as having ADHD the following criteria had to be met:

A. Either (1) or (2):

- (1) six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the work place (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- (g) often loses things necessary for tasks or activities
- (h) is often easily distracted by stimuli around them

- (i) is often forgetful in daily activities
- (2) Six (or more) of the following symptoms of **hyperactivity - impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity:

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

Impulsivity:

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of

a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (pp. 78-85).

It is rare to find a classroom which does not have at least one child with the qualifying characteristics. But, one can see from the above list, it only takes one child with ADHD to destroy the most carefully planned lesson, or turn a tranquil class into chaos. In other words, picture this student: does not pay attention, cannot find a pencil or the correct book, does not know what page the class is on, does not finish homework, bothers other students, is easily frustrated, impulsively speaks out, and has difficulty processing simple directions. These are some of the typical behaviors of many students with ADHD.

Research of ADHD is plentiful. In the 1970's and 1980's the main focus of the research seemed to be identification and treatment of ADHD. The focus of research thus far in the 1990's seemed to be concentrating on the effects of ADHD on families, relationships with others, and the school's role in educating those with ADHD.

Research has indicated the school has not been effective in accommodating the needs of students with ADHD. As a consequence, they have been retained more, have failed more courses, completed fewer years of high school (Claude, 1994), have lower self-esteem, have been considered by teachers and parents to be less socially

competent, and have poor peer relations (Strope, 1993). Compared to students without ADHD, students with ADHD tended to show higher incidents of depression and anxiety (Aspy, 1994).

If schools are to meet the needs of students with ADHD, they will have to develop a more knowledgeable understanding of the condition, and its implications. Each child is unique and requires all involved to be able to constantly modify instruction and discipline methods, adapt and effectively communicate. Schools also must provide a comprehensive referral plan, in cooperation with medical and other professionals, and devise individually appropriate combinations of remedial education, medication, behavioral modifications and support systems (Silver, 1992). Along with other states, the Tennessee and Texas legislatures and Department of Education have made such directives mandates to their schools (Tennessee Department of Education, 1992; Texas Education Agency, 1992).

The three primary characteristics of impulsivity, inattentiveness - distractibility and hyperactivity cause continual and long-term stress on the family and the educators of the child with ADHD (Landau & McAninch, 1993).

Educating the student with ADHD is made even more complicated by the heredity factor. About forty percent of the parents tend to also show symptoms of ADHD (Bete Co., 1991). The parents may exhibit the same characteristics of inattention, hyperactivity, and impulsivity as the child. This causes communication

to be extremely difficult with the child **and** with the parents (Durbin, 1993). One might use the phrase, "Those with ADHD seem to walk to the beat of a different drummer." This "walk" is seldom acceptable to educators who are used to being the drummer and of being followed.

Providing an appropriate education for all students is just one obligation on the schools today. Students with ADHD characteristics have always been in our schools, but not identified as such. They were possibly classed as rebellious or delinquent. Often parents of students with ADHD have said, "I think that I had the same problem. I was miserable in school and dropped out as soon as I could."

Our schools are committed to serving all students and the principal has typically had the responsibility for creating schools that can fulfill that responsibility. There has to be a tone of acceptance and understanding of all students - especially those who do not fit the norm. Through the principal's leading, an atmosphere is established for teachers, staff, children and the community. Scott Thomson (1992), former executive secretary of the National Policy Board for Educational Administration, summarizes the role of the school and its leader, in serving all students:

Schooling is essentially an ethical enterprise. School leaders should be customer-oriented and feel responsible for providing all feasible opportunities for students to learn and succeed, regardless of their race, ethnicity, personal traits or family circumstances.

If we can do all that, principals will have the knowledge and skills they need to lead our nation's schools to become productive, creative enterprises (p.62).

As has already been stated, students with ADHD have tended to not be successful in school - as schools are typically operated. In her book, What's Wrong with My Child?, Ruth Gattozzi reminded parents,

It may hurt to think about it, but in some ways our special children are like aliens on a new planet . . . To locate the best care your community has to offer, you will have to visit several schools. . . . A good school should immediately feel relaxed, peaceful, and well run (pp. 198-199).

Who is responsible to these parents and the community to see that there are effective schools for children such as students with ADHD? It is the principal's role.

To create these schools, principals who want to be effective with students with special needs, will have to perform in three major areas: (1) interpersonal relationships (leader, figurehead, liaison); (2) information processing (disseminator, spokesperson); and (3) decision making (change agent, disturbance handler, resource allocator, negotiator, and evaluator) (Cheek & Lindsey, 1986). These three areas are greatly needed by the students with ADHD, their parents, teachers, and others who work with them.

Besides the family, the school is probably the most important influence in most children's lives. Success or failure in school often means success or failure as a person. Most students, teachers, and parents can tell you what is acceptable and what is unacceptable behavior in school. And, frequently, the social behaviors of students with ADHD fall into the unacceptable category. Yet, many educators and parents seem to be unaware of how the school environment can inadvertently foster the very behaviors that are considered unacceptable (Kauffman, 1991).

Administrators who have the necessary knowledge, skills, and attitudes are the key to whether our schools are ready to serve these students or not (Thomson, 1992). Yet, in the abundance of ADHD literature available, school administrators are not included. It would seem there is a need to investigate and understand the role of the principal in dealing with the education of students with ADHD. In 1991, the United States Department of Education (Davila, Williams, & McDonald, 1991) sent a clarification of policy addressing the needs of children with ADHD. The article stated:

There is a growing awareness in the education community that attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) can result in significant learning problems for children with those conditions. While estimates of the prevalence of ADD vary widely, we believe that three to five percent of school-aged children may have significant educational problems related to this disorder. Because ADD has broad implications for education as a whole, the Department believes it should clarify state and local

responsibility under Federal law for addressing the needs of children with ADD in the schools. Ensuring that these students are able to reach their fullest potential is an inherent part of the National education goals and America 2000 (p.1).

Problem Statement

The principal is to be the learning leader, the facilitator in the educational process (Richardson, 1988). This role is especially important in dealing with students with special needs. But, in reviewing the literature concerning students with ADHD, and the multitude of manuals and training sessions that are offered to those working with the ADHD population, only one study, conducted by D.S. Griswold (1991) even mentioned school administrators.

If principals are going to be able to meet the responsibility of setting the climate of their campuses, help teachers fulfill their role, and give support to all students, they will need the knowledge, skills, and attitudes necessary to equip them for this task (Leibfried, 1984). Those who are planning on going into administration and those already in the field are not able to go to a body of literature and add to their understanding of what is needed to be able to effectively serve the population of students with ADHD. At the present time there is a void in research in this area.

Purpose

The purpose of this study is to contribute to the knowledge and understanding of the role of elementary principals who have successfully worked with students with ADHD. This contribution can be used to help other administrators know what knowledge, skills, and attitudes were used by administrators who had made a positive difference in the education of students with ADHD.

Research Question

The question this research addressed is:

What are the knowledge, skills, and attitudes needed by principals to work effectively with students with ADHD?

Significance

At the present time, elementary principals are often overwhelmed when confronted with the behaviors of students with ADHD. They discover that the common remedies used for other behavioral, academic, conduct, and attitude problems may not be effective with these students (Bete Co., 1991). Furthermore, in attempting to fulfill their role, the elementary principal often lacks vitally needed resources and tools to be effective. If administrators do not have the needed knowledge, skills, and attitudes, they may spend their time being ADHD

"firefighters" - always being called when crisis comes - which is the norm for many of these students - to dampen the fires of frustration and anger.

Mandates have been given to schools by federal guidelines in the Individuals with Disabilities in Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, to use multimodel treatment for students with ADHD. Several State Departments of Education have also given directives. Tennessee's guide stated:

Both federal and state laws outline the legal obligations of school districts . . . school districts must: evaluate all students who are suspected of having a disability, . . . provide a free and appropriate public education which may include supplementary aids and services and/or special education,. . . provide the student's education in the regular classroom when appropriate; (No. 331878, 1996)

These laws required administrators to be able to pull together the resources of the school, home, medical personnel, and support staff. Practical guidelines in how to implement these mandates were grossly lacking. This study adds to research to help fill this need for administrators.

Delimitations

This study gathered data from administrators who were referred as being effective in working with students with ADHD. A principal was considered effective if the students made acceptable progress academically and behaviorally while in the

principal's school. The referrals were sought from counties in southeast Tennessee and north Georgia.

Limitations

The following are the limitations that were imposed on the results obtained in this study:

1. To acquire in-depth data the number of interviews will be limited. There will be from six to ten comprehensive interviews.
2. The selection of participants will come from referrals sought from professionals who know administrators who meet the following criteria:
 - A. Elementary administrators with at least five years experience.
 - B. The administrator has made a positive impact, academically and behaviorally with students identified with ADHD.
 - C. Effectiveness is recognized by peers, parents, and/or staff.

Assumptions

For the purpose of this study the following assumptions were made:

1. The role of the administrator is vital in the successful implementation of the educational process of all students, but especially with students with ADHD.
2. Knowledge, skills, and attitudes can be identified and categorized.

Operational Definitions

Attention Deficit Hyperactive Disorder: For the purpose of this study the definition and diagnostic criteria for Attention Deficit Hyperactive Disorder (ADHD) is from the Diagnostic and Statistical Manual of Mental Disorders (DSM IV, 94). The criteria was given in an earlier section.

Elementary Administrator: This paper will restrict the definition of elementary administrator to mean the head principal of an elementary school serving students in any grades from kindergarten through eighth grade.

Organization of the Remainder of the Dissertation

Chapter two is a review of the literature which provides an introduction to the review, the present and future role of elementary principals who have been effective in the educational process, a brief history of attention disorders, and the current status and the implications of attentional disorders for education. A rationale for the study is given by reviewing the void in the literature concerning principals' role in educating students with ADHD.

Chapter three gives a detailed description of the methodology and procedures used in the study and the research procedures that were followed. The presentation of the data are presented in Chapter four, followed by a summary of the study, findings, conclusions, and implications for further study in Chapter five.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The purpose of this study was to gain knowledge and understanding of the experiences of elementary principals who have worked effectively with students with Attention Deficit Hyperactivity Disorder (ADHD). Since little was found in the literature that deals with this topic, this literature was used to provide related background information.

This chapter first discusses the current leadership role of elementary administrators who have been effective in the overall educational process. Then, a review of the research studies and pertinent published material dealing with the phenomenon of ADHD, beginning with a historical perspective is given. Next is a discussion of ADHD's status and implications for education. In the final section a summary of the literature review is given, and a rationale for the study is supported by reviewing the void on the literature concerning principals and their role in educating students with ADHD.

The Role of Principals in the Educational Process

The national vision - now called Goals 2000 - states that by the year 2000, all United States students will come to school ready to learn, and nine out of ten of the students will persevere through high school graduation. These goals also declare that our students will become competent in all major subject areas, and first in the world in math and science. This goal, along with others, may have to have another look since presently the United States is ranked fourteenth of the fifteen nations that were scored in math and twelfth of fourteen nations in science in the world (Digest of Educational Statistics, 1995).

These four goals are being pursued in schools that must also be made drug and violence free. If the first five goals are accomplished, the last of the six goals - all American adults will become literate and responsible - may eventually be a reality. It will take well trained, inspiring leaders to administer these envisioned schools (Sergiovanni, 1990). In some states such as Tennessee, principals will be under written performance-based contracts with appointed directors of schools (Tn Education Improvement Act of 1992). This means their careers may depend upon their ability to perform these skills.

Characteristics of Effective Administrators

Kirby, Paradise, and King (1992) stated in one study, that most educators could describe what they believed an administrator who is effective was like: effective communicator, consistent in actions, showed respect for others, valued input, and had high, but achievable goals. But, only approximately fifteen percent of those educators could name an administrator who possessed those qualities. This implied that only a small percentage of the present administrators were seen by their staffs as possessing the necessary attributes. Administrators who desire to be effective may have some negative perceptions to overcome.

Administrators can no longer run a "one-man show". Morse (1991) stated it clearly:

Our world is so complex, interdependent, and interrelated that the old paradigms of singular leadership will not work and cannot work (p.2).

Morse is in general agreement with Kirby, Paradise, and King as to what the profile of the Twenty-first century administrator needs to be. She will have to be decisive, considered fair in decisions, and possess educational values. Her organizational skills will need to be such that she can help develop the strengths of each staff member. No one person will be able to administer such a school as will be required. It will take the synergy of the entire faculty and staff. That does not

mean the principal will not be a strong, visionary leader. There is still plenty of room for "great" leaders who attract others to them. But, they will have to be skillful in empowering their staffs and helping them to see themselves as vital parts of the whole system (Morse, 1991).

Sergiovanni (1990) made the assumption that a visionary leader will have the ability to bond individuals within the school setting. To be successful in passing along the vision, an administrator must have a future vision - be able to see where her school needs to be twenty years from now, have their own personal sense of vision, use other's vision to facilitate the vision-building process, and expect and use conflict to enhance and maintain the desired school vision.

Administrators' Role: School Climate

Our schools must be committed to serving all students in the local schools. The principal typically had the responsibility for creating schools that will meet that responsibility. The administrator should be the one who sets the tone of acceptance and understanding of all students. The principals' role was stated well in an article written by Scott Thomson, and quoted from in Chapter One:

As demands grow upon schools, no longer is it enough to be a manager of routines. Principals need to take initiatives. They must involve, motivate, build a group vision, develop quality educational programs, provide a positive instructional environment, encourage

high performance, apply evaluation processes, analyze and interpret outcomes, be accountable for results and maximize human resources (p. 61).

Thomson also discussed the importance of administrators in creating a climate of accommodating student differences. The principal is the force who can draw together the vital resources needed for this to be achievable.

Administrators can change a school's climate of acceptance by the way they interact with students. Those who are sensitive to students and accept their individuality, even use it for growth, and have clear and positive expectations for their ability to succeed, seem to nurture positive behavior and academic success (Kaufmann, 1991). If principals accomplish this task, they will undoubtedly possess the knowledge, skills, and attitudes that are necessary in effective, responsible educators.

Administrators' Role: Collaboration

The public of today seems to be asking for a critical look to be taken at the role of school leader. Research indicated that one of the important skills needed by future administrators is cooperation with parents, students, and teachers. Administrators will need to work with these groups to clarify values they consider important and the responsibilities each group has in the education of the child. As site-based management becomes more commonplace administrators will also have to

master shared decision-making and consensus with parents, students, and faculties (Chalker, 1992).

Effective leaders share something else with others - power. Teachers who believe they are involved in the power structure of the school and who work in a collaborative culture, experience a heightened sense of professional empowerment. Iacocca (1992) suggested that business and educational research found a strong positive culture linked to productivity. Fullan (1992) and Leithwood (1992) broke this concept down to two features; valuing collaboration and putting students first. When administrators and teachers work in a setting that had a strong vision and positive culture, the experience was passed on in their expectations of the students. On the other hand, powerless people have a tendency to become despotic to those in their care. The students become victims of the disillusioned teachers' coping behaviors (Glickman, 1992). Even the most motivated students would have an extremely difficult time being successful in such a climate. What happens to the students who have already given up?

Administrators' Role: Students

The school administrator of the past was often called upon to be a student adversary. That will probably become a role reversal for many to student advocate which will require expertise in student learning and motivation, especially with

students considered at-risk (Chalker, 1992). Research affirmed that student success as measured by basic skills, could be accounted for by five factors - the first being strong visionary administrative leadership. One definition of vision is seeing the good for some in relation to the whole - in relationship to the mission, and in relation to the functioning of the entire school (Cohen, 1982).

There are effective schools out there with leaders who are already displaying the above mentioned visionary skills. These schools are also characterized by principals who believe in shared decision making process and let their high expectations of the students be known (Duke, 1990).

Training of Educational Administrators

Considerable gaps seem to exist between what research indicated was needed in school administration and what has been displayed in many training programs at present (Cohen & Manasse, 1982). Paula F. Silver (1983), wrote in her monograph,

Professionalism in Educational Administration:

In educational administration, practitioners do not resort to the literature in the field because they know they will not find there current knowledge about how to solve the problems they are facing (p.10).

At present, some graduate with the belief that as an administrator they will

spend a majority of their time in such activities as restructuring instructional programs or observing instruction. Reality says differently. The work of elementary principals consists of a large number of tasks of short duration, and many activities going on simultaneously. The new century will not automatically do away with this fact. If principals are going to be able to meet the responsibilities of setting the climate of their campuses, help teachers fulfill their role, and give support to students, they must know what is required of them (Leibfried, 1984).

This void in the preparation of school administrators gave birth to a cooperative project under the auspices of the National Policy Board for Educational Administration. Principals for Our Changing Schools was the results of this effort to remedy the situation. The book laid out a knowledge and skills base that the ten sponsors believed would improve educational administration programs that some considered were long on theory and short on applicable knowledge and skills. The goal was to correlate the needs in the field with university training programs (Thomson, 1993). The final product was twenty-one domains grouped into four major sections:

- (I) Functional domains which address the organizational processes:
 - 1. Leadership
 - 2. Information Collection
 - 3. Problem Analysis
 - 4. Judgement

5. Organizational Oversight
6. Implementation
7. Delegation

(II) Programmatic domains which focus on the educational programs:

8. Instruction and The Learning Environment
9. Curriculum Design
10. Student Guidance and Development
11. Staff Development
12. Measurement and Evaluation
13. Resource Allocation

(III) Interpersonal domains that deal with relationships that affect the school:

14. Motivating Others
15. Interpersonal Sensitivity
16. Oral and Nonverbal Expression
17. Written Expression

(IV) Contextual domains that cover the forces that affect schools - ethical, cultural, economic, and political:

18. Philosophical and Cultural Values
19. Legal and Regulatory Applications
20. Policy and Political Influences
21. Public Relations

The knowledge and skills identified as essential to a given profession should show the basic structure of and responsibilities inherent for those qualifying to lead in that profession (Silvers, 1983). The resultant twenty-one domains seem to have yielded such a base for educational administrators.

The Administrator and Students with Special Needs

As school administrators learn more about the knowledge, skills, and attitudes that are required of them to be successful, they also must be aware that what is needed to be successful with one group of students may not work as well with others. There are students with special needs that may require specific knowledge, skills, or attitudes of their administrators.

In one study, seventy-five percent of administrators listed student achievement as a prime motivator for doing a good job (Cohen & Manasse, 1982). If all students came to school ready and able to learn; if all parents were mentally and physically able to assume their roles; if all teachers had a classroom of twenty students who were able to follow instruction and complete an assignment, then administrators would be able to effectively fulfill the role they were trained to do.

But, not all students come to school ready and able to learn. There is a large and increasing population of students with special needs who tend to not be successful in school and their academic skills definitely do not become motivators for an administrator to believe she is doing a good job.

School principals must respond to legal guidelines directing program development for special needs students and be a liaison among the many agencies it takes to serve them. The principal will be the one who will need to build a communication system among the various groups and a climate of teamwork. The

tone of the school is set by the coordinator, the principal (Dublin, 1987). There is a saying, "As is the principal, so goes the school." John Gardner (1992) agreed in an interview:

The problems of at-risk students lies in the lack of communication between various institutions that serve the community. Youth-serving organizations, churches, and schools just don't connect (p.9).

Kaufmann (1991) speculated that a large proportion of school children identified as having learning and behavioral disorders reflected the refusal of the educational system to accommodate individual differences. They believed there were at least six specific ways the school inadvertently accelerated unacceptable behavior and academic failure: insensitivity to individuality of students, expectations of students that were not appropriate, inconsistent behavior management, meaningless instruction, reinforcement that was harmful, and undesirable models of school conduct. Students who even slightly differ from the rigid window of acceptable behavior may receive the message that to be different is unacceptable. Some survive by rebelling, but many eventually perceive themselves as unacceptable.

Administrators' Role: Special Programs

The 1990's has brought a different perspective of how to educate students with special needs. There has been a change from isolating special needs students into

separate classes to including them in the regular classroom, with support from the special education staff. This change has often caused stress for teachers. Mainstreaming and inclusion of students with special needs has become a reality in most schools and one teachers have to deal with. The effectiveness of these programs rested quite heavily on the type of support given to teachers, both support staff and regular education teachers, by the principal (Raynes, Snell, & Sailor, 1991). Principals who have been able to give such support found they used many of the skills they had always used; effective communication, family involvement, school discipline plan, and high expectations for all students (Kauffman, 1991; Bender & Mathes, 1995), but for some students the expected results did not happen. The focus of this study concentrated on one such group of students with special needs - students with attention deficit hyperactivity disorder (ADHD).

History of ADHD

Students with ADHD have probably always been in our schools. They have been diagnosed in numerous ways with many different labels. In the late 1800's, it was noted that individuals who had suffered severe head trauma often later showed behavior that was overactive, impulsive, inattentive and distractible. In the early 1900's, G.F. Still described a disorder, which occurred mainly in males, that had the same major behavior characteristics as head trauma victims. He termed it "Defect in

Moral Control." Still theorized possible causes of the disorder to be heredity, trauma, and/or environment. About the same time, researchers reported restless, impulsive, and overactive behavior in postencephalitic and neurologically impaired children. There was a poor, pessimistic prognosis for these children.

In the late 1930's, research by Charles Bradley, using stimulant drugs - amphetamines - on such behaviors, indicated the possibility of some success. Bradley's patients showed improvement in conduct and school performance. For some reason almost no other research was done with drug therapy until the late 1950's. The common belief during this time was that children who displayed hyperactivity were brain injured. This belief persisted into the 1970's.

Until the 1970's medical terminology had been used to describe these children. This caused debate because medical means were not used for diagnosis. A nonmedical term was needed, so for a period of time children with the behaviors of inattention, distractibility, and impulsive behavior were termed "hyperactive". But, researchers began to believe that instead of hyperactive behavior, attention and impulse control were the more critical symptoms. It was because the students could not pay attention and control their responses that caused the "hyperness" and educational difficulties. The DSM III (1980), recognized this belief and replaced the label of "hyperactivity" with "attention deficit disorder" (ADD). Two basic subtypes of ADD were specified: ADD with hyperactivity and ADD without hyperactivity.

In 1987, another change was made, making two separate classifications: ADD and ADHD (Reeve, 1990). In 1994, the latest edition, DSM IV, combined both groups again - this time all under ADHD. Those children who do not display hyperactive behaviors were termed ADHD, undifferentiated type. It appears there are still many uncertainties surrounding ADHD.

The American public became increasingly more aware of the disorder in the 1980's. Deficits in motivation and medication treatment were the topics of greatest interest. The severe impact on the lives of the children with this disorder became more evident to educators, parents, and the medical field (Goldstein & Goldstein, 1991; Barkley, 1990).

As research unfolded in the early 1990's, it appeared ADHD was still mainly an American concern, although research had been conducted in other countries, such as England, Finland, and Germany. As stated earlier, the research to date has concentrated on the child with ADHD, their relationships with others, modes of treatment, and educational implications. The effects of ADHD on education have been the topic of several research studies, and to view the role of school administrators in relation to the student with ADHD, will require that these implications be addressed.

Educational Implications of ADHD

There has often been confusion or differences of opinion concerning the etiology, referral, diagnosis, treatment, and educational implications of ADHD. One description that showed the broad scope of ADHD was that it is a neurological disorder that manifests itself through behavioral conflicts (Johnson, 1994). Dr. Russell Barkley had written about and worked extensively with children with ADHD. Bauer (1993) gave Barkley's definition which contained more qualifiers. He asserted:

ADHD is a significant delay in the development of age-appropriate control of behavior by its consequences resulting in deficits in sustained attention, impulse control, rule-governed behavior and the regulation of activity in accordance with situational demands (p.1).

Administrators' Role: Manifestations of ADHD

The manifestations of inattention, impulsivity, and hyperactivity have many implications for every area of the student's life, especially educationally. The conundrums associated with ADHD have caused confusion in identification, diagnosis, treatment, and service delivery in the schools (Bender & McLaughlin, 1995). The term, ADHD is itself cause for conjecture. Some believe there is not an attentional deficit, but a deficit in the **type** of attention that is manifested, as maintained by Barkley (1990). There are several components of attention; arousal,

alertness, sustaining, selective, distractibility and vigilance. Each type of attention has different neurotransmitters and locations in the brain. Students with ADHD have difficulty in the sustained and vigilance areas of attention. The result was they displayed less persistence of effort compared to other students of their age group. It appeared to be an output problem, rather than one of input, whereas the opposite is usually true with a learning disability.

According to studies done by Hartmann (1993) students with ADHD became bored fifty percent faster than students without ADHD at the same task. The results from Hartmann's study found that when children with ADHD were intensely interested in a task, they could keep sustained attention for unusually long periods of time - to the point of "losing track of time" or having a distorted sense of time. But, often there was the response of impulsivity. The impulsive responses have been described as "ready, **fire**, aim" (Bauer, 1993). According to one study conducted by Ford (1993) the impulsive behavior problems were most evident in situations that restricted their movement or where consequences were delayed, few, or non-existent for following the rules. Cognitively, the student with ADHD seemed to lack the ability to do reflective thinking. Cognitive behavior therapy was the most popular treatment in the 1980's, but showed very limited success. Behaviorally, this manifestation of ADHD displayed itself through problems with delayed gratification, lack of control of motor responses, and a delay in social skills.

For those with ADHD, hyperactivity was a manifestation of poorly regulated activity. Transitions were very difficult - going from one activity or class to another, or one place to another. The problem was too much behavior. One parent described the behavior of their child with ADHD as like other children, only more so. It was not just the quantity of movement, but also there was more gross or exaggerated behavior.

Those with ADHD are overly responsive to their environment. Thom Hartmann (1993) used this and other ADHD characteristics to give another viewpoint of ADHD. He believed the person with ADHD showed many characteristics that were once very important to society and survival. For example, the "field dependent" or strong response to the environment characteristic was a necessity when people had to hunt for their food. Hartmann wrote about a different perception of some of the prominent characteristics of students with ADHD, whom he referred to as "hunters". Table 2.1 draws the comparison of how specific characteristics were looked at from the "disorder" viewpoint, then how the same characteristics could be viewed from the ADHD or "hunter" perception and the "farmer" or those without ADHD perception. For example, what was considered by many as being distractibility, could be considered by the hunter as "extreme monitoring of one's environment," and for the farmer behavior it is called "concentration on the task." The ADHD characteristic of impatience could be the

Table 2.1 Hartmann's Perception of Characteristics of ADHD

Traits Considered as a Disorder	Traits as "Hunters"	Traits for Typical Student "Farmers"
Distractible	Monitoring Environment	Concentration on Task
Impatient	Results Oriented	Patient, Waits
Difficulty Following Directions	Independent	Team Player
Acts Without Considering Consequences	Willing to Take Risks	Careful, Cautious

evidence of being "results oriented" rather than being patient or willing to wait. One who has difficulty following directions may be "independent" rather than a team player. Acting without considering the consequences may be the "willingness to take risks" rather than being careful, or cautious.

Hartmann gave his book, Attention Deficit Disorder: A Different Perception, the subtitle, The Hunter in the Farmer's World.

Hereditary Factors of ADHD

Barkley (1990) and Bauer (1993) described the family characteristics of children with ADHD in their studies. For those students who have ADHD without any other disability, the parents tended to also have ADHD in about twenty to twenty-five percent of the families. For the students who had ADHD with comorbidity - another disability - there was a fifty percent chance the fathers also have ADHD, and the mothers, about thirty percent of the time. There was a high rate of marital discord, divorce, frequent unemployment, and high incidence of conduct and learning problems with siblings.

Administrators' Role: Treatment

The treatment plans for students with ADHD were often the source of many conflicts, and strong opinions from both parents, relatives of the student, doctors, and teachers. The principal needed to be knowledgeable and involved in helping these important individuals during the planning of the multimodel treatments of ADHD. It was suggested that the treatment plans should include classroom interventions, behavior modification plans, parent training, teacher training, cooperative efforts among the student's support team, and medication treatment (Bete Co., 1991).

Each potential treatment area had its own problems that required

knowledgeable, professional skills of the principal. But the medication issue has become more controversial each year. Because of legal issues of administering medication, many school systems have developed school board policies to clarify the system's employees' roles. Some of the teachers' organizations have also taken up this issue (Davino & Dana, 1995).

Careful research studies have shown strong positive results with medication treatment in sixty to eighty percent of children with ADHD (Barkley, 1990). The most commonly used drugs are Ritalin (methylphenidate hydrochloride), Dexedrine (dextroamphetamine), and one of the newest, Cylert (pemoline). Some antidepressants such as Tofranil have also been used. There were strong feelings associated with the use of medication. There were occasionally some side effects to medication such as loss of appetite and sleeplessness (Coleman, 1988).

Healy (1990), Coleman (1988), and Bete Co. (1991) all stressed that the treatment plan for each individual student diagnosed with ADHD required the utmost care and planning and that medication alone might not change the behaviors or manifestations of children with ADHD. In many cases, medication helped the child to be able to learn, or maybe it is more accurate to say, made them **available** to be taught acceptable behavior and skills (Reeve, 1990; Healy, 1990).

Medication will probably continue to be a controversial issue in schools. Besides the issues already discussed, the legal issue of distribution of medication has

become a concern to many educators. The organization of Children with Attention Disorders (C.H.A.D.D.) wrote in their publication CH.A.D.D.ER. (1991) about the issue of privacy for the students who are administered medication:

Most important, regardless of who dispenses medication, since an ADD child may already feel "different" from others, care should be taken to provide discreet reminders to the child when it is time to take the medication.....thereby safeguarding the privacy of the child (pp. 2-3).

The CH.A.D.D.ER. continued to give caution concerning where the medication was kept and how and by whom it was dispensed. Medication will probably involve the administrators more often than any other aspect of ADHD.

As the overseers of each student's progress, the school administrators have to be aware of the implications the use, misuse, or nonuse of medication has on the child, the family, and the teacher (Mercer, 1993).

Administrators' Role: Legal Implications

Another area of educational implication of ADHD that required specific knowledge, skills and attitudes of the school administrator was the legal one. ADHD was one of the many disabilities that can qualify a student for Section 504 of the federal Rehabilitation Act of 1973. This part of the law reads:

No otherwise qualified individual with handicap in the United States.....shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance or activity conducted by any Executive agency or by the United States of America (29 USC 794).

Analysis of a student's qualification for Section 504 must be done in comparative terms. One must ask, "How does the referred student function in the regular educational program compared to other students?" The Rehabilitation Act of 1973 was to provide protection against discrimination on the basis of one's "handicap:, now termed "disability." The processes of referring, identifying, and planning accommodations where necessary, has to be considered as part of the regular school program. School systems were legally required to aggressively locate and evaluate children who might have ADHD. This made the identification, evaluation, and treatment of ADHD another area of expertise needed by the school administrator. This has not been an easy task since many administrators have not had access to the proper training. The rules, guidelines, and legislation needed to understand and to be in compliance with Section 504 fill a large book (Gregg, 1994).

To qualify for Section 504, a student must display substantial mental or physical impairments that limit one or more of the student's major life activities. Major life activities include caring for one's self, and functions such as talking,

writing, speaking, working and learning. To qualify for educational accommodations a student must manifest a substantial limitation in the major life activity of learning (Slenkovich, 1992).

If the disability becomes severe enough that the Section 504 plan's accommodations do not give the student an appropriate education, the services of the Individuals with Disabilities in Education Act (IDEA) need to be considered:

In order to be eligible under Part B, a child must be evaluated.....as having one or more specified physical or mental impairments, and must be found to require special education and related services by reason of one or more of these impairments (excerpts from The Education of the Handicapped Act Amendments of 1990).

The referred student must qualify under one or more of the thirteen IDEA disabling conditions. An individual education program (IEP) has to be written for each student who meets the criteria. Students who meet the criteria for ADHD may qualify under one or more of three categories: (1) other health impaired, (2) specific learning disability, and/or (3) seriously emotionally disturbed. If ADHD appears to be the sole disability, "other health impaired" was used (Zirkel, 1993; Gregg, 1994).

Figure 2.1 illustrates the coverage of Section 504 for those who do not qualify for the IDEA special services. This was the category many school systems used for protecting students who are diagnosed with ADHD only. The IDEA was for the

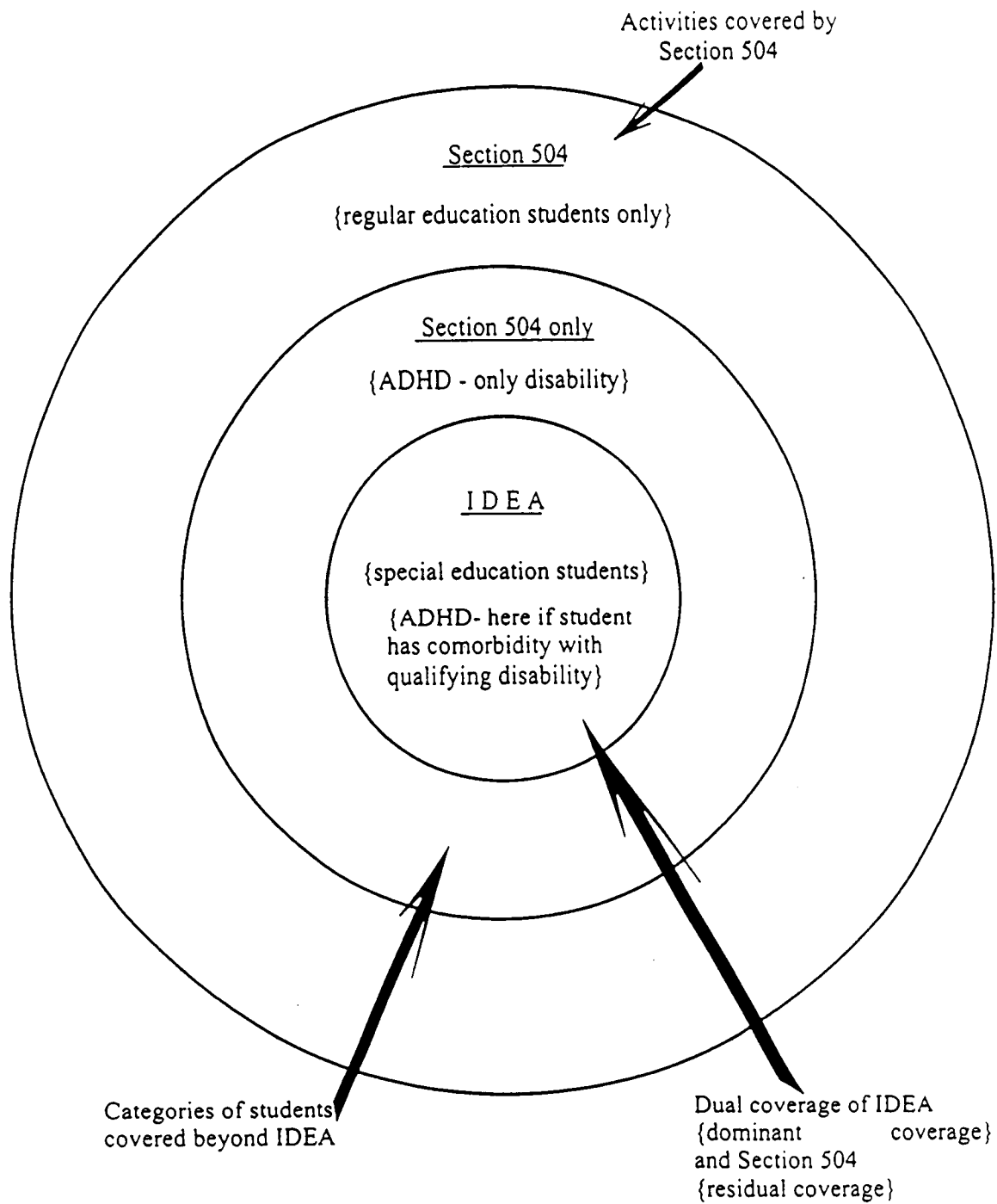


Fig. 2.1 1973 Rehabilitation Act Coverage

students with ADHD **and** another disability (comorbidity) that qualifies as one of the thirteen categories.

Section 504 was of prime importance because it required entities who receive federal funds, which includes public schools, to remember that **all** students are to receive a free appropriate public education from age three to twenty-one years of age. The Office of Civil Rights (OCR) is the enforcement agency for Section 504.

There has been some debate as to the difference between ADHD and the IDEA category of learning disability (LD). Silver (1992) gave one possible clarification: learning disabilities affect the brain's ability to learn. ADHD interferes with an individual's availability to learn. Many LD problems can mask ADHD or coexist with it. In a study by Weinberg and Emslie (1990), out of one hundred referred children who were evaluated, sixty-three met ADHD criteria. Only four of the sixty-three had ADHD alone. Of the sixty-three, forty had both LD and depression problems as well as ADHD. This factor of comorbidity, dealing with more than one disability, called for extreme vigilance as diagnosis, treatment plans, and educational strategies were considered (Burcham & DeMers, 1995).

School administrators must be aware of and have the knowledge and skills to be able to respond to the many legal guidelines that are involved in directing program development for special needs students and be the liaison among the many agencies it took to serve them.

Administrators' Role: Social Development

The literature (Barkley, 1990; Kauffman, 1991; Goldstein & Goldstein, 1991) supported the belief that ADHD acutely affected the relationships and social skills of the children. The maturity development of children was divided into three stages:

1. Compliance Training - infancy to age three to four
 - a. children learn to obey instructions
 - b. terrible two's - socialization
 - c. conduct disorder can occur
2. Self-Control - age three to five
 - a. giving yourself rules
 - b. look both ways before crossing the street
 - c. self-directed rules
3. Problem-Solving - age nine to ten
 - a. creating your own rules

It appeared that children with ADHD often did not get past the "terrible two" stage of maturity in some areas of social development and tended to be impaired in all three social development levels. The inability to follow rule-governed behavior probably caused more problems for children with ADHD, their parents, and the school than any thing else (Bauer, 1993).

Summary

Administrators can change the climate of nonacceptance of students with ADHD by creating a more accommodating school climate. This would require them to be knowledgeable of ADHD and its educational implications. The administrator would need to be very skillful in training the staff to work with students with ADHD. An administrator who valued all students and believed in each one's ability to learn had a powerful effect. It helped students who were often unsuccessful in the typical school program to be able to believe in themselves (Gardner, 1989).

Students who were low-achieving and socially unsuccessful tended to manifest such characteristics as: exhibiting behaviors that required teacher intervention, being overly dependent on the teacher, having difficulty paying attention, having poor concentration, offering fewer ideas, becoming upset under pressure, doing unacceptable work, having low self-confidence, and social withdrawal (Kauffman, 1991). In light of the goals of our national standards, students with ADHD are going to require the utmost expertise of the school systems who serve them. Even with the best efforts of teachers and parents, the students with ADHD tended to not perform well on daily work or on tests. This was a reflection on the whole school since test results were given such importance and students with ADHD comprised from five to twelve percent of the school population (Johnson, 1994).

In surveying the literature for this study, there was an obvious void of material

concerning the role of the principal in the educational process of students with ADHD. There was a prolific amount of studies concerning various aspects of ADHD, but there were no articles, research studies, books, or pamphlets addressed specifically to school administrators. One study mentioned principals as one of the groups the study might apply to.

It appeared from the literature there was a great need for principals to prepare themselves to work effectively with students with ADHD. In attaining certification at present, there is no curriculum available for this training. There is a need to know what knowledge, skills, and values are needed to meet this challenge. There does not appear to be any available research to help in this area. It is known the number of students with ADHD is growing and that it is imperative that principals are trained and knowledgeable in serving them. This study is to help fill that need.

CHAPTER THREE

METHODS

The literature review revealed a lack of research concerning school administrators and their role in the academic life of students with Attention Deficit Hyperactivity Disorder (ADHD). This void was the source of the research question for this study; "What are the knowledge, skills, and attitude needed by elementary principals to work effectively with students with ADHD?"

This chapter will first explain the qualitative design used in this study for gathering data about the phenomenon of the administrator - student relationship. Next, the method of obtaining the participants is discussed and a detailed description of how the data was collected and analyzed is given.

Research Design and Methodology

Since the purpose of this study is to contribute to the knowledge and understanding of the role of elementary principals who have worked effectively with students with ADHD, a qualitative method was selected as the appropriate research method to use.

Qualitative Design

Qualitative research produces descriptive data of people's own written or spoken words and observable behavior (Glesne & Peshkin, 1992). It deals with the **qualities** of relationships rather than quantities. Qualitative inquiry is more conducive to accuracy when exploring concepts such as attitudes and behaviors, whose real meaning might be lost if the concepts were presented in numbers. It strives to construct a possible interpretation of the nature of a certain human experience (Van Manen, 1990).

Qualitative research is not designed to prove or pass judgement - only to reach a deeper understanding of the phenomena of human relationships (Rudestam & Newton, 1992). This study does not attempt to prove right or wrong ways for administrators to work with students with ADHD. Its purpose is to systematically study this human experience through specific modes of questioning, reflecting, focusing, and intuiting. Van Manen (1990) gives credit to an early father of qualitative research, Edward Husserl, for the descriptive quote of its meaning; "Let's get down to what matters!" And what matters is learning more about responsible and responsive pedagogical relations between administrators and students.

The openness of qualitative research methods allowed for exploration and greater understanding of the complex social interaction of the school

administrator and the selected students. It also allowed for the social phenomena of the administrator-student pedagogical relationship to be presented in a more tangible and naturalistic form (Van Manen, 1990; Glesne & Peshkin, 1992).

Subjectivity Statement

In spite of my efforts at objectivity, there were certain expectations and presuppositions that had developed during my fourteen years as an elementary administrator. My interactions with other administrators, particularly concerning ADHD students, had influenced my expectations. For example, I had expected that the administrators who were perceived as effective would exhibit some extraordinary personal characteristics and that they would demonstrate similar personality types.

Since working with ADHD students, their teachers and parents had required a disproportionate amount of my time and energy, I anticipated that the administrators I interviewed would display an unenthusiastic attitude toward this topic. In preparing for the interviews I did not know how eager the participants would be to share their experiences. For this reason I had prepared a thorough interview guide and a number of correlating prompts which I expected to have to use in order to acquire the data I needed.

Participant Selection

A list of professionals from southeastern Tennessee, who had knowledge of administrators who had worked effectively with students with ADHD, was compiled. The list included school superintendents, guidance counselors, school psychologists, and psychologists in clinical practice. All of the professionals had worked extensively with students with ADHD and with school administrators. The professionals were called and asked to recommend elementary school principals, who met the set criteria for this study, to participate.

The criteria for selection of participants were: the prospective participants must be principals of schools of some mixture of grades kindergarten through eighth grade, have had at least five years of elementary administrative experience, and worked effectively with students with ADHD. The effectiveness was to be in academic and behavioral skills. The knowledge and observations of the professionals, from whom the referrals were requested, were accepted as a valid measure of the administrators' effectiveness.

The professionals who gave recommendations were told that those they recommended would be informed of the referral. Of the eight participating administrators, three were recommended by a psychologist in clinical practice, one by a superintendent, one by a school psychologist, and three by school

guidance counselors.

After the principals were recommended, they were contacted by telephone, and the study was explained to them. The purpose statement of the study was the basis of the explanation.

The procedure used for their nomination was described to the potential participants and also which professional had recommended them. All the participants who were contacted, readily accepted the request to participate in the study.

The administrators were then asked if they would be willing to give a personal interview concerning their role in the education of the students with ADHD, to which they expressed a desire to share their experiences. During the telephone conversations, there were questions from the participants as to the content the interview would cover. It was explained that an interview guide (Appendix B), which will be discussed further under Data Collection, had been developed to give structure to the interview. A copy of the guide was mailed to the participants who requested it, with a reminder that it was just that - a guide. The administrators were informed that the face to face interviews would be tape recorded and would be approximately forty-five to sixty minutes in length. During the call, a time and place for the interview was arranged, and the administrators were informed that a Participant Information Sheet (Appendix A) and a Participant Consent Form (Appendix B)

would be mailed to them. They were requested to read the forms thoroughly, sign the consent form, and keep it until the day of the interview when it would be collected. On the day of each interview, that particular administrator was called to verify the time and to be sure of their availability.

Referrals for participants continued to be requested from the list of professionals, until the interviews began to produce repetitive data. This process is discussed more fully in Data Collection.

A total of eight tape recorded interviews were conducted. Seven of the participants were from school systems in southeast Tennessee and one was from northwest Georgia. Table 3.1 shows the demographics of system size, years of experience of the participants, gender, school enrollment, and the grade configuration of the school for each of the eight participants. Of the eight schools which represented seven different school systems, three were from larger systems of over twenty thousand students, two from systems of five thousand to twenty thousand students, and three participants were from small systems with under five thousand students. Of the eight principals, three were males, and five were females. Three of the administrators had under fifteen years of administrative experience and five had over fifteen years experience. School size ranged from two hundred, fifty students, which was the smallest school, housing kindergarten through eighth grade to the largest school with five hundred students in primary grades of kindergarten through

Table 3.1 Demographics of Participants and Schools in the Study

Names	Size of System			Years Experience		Sex		School Size	Grade Levels			
	Over 20,000	5,000 20,000	Under 5,000	Under 15	Over 15	M	F		K 2	3 6	K 6	K 8
Cathy	(Private) ✓				✓		✓	250				✓
Clark			✓		✓	✓		500	✓			
David			✓		✓	✓		250				✓
Jody		✓		✓			✓	350			✓	
Juile	✓			✓			✓	260	✓			
Peggy			✓		✓		✓	320		✓		
Pete		✓			✓	✓		470			✓	
Mrs. Plumley	✓			✓			✓	480			✓	
Totals	3	2	3	3	5	3	5		2	1	3	2

second grade. There was a varied representation of grade configurations with two primary schools (K-2), one intermediate school (3-6), three with grades kindergarten through sixth, and two schools that still included kindergarten through eighth grades.

Data Collection

This study used the data-gathering method of structured, open-ended interviews. Based on information and ideas that were drawn from the literature and

preliminary research of students with ADHD, an outline using the knowledge, skills, and attitudes that were emphasized as necessary for administrators who were effective, was completed. The outline was developed into a list of questions (Appendix C) which were designed to elicit responses that would capture the knowledge, skills, and attitudes of principals in relationship with students with ADHD. These questions were combined into an interview guide (Appendix D) which consisted of broad, open-ended questions and correlating prompts. The draft of the interview guide was submitted to a group of administrators, teachers and college instructors, who work with administrators and students with ADHD, to critique. Revisions were made according to the suggestions given by these individuals.

A pilot interview was conducted to verify that the interview guide would elicit responses that would provide data to accomplish the purpose of this study (Rudestam & Newton, 1992). The interview was recorded, transcribed, and then dissected into themes that emerged. The resultant data confirmed the appropriateness of the guide to fulfill the study's purpose.

A face-to-face, tape recorded interview was conducted with each of the eight participants. Each interview was conducted in the school of which that participant was the current administrator. The interviews focused on in-depth, long-term interactions of the administrators and the students with ADHD who were or had been in their care.

Immediately after each interview, the tape was transcribed and printed. The printed data were then read, and reread to find the underlying themes, which were the elements which occurred frequently or appeared to occupy a significant place in the interview (Van Manen, 1990). As the themes were identified, the printed data were cut apart and placed in see-through plastic holders marked with each theme's descriptive title.

When the categories reached the point that the new data from the interviews were not providing new information for that theme, the request for referrals was stopped (Rudestam & Newton, 1992).

Data Analysis

As each interview was dissected into themes, a comparative analysis was made and the framework of that theme was applied to the new data. For example, in the theme of Administrators' Relationship with Faculty, the framework was the knowledge, skills, and attitudes involved in that relationship. Each addition of data was evaluated in that structure. This is a method of looking for similarities and differences between new data and previously recorded data. This analysis helped the researcher avoid bias and examined the data for consistencies (Rudestam & Newton, 1992; Glesne & Peshkin, 1992).

Each interview was printed on a different color of paper. As each one was

dissected into its emerging themes, the different colors enabled an immediate visual analysis of how many of the eight interviews were showing similar themes or consistencies. If a category had a majority of the colors, then it strengthened the validity of considering that specific group of data a legitimate emerging theme for administrators who were effective with students with ADHD.

Initially, the data appeared to fall into ten cells, based primarily on the original grid from which the interview questions were derived. The ten cells were grouped under the Knowledge, skills, and attitudes categories:

Knowledge Category:

1. Referral Process for ADHD Evaluation
2. Effects and Implications of ADHD
3. Legal Issues of ADHD
4. Treatment Plans for ADHD

Skills Category

5. Personal Strengths
6. Modifications and Adaptations
7. Communication

Attitude Category

8. Principals' Values: Overview
9. Principals' Attitude: Students
10. Principals' Attitude: Staff

As the data was read and reread, it became apparent that the data had been broken into too many narrow cells. Several of the cells were very similar and consequently, were merged. The final results were four major themes encompassing the knowledge, skills, and attitudes of the participants:

- 1. Administrators' Role in Collaboration**
- 2. Administrators' Relationship with Faculty**
- 3. Administrators' Relationship with Students**
- 4. Administrators' Role: Medication for ADHD**

Each of the themes is discussed fully in the study's findings in Chapter Four.

There was also pertinent information such as statistics, implications, and procedures for referrals of ADHD, shared by the administrators that had significant impact on this study. That data are included at the beginning of Chapter Four as contextual data.

The data were carefully coded into common characteristics in the manner previously described to insure reliability, so that another researcher could understand and replicate the study in the future. Internal validity was maintained by the interactions in the interviews between the participants and researcher. In some cases, there was a triangulation of data comparison (Glesne & Peshkin, 1992) with at least two other sources for verification: (1) the interviews, (2) researcher's observations, and (3) various reports, documents, teachers', or parents' observations.

CHAPTER FOUR

FINDINGS

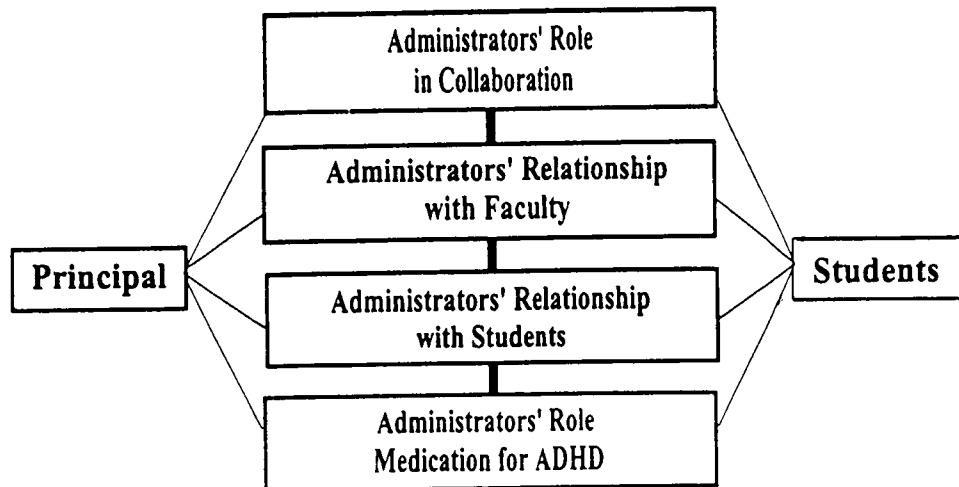
Introduction

The study's purpose was to investigate the experiences of school administrators who have worked effectively with students with Attention Deficit Hyperactivity Disorder (ADHD). To identify such administrators, professionals who had worked extensively with school administrators and students with ADHD, and had knowledge of administrators who were effective with these students, were asked to recommend their names to be possible participants in the study. Eight administrators who were recommended were interviewed to acquire data to add to the knowledge of the pedagogical experience of administrators and students.

Through inductive analysis, the data from the interviews were systematically coded into cells isolated from the interviews. The cells were then organized into categories which became the four main themes of the study. Revisions and modifications were made until all the data were placed in the appropriate themes (Rudestam & Newton, 1992).

Figure 4.1 illustrates the influence of the four themes of data on the relationships of the school administrators and the students with ADHD. The relationships unfold through the framework of the themes.

Figure 4.1 **Thematic Structure:
Relationship of Principal and Students**



The first part of the chapter includes descriptions of each of the eight participating administrators, and contextual information from the interviews. In the next section, the four main themes that emerged from the interviews are analyzed. The final section presents a summary of the chapter.

Participating Administrators' Profiles

Cathy:

Cathy was referred by a behavioral psychologist who worked with children with ADHD and their families in the Chattanooga area. The psychologist spoke of Cathy's relationships with students with ADHD and their families. He stated that Cathy was knowledgeable about ADHD and worked effectively with the students.

Cathy was reared and received her undergraduate education in Michigan. Her masters and postgraduate work were from the University of Tennessee, Chattanooga and Trevecca College. She stated that one of the high motivators that caused her to pursue further education was a desire to find out how to help students who showed the characteristics of what she now knows is ADHD.

Cathy's school was unique to this study since it was the only nonpublic school represented. It was a parochial school with grades kindergarten through sixth, with 430 students. Cathy and the school's reputation for working effectively with students with ADHD had caused them to have to turn away students each year for lack of space. She held five, what she called "hot spots" each year for new students with ADHD who were referred to them.

From the initial telephone conversation Cathy displayed a wide range of knowledge concerning ADHD and equal interest in working effectively with these students. She had utilized various sources to educate herself and the faculty. Cathy believed her success in being effective with students with ADHD was due mainly to the excellent special education staff she had been able to employ and train. She had taken several of the faculty to classes at the University of Tennessee, Knoxville, for training in multiple intelligences and cooperative learning. Both areas have proved beneficial to students with ADHD.

Clark:

Clark was principal of the only primary school in a very small southeastern Tennessee town. It had about five hundred students and served grades kindergarten through second grade. Clark was referred by the superintendent of his school system. The superintendent knew of Clark's effectiveness with students with ADHD and told of his efforts to train the school's staff. Clark, a native of the region, had been the principal for twenty-five years. He was a children's person and the interview centered around students, present and previous ones. Many students from years ago were remembered in detail. Clark kept a photo album which contained a picture of every class that had been in his school and he checked on them as they progressed through the system. Before his appointment as principal, Clark taught and was assistant

principal at the same school. During his administration he encouraged the teachers to look for ways to improve their effectiveness - especially with students with special needs.

David:

David was referred by his guidance counselor who shared not only her first hand knowledge of how he worked with the students with ADHD, but also the positive reputation he had with the community of caring for these students.

David was principal of an excellent school in a small, rural Tennessee community. He had spent his entire life in Tennessee except for military service in Vietnam, and five years as a teacher and an administrator in Georgia. He obtained his undergraduate degree from Tennessee Tech, Cookeville, and his masters from the University of Tennessee, Chattanooga and he had taken forty-five hours above his masters at the University of Tennessee, Knoxville.

David's school served 470 students in grades kindergarten through eight and had a preschool class for children with multiple disabilities. ADHD could fall into this group. This unique class of ten had one student with ADHD.

I didn't have to ask very many questions of David because he had prepared notes before the interview. He was very interested in sharing about his school and the students. David made deliberate efforts to know each student and talked about how

he made sure he knew them well:

I walk the halls and do a lot of handshaking, giving pats on the back, and calling them by name. They always seemed pleased that I remember them. I even like to dress for them, like my ties.

David had high expectations for the students and encouraged the belief, "At our school, everyone is someone!"

Jody:

A guidance counselor gave Jody's name as an administrator who had worked effectively with students with ADHD. Jody's strong area seemed to be in collaboration with the teachers, parents, and support personnel to help the students.

Jody was born and reared in northeastern Tennessee. She had been in education for over twenty-five years, with the past six in administration. This school was her first assignment as an administrator. Her previous experiences had been as an elementary teacher, special education teacher, and as an elementary guidance counselor. Jody began her teaching career by directing a school for emotionally disturbed children in east Tennessee. She credited much of her rapport with students with ADHD to the training and understanding these experiences had given her.

The school was in an outlying area of a county system in southeastern Tennessee. There were approximately 350 students in grades kindergarten through sixth grade, and self-contained special needs classes.

The school psychologist recommended Jody for this study. I was also able to study some records of Jody's excellent and caring work with students with ADHD.

Jody had made a very positive impact on the school in her tenure. Their test scores showed the highest increase in the system in the past three years. Jody was a very optimistic, on-task person. She laughed a lot and was a calm, capable administrator. According to Jody, the best part of her job was when she was working directly with students, which wasn't often enough for her. Her underlying philosophy was that all children were special and deserved to be heard.

Julia:

Julia was recommended by the same psychologist who had referred Cathy. He had also worked closely with Julia when counseling some of her students. Julia's school was located on one of the many beautiful mountain sides in southeast Tennessee. There was a very relaxed, friendly atmosphere in the school where everything was small-child size. The primary school

served grades kindergarten through second grades with approximately 280 students. This was a secluded, small upper-middle class community. As I observed Julia helping to load students into their cars at the end of the day, I noticed that a large majority of the students were personally picked up. Only a small portion of the children rode the bus.

Julia was reared and educated in Illinois, coming to Tennessee several years ago. She had been in education for twenty years. Before her present position as principal, Julia served as supervisor of primary education, an assistant director of elementary education, and a primary classroom teacher. Julia had a reputation as a knowledgeable, caring educator. She had a very serene manner and appeared to know exactly what she wanted for her students. Other principals also spoke of her work to competent work with the students and how she trained her staff.

In the eight years Julia had been principal at the school, she had made ADHD training for her faculty a high priority. She stated that she believed that working with the younger students gave her staff the opportunity to spot problems and intervene early for many children before it was too late. Julia had made sure her kindergarten teachers were especially trained to detect the characteristics of ADHD.

Peggy:

The guidance counselor from Peggy's school gave her name to participate in the study. She stated that Peggy was very knowledgeable about ADHD and had helped the staff to work well with the students.

The school in which Peggy was principal served grades three through six, and a behavioral disordered class. It had approximately 500 students and was located in a small city in the foothills of the Smoky Mountains. The modern building which was in a busy section of town, contained an after school program available to the students.

Peggy was a veteran educator with thirteen years of teaching experience, some in her native North Carolina and some in the same system where she had been an administrator for the past eleven years. Her knowledge and understanding of ADHD was evident throughout the interview. Peggy's sense of humor came through as she recounted events that, to an untrained administrator, could have been disastrous. She told of one boy with ADHD who was having a bad day and he began yelling that he was going to be evil:

He (child with ADHD) was coming along, he still had a lot of behavior and emotional problems. He just said he wasn't going to do anything and was going to be evil. I said, "Evil, my foot!" (laughing). They get so anxious at times they don't know how to stop. The adults have to let them know where the line is.

Peggy had brought in various professionals to train her staff which had worked together for some time. She attended seminars and made it possible for the teachers to also attend to keep abreast of current help. Several innovative approaches for behavioral management that she had used was evidence she had put the training to beneficial use to help students with ADHD.

Pete:

Pete was also recommended by his school's guidance counselor. She stated she believed Pete's relationships with the students, parents and staff was what made him so effective.

Pete was principal of one of the older elementary schools in a small town in northern Georgia. This school of 470 students in grades kindergarten through fifth, was the only one of the eight schools in the study that had an assistant principal. This was Pete's second year at this school, but he had been a principal for seventeen of his thirty-one years in education. Before becoming an administrator, Pete taught elementary and secondary classes and was an assistant principal. Pete obtained his Ed.S degree from the University of Georgia.

Pete showed a great deal of understanding of the difficulties parents of children with ADHD face. He expressed concern that principals needed to be trained to know how to approach parents when referral for ADHD was being discussed.

Pete stated:

I try to let them know I understand how they feel,
and give them advice I would follow if it were my child.

Mrs. Plumley:

Cathy, one of the principals who had already been interviewed, recommended Mrs. Plumley. They had worked together in inservice on ADHD and Cathy stated Mrs. Plumley was effective with students with ADHD and their families.

It was an exciting experience to interview Mrs. Plumley, who is ADHD. It was a success story of an adult with ADHD who had learned to use the positive manifestation of ADHD in everyday life. Mrs. Plumley's hyperactivity radiated as she talked about her students and faculty. Her mind was working constantly to convey her ideas and involvement with students with ADHD. Mrs. Plumley was the last participant interviewed and when she was told that she was the only one who had used a last name for her pseudonym, she responded, "I want to keep it. It is an important name to me."

The school was in a heavily populated middle class neighborhood of a large city in Tennessee. The school served 450 students in kindergarten through fifth grade. The concept of inclusion was begun in grades kindergarten, first and fifth in the school year of 1995-1996.

Mrs. Plumley is a native Tennessean. She received her undergraduate training at the University of Tennessee, Chattanooga and her postgraduate work at the University of Tennessee, Knoxville and Vanderbilt. Her previous experiences as a classroom teacher and reading specialist helped her to understand the difficulties teachers face. She also served as an assistant principal before coming to her present assignment ten years ago.

Mrs. Plumley kept a personal interest and contact with the students with ADHD after they left her school, to be sure they were succeeding.

At the close of the interview, Mrs. Plumley reminisced about her years as a student and how grateful she was for the family members and teachers who were understanding of her hyperactive behaviors and helped her feel good about herself as a child. She stated she wanted to pass that caring manner along.

Contextual Data

The participants shared experiences and information that did not fit into the four themes, but served to give their experiences with the students with ADHD a contextual base. This data included statistical information of the schools in the study, the process of referral for students who manifested characteristics of ADHD, the various educational implications of ADHD, and the current trend of the means of serving students with ADHD.

ADHD Statistics of the Study's Participating Schools

As Table 4.1 shows, the populations of the schools that participated in this study ranged from a small school of two hundred, fifty students that served all students in grades kindergarten through eighth grade, to the largest school of five hundred students that contained grades kindergarten through fifth.

The number of students with ADHD and the percentage rates are given for each of the participating schools. The numbers ranged from the smallest school with fifteen students with ADHD, to the largest school with an enrollment of five hundred

Table 4.1 **ADHD Statistics from the Schools in the Study**

Names	School Population	Percentage of Students with ADHD	Number of Students with ADHD	Percentage of Students with ADHD on Medication	Number of Students with ADHD on Medication
Cathy	250	10	25	69	17
Clark	500	05	25	50	13
David	250	06	15	80	12
Jody	350	05	18	66	12
Julia	260	09	23	88	20
Peggy	320	11	35	56	20
Pete	470	11	52	90	47
Mrs. Plumley	480	11	53	94	50

that had twenty-five students with ADHD.

There does not appear to be any particular pattern such as the larger the school, the higher the number of students with ADHD. The second largest school with four hundred, eighty students had fifty-two students with ADHD, the third largest school with four hundred, seventy students, had fifty-two, the fourth largest had eighteen students with ADHD and an enrollment of three hundred, fifty. The fifth largest school whose enrollment was three hundred, twenty had thirty-five who were diagnosed with ADHD. The sixth largest with two hundred, sixty students had twenty-three students with ADHD. The percentage of students with ADHD ranged from five to eleven percent, which was higher than the literature had reported as the average rate. Much of the literature gave estimates of the percentage of students with ADHD as three to nine percent (Healy, 1990; Barkley, 1993; DSM IV, 1994).

Table 4.1 also included the number and percentage of students with ADHD who received medication. The percentages of those with ADHD that were taking medication as one form of their treatment plan, ranged from fifty percent to ninety-four percent. From the smallest to the largest school, the number and percentages who were taking medication were: 1) seventeen students, sixty-nine percent; 2) twelve students, eighty percent; 3) twenty students, eighty-eight percent; 4) twenty students, fifty-six percent; 5) twelve students, sixty-six percent; 6) forty-seven students, ninety percent; 7) fifty students, ninety-four percent; and 8) thirteen students, fifty percent.

ADHD Referral Process

Each school had a specific plan that was followed for gathering data to submit for ADHD referral. When asked the interview question, **"Tell about the process you use for evaluating students for ADHD."** all the participants first stressed that the school systems did not give the final diagnosis for ADHD, but indicated that in their systems ADHD diagnosis could only come from a medical doctor. The participants discussed that the school's task was to draw a comprehensive picture of the student's behavior, built from data gathered by various means, from as many sources involved with the student as possible. When Mrs. Plumley was asked the question about the referral process, she told of one mother's response:

The mother is very intelligent and has a good job, but she did not understand about ADHD. She had gotten misinformation from some friends. She literally left the child to deal with ADHD on his own.

Several principals cautioned that the initial approach that was made with the parents about referral for ADHD should be made in an understanding manner. Mrs. Plumley went on to tell about what can happen when there was not a favorable response on the part of the parent:

He was diagnosed with ADHD and medication was prescribed. She did not check on him nor would she monitor his behavior. We keep working on parent education.

The ADHD Referral Flow chart (Fig.4.2) illustrated the steps for ADHD evaluation that was followed by Jody's system. It was very similar to the procedures used by the six other school systems in this study. The first step in the referral process was for a parent or teacher to complete the initial referral form and submit it to the school guidance counselor. Cathy explained the procedure they followed for an initial informal assessment:

. . . after two weeks of school, any child a teacher thinks is having trouble in this area (ADHD) we do a baseline of behaviors on them. It is a real quick check sheet - talking out, interfering with others, this type of thing. It is used as a set of behaviors so we can use it as a comparison to others. Then, the teacher can contact the school psychologist.

Peggy's school followed almost the same referral procedure for students, with the teachers making the first contact with the family:

Usually the teachers will make the first contact. I encourage them if there is a problem to right away, after the first two or three weeks of school to go ahead and give them (parents) a call. That way, if they need to they can have them come in. Then, sometimes that will take care of it. The parents will say, "Well, I'll just take care of that." And we won't have any more problem. If the child is having a more serious problem, then we have the guidance counselor get involved.

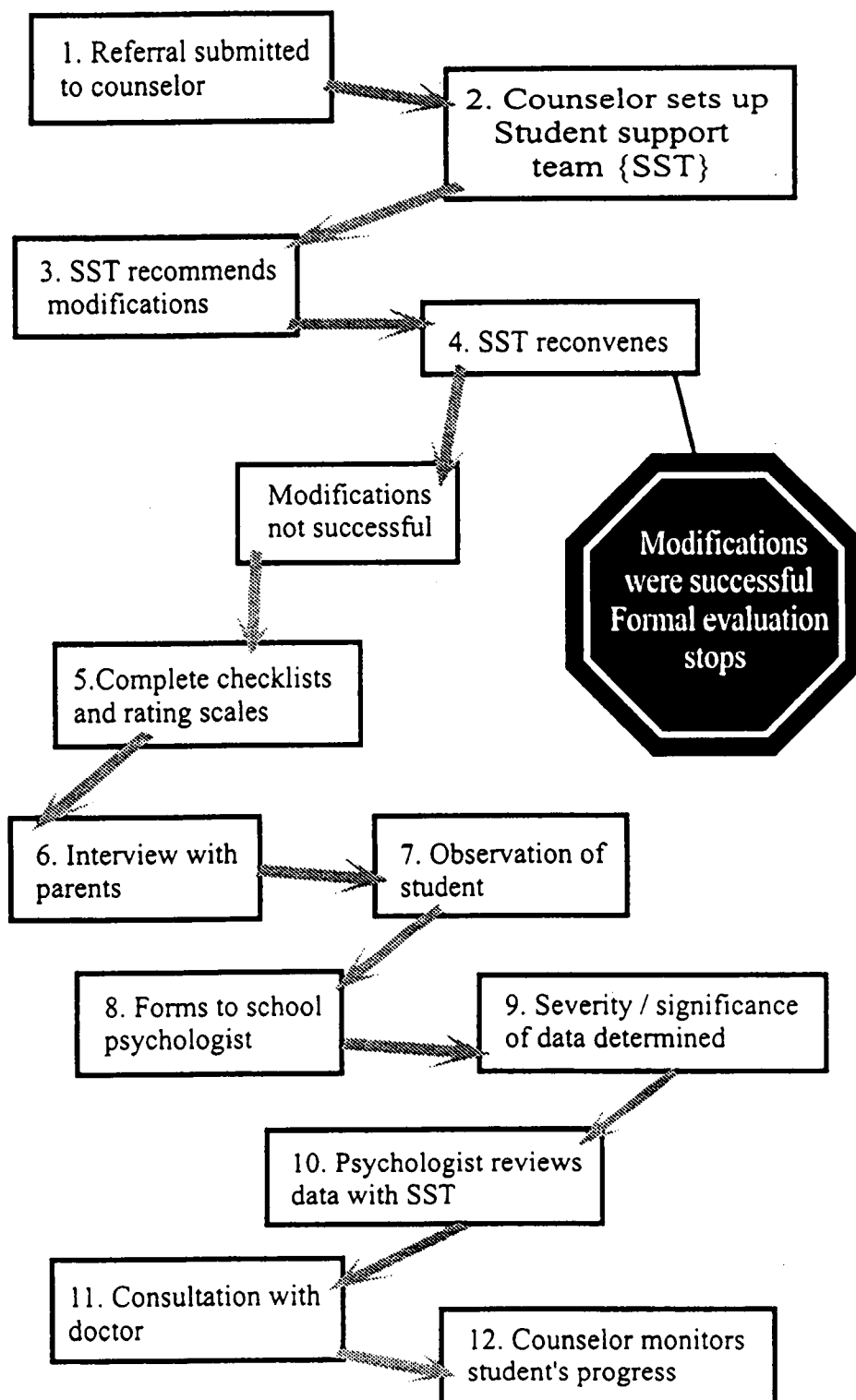


Fig. 4.2 ADHD Referral Flow Chart

All the schools relied heavily on the classroom teachers to initially identify students whom they believed needed to be referred.

For the second step of the flow chart, the counselor set up a student support team (SST), which included the teacher, parents or guardians, counselor, and the school psychologist. If there were other adult persons that had a strong influence in the student's life, they could be included. Mrs. Plumley commented on her school's approach:

Our referrals can come from anyone who feels the need; parents, teachers, others. Of course, there is an astounding amount of paperwork, that we must do to meet federal guidelines, but, I appreciate it when I need it! We try to include everyone who affects the child in our assessment team (SST) meetings.

The purpose of the SST meeting was to get a broad picture of the behaviors manifested by the student. If the symptoms were only noticed in one setting, then the SST would probably conclude it was not ADHD. But, if the symptoms had been ongoing since before entering school, and were noticed under similar situations in different settings, then it was considered a strong possibility the symptoms were caused by ADHD. If the SST saw indications of ADHD, they worked together to recommend various modifications and interventions for the teachers, parents, and others who worked with the student, to try for two to four weeks. A record of the modifications and interventions were recorded on an Interventions Strategy form

which was used to list the various modifications and interventions and also a scale which showed whether each one was effective or not.

At the end of the designated time, step four was initiated. The SST reconvened to study the record sheet of the interventions and modifications and discuss their effectiveness. If the team believed that further help was needed for the child to be successful, the parents were asked to sign a permission form for further evaluation. Clark claimed his school psychologist was a great asset during this portion of the evaluation process:

We work with Mr. B. (school psychologist). He will come in and test the children. Now, he doesn't test for ADHD, he tests and eliminates everything he can and he always talks to the parents.

The flow chart showed that if the modifications and interventions had brought enough improvement that the team believed the student could continue to show progress, then the formal process stopped.

For the students that needed further evaluation, the parents and teachers were asked to complete a situation questionnaire. This required the child to be rated as to the frequency of specific behaviors in different situations. Parents and teachers were each asked to complete rating scales which gave feedback in such areas as hyperactivity, inattention, impulsivity, and also possible conduct or learning

problems. This helped the data's validity as to whether the problem was truly ADHD or another problem that had similar symptoms, or if it was ADHD with comorbidity - another disability being present also.

Julia, along with Clark, who relied on his assistant principal, did not take charge of all of the SST or multi-disciplinary (M-Team) meetings:

I do not usually chair the meetings. Again, I trust the teachers and special service people to know the specifics about the child. I am there when I am needed or if there is a problem. The faculty is well trained in dealing with the students and the families.

Next, the counselor or school psychologist completed a thorough clinical interview (Appendix E) with the dominant caregivers. The interview covered the medical, social, and emotional history of the student and family. Since research indicated (Barkley, 1990; Bauer, 1993) that ADHD may have a possible hereditary factor, this interview gave vital data. The counselor or psychologist also conducted a classroom observation to record the behavior of the student in an academic setting. The observation usually lasted for a forty-five to sixty minute period. It was a written, objective record of the behaviors of the student by someone who was not working directly with the student during the observation.

After all the forms were completed, the counselor collected them and submitted the package to the school psychologist. After studying all the data, the

psychologist determined the severity and significance of the data and wrote a summary data sheet (Appendix F). Another meeting of the SST was called and the resultant data workup was shared. As the final step in the referral process, the parents or guardians were encouraged to take the summary sheet to the child's physician for a final diagnosis and treatment options. Some of the systems also gave the parents medication forms (Appendix G) to take to the doctor in the event medication was to be prescribed for the student. These medical forms were a communication between the physician and the school system to be used when the school personnel were going to be asked to administer some of the medication. During the process and after diagnosis by the physician, the school guidance counselor monitored the progress of the student throughout his school life.

Educational Implications of ADHD

The participants talked extensively about the implications of ADHD on the educational process. They also believed the implications affected every aspect of the students' lives. There were implications for their relationships with others, their beliefs about themselves, their ability to put their knowledge into practice, and their ability to learn.

Dysfunctional Characteristics

The participants' responses agreed with studies reported in the literature (Barkley, 1990; Bete Co., 1991) that a higher percentage of students with ADHD come from dysfunctional families than the rest of the school population. When asked the interview question, **"Picture a student with ADHD and tell about working with that student,"** Peggy talked about one of the implications of ADHD, the dysfunctional characteristics:

Let's talk a moment about the behavior of these kids. A lot have had some form of abuse. It seems every one of these kids parents have some kind of dysfunction in their lives...difficulties in the way they relate to each other.

The mother and dad have different viewpoints about raising the children and the strictness. Some are in the middle of divorce, fighting each other, some are changing jobs. . .they can't seem to stay put.

Mrs. Plumley noted the effect of family problems on students' ability to do well in school. When there was not a consistent family structure and routine, it made it very difficult to carry through with treatment plans for ADHD:

A couple of kids that I don't feel we have been nearly as successful as I would have liked to have been . . .I can see a direct correlation to their problems in school with what is happening with their families. There is no consistency in their lives at home - no follow-up.

When Clark, Mrs. Plumley, and Jody were asked, **"Tell about the characteristics of the families of students with ADHD,"** they recalled situations that were similar to Peggy's student, in that the families' dysfunctional style affected the student's school life:

. . .the parents are divorced or separated. Sometimes when I think I'm going to talk with this mom or this dad but I may be getting into the middle of a family situation.

. . .I'm thinking of a student - because of their problem I sat with his parents, his grandmother, the behavior management teacher, and his regular teacher and almost pleaded with the parents as I listed his behaviors. I said, "Please let us help or get him some help." Mother and father were so wrapped up in their troubles. Grandmother finally said, "Look, we aren't getting anywhere. They are too busy blaming each other. I have to keep him most of the time any way, I'm going to see he gets help."

They (the parents) are now divorced and the child is in even deeper trouble. The family is falling apart and I think they will forever blame this child. He is seven years old and not fulfilling their needs. I am real sorry.

. . .a transfer student this year, you can almost count on them being ADHD. It will be that they have had serious problems or have been abused.

Hereditary Factor

As the literature review pointed out, the heredity factor may be one cause of dysfunctional behaviors (Barkley, 1990; Goldstein & Goldstein, 1991; Bauer, 1993).

When the participants were asked, **"Describe the characteristics of the families of students with ADHD."**, Jody responded:

There is this little guy we are working with. I see the father having the same problems. I don't know how much of it is hereditary. I wonder. I think of a conversation with a grandmother. She had a granddaughter here and the grandmother felt like the (child's) father was ADHD. He never could keep a job, had trouble in school, went from one thing to another. Really had trouble in life. She felt like this (ADHD) could really be his trouble also. That is a possibility. . . .And they may not even know there is a problem. We hear, "Why he is just like I was!"

Julia and Peggy had noticed the same characteristics in some of the parents of students with ADHD with whom they had worked:

I see some of the same responses and behaviors as the children have. I get, as I said, comments such as, "Yes, they are just like me as a kid." Or "My husband is just like Bob. He had trouble in school like him too."

. . .The mother and father I was telling you about, they themselves, have some ADHD characteristics. A lot of times a parent will sit in here and say, "Well that sounds just like his daddy!" Or his dad will say, "Well, I was just like that in school." Sometimes the mom says it, but it is usually the dad.

The participants seemed to be saying the implications of hereditary conditions were a caution for administrators to consider in the relationships with parents of the

students with ADHD. The parents required the same care and skills as were needed with the children.

Comorbidity Factor

As discussed in Chapter Two, the comorbidity factor - the presence of another disability along with ADHD (Weinberg & Emslie, 1990; Burcham & DeMers, 1995), was another implication of ADHD discussed by the participants and supported by research. Julia told of the problems and disabilities she had seen that accompanied ADHD:

There are lots of allergies, asthma, and sinus problems with the students with ADHD. There seems to be similar sets of problems with these students; such as behavior disorders, physical problems, and learning disorders.

Often before the symptoms of ADHD could be addressed, other problems such as depression, anxiety, or a learning disability also were present and had to be dealt with (Aspy, 1994). Mrs. Plumley told about one student diagnosed with ADHD and also a learning problem:

We wanted B.J. tested further. I kept saying that because of his behavior we suspected a learning problem. Sure enough he did. Sometimes they do. We try to work on one (disability) at a time. We worked on the ADHD. got medication, and then we started working on the learning problem.

Julia commented that she also saw indications of comorbidity in a large percentage of the students with ADHD in her school which required the services of special education:

Not all of our students with ADHD are in special education, but many of ours do seem to have some learning disabilities also.

Inclusion

Two of the participants discussed another educational implication that specifically affected students with ADHD. As mentioned in the literature review (Raynes, Snell, & Sailor, 1991) there was a change in the way schools have approached the teaching of students with special needs. They tended to be included in the regular classroom more and in pull-out programs less. This was especially true for students with ADHD.

Mrs. Plumley and Julia mentioned inclusion specifically when asked, **"Tell about the process you go through for referral of ADHD."** Mrs. Plumley very enthusiastically shared her school's inclusion program and the collaboration it involved:

. . . Our special education director asked who would want to be a pilot school and my hand went up. I didn't have to persuade my teachers a lot (about inclusion) when the regular classroom teachers saw that it was wonderful having another set of eyes and hands, another teacher in the room. That has been my saving grace that I had two leaders in special education.

Scheduling has been a nightmare. But we do not

serve any kids with ADHD in pull-out programs unless they have ADHD **with** (comorbidity - ADHD with another disability). Students with ADHD **only**, are served in the regular classroom, with inclusion services when needed. Our special education teachers come in and co-teach.

Julia discussed the benefits of inclusion for students with ADHD and the supportive role the school counselor's involvement had given:

She also goes into the classes. She has helped the teachers know how to work with the behaviors and still not tolerate breaking rules.

Dysfunctional characteristics, possible hereditary factors and the implications of comorbidity were the implications of ADHD for education that appeared in the data of the eight participants that helped put the purpose of this study in proper context for the presentation of the rest of the data.

Summary

The statistics of the schools in the study, showed a higher percentage of students with ADHD in their schools than the literature reported. There may be many explanations for this difference and one of those reasons may be the thorough process the schools in this study used for detecting and referring students for diagnosis to their doctor.

There were several educational implications the participants believed were important to consider when working with students with ADHD. They discussed the effects of the dysfunctional characteristics of the students and their families. They also agreed with the literature review that told of the possibility of ADHD being inherited, thus the schools would be working with parents with the same dysfunctional characteristics as the students.

The administrators stated another implication for educators was that a high percentage of the students with ADHD, often had another disability along with ADHD. The comorbidity factor caused some students with ADHD to require the services of special education. The literature review discussed the change from pull-out programs for those who qualified for special education services, to inclusion of those students in the regular classroom, with special education teachers helping. The administrators declared that inclusion practices had been beneficial for students with ADHD.

Thematic Presentation of Data

The data derived from the interviews with the eight participating administrators was coded into four themes. As described in Chapter Three, the data from each interview were compared to the previous data collected. The similarities, or topics most often discussed, were logically organized into four broad themes:

1. The Administrators' Role in Collaboration
2. The Administrators' Relationship with Faculty
3. The Administrators' Relationship with Students
4. The Administrators' Role: Medication for ADHD

This chapter presents the data from the interviews categorized into these four main themes. In each theme, one story was chosen from those told by the participants, that best illustrated that theme's main idea. The four stories offer examples of the application of the knowledge, skills, and attitudes the administrators used in working effectively with students with ADHD. The themes and their corresponding stories are:

Theme One:	The Administrators' Role in Collaboration Ricky's Story
Theme Two:	The Administrators' Relationship with Faculty Cathy's Story
Theme Three:	The Administrators' Relationship with Students with ADHD B.J.'s Story
Theme Four:	The Administrators' Role: Medication for ADHD Mike's Story

Ricky's Story illustrated the complexity involved in effective collaboration of the team in the successful completion of the students' treatment plan. **Cathy's Story** showed what motivated her to be committed to providing quality staff development for her faculty. **B.J.'s Story** was a story of the relationship of a caring administrator with a student with ADHD, and its' positive effects on both of them. In **Mike's**

Story, the involvement of an administrator who had the knowledge, skills, and attitude to handle a difficult situation were shown. It told of the effects of medication on one student with ADHD, and on the family and school.

THEME ONE: Administrators' Role in Collaboration

The data contained in the theme of collaboration encompassed the knowledge, skills, and attitudes of the administrators who worked cooperatively with others to successfully fulfill the treatment plan of students with ADHD. The collaborative teams included parents, school personnel, other students, or professionals outside the school system, that were necessary in carrying out the educational plan.

When they responded to the interview question, **"What do you believe makes up a comprehensive treatment plan for students with ADHD?"**, the participants asserted that there had to be a team effort for the child to be successful, and the cooperation did not happen unless someone acted as coordinator and caused it to happen. Pete explained:

Most of the parents work well with us when we sit down and explain to them. Be honest and sincere about their child. Let them know the teachers care, I care, and the counselors care. And we are going to do our level best for them. I think of one child we worked with. The mother was against his going to the doctor. We worked through the SST process and tried several things. The child was getting into trouble. After several months, the mother said, 'What have I got to lose?' It

took a while, but he became more successful. It was a big team effort.

The participants saw the effort in working collaboratively as one of the administrator's most important roles.

The areas where collaboration were most often used by the principals to serve the students with ADHD were: the planning and implementation of the modifications and adaptations of the treatment plan for the students, in communication, in their work with professionals outside the school system, and in the area of discipline.

Collaboration in Planning Modifications and Adaptations

It seemed that the most important component of the multifaceted task of planning modifications and adaptations for students with ADHD was the ability of the team to work collaboratively. The principals viewed their role as that of coordinator of the team. When asked, **"How do you, as principal, help this teamwork happen?"**, Jody responded:

. . .if everyone is not working together, ...we don't see as much success with these kids.....There can be conflicts. As the administrator, that has got to be part of your role...as an administrator I get people together and see that there is follow-up.

Mrs. Plumley believed the school staff had to first have a spirit of cooperation among themselves, and then work to help the other members of the team feel a part of the process:

But, I think the thing that has to be done over and over is you as the principal, and the teachers, have to have this openness about you.

. . .I am looking at a real good relationship between staff members, trying to make one group. I'm thinking of cooperative parents, and working with families. It is still not easy. . .we have people who still work in isolation.

The eight administrators gave credit for their success in planning and implementing the modifications for students with ADHD to their special education and classroom teachers who worked cooperatively. Those teachers seemed to be the pivotal impetus for effectiveness in their schools. Julia praised her teachers when asked, **"What about working with special education?"**:

We work especially close together. The special education teacher works well with me and the classroom teachers.

Clark and David affirmed Julia's belief that the special education staff working together with the classroom teachers was vital to the effectiveness of collaboration:

Our resource teacher comes in and bring us information for the faculty. . . .He tests the children when necessary, and no matter how absurd, we still think, "Well, that is a possibility. . .that helps, having a faculty with an open mind.

....we have special education teachers who are working with these children who are monitoring them (students with ADHD) every day.

Mrs. Plumley also spoke of her special education teachers as one of the strengths in the collaboration efforts in her school:

I think probably the biggest help I have had is two (special education) teachers I hired. I personally looked in their eyes and knew that their philosophy and mine were going to be the same. They are probably in the top ten percent of all teachers I have ever seen. Working with all kinds of kids and knowing that all kinds of kids are worth saving. I put those two people in front of my training, in front of any collaborative effort that we are making.

Cathy and Clark considered their school psychologists key members of the team who improved the effectiveness of the adaptations and modifications, especially for the students with comorbidity. They worked with the students and teachers and monitored to find what modifications were working or if they needed to be changed. They helped develop behavior contracts, teach social skills, and worked to build the students' self esteem:

We try to keep her (school psychologist) for school related problems. That way when a problem occurs a teacher can go in and say, "Here is what happened."

....he can set up behavior modifications, and behavior contracts for the child. You have to have in

place people like my school psychologist and resource teacher. If those two people weren't in place this program would not work. To me they are absolutely essential.

Pete told of the cooperative work of his school's assistant principal who taught some of the students with ADHD for one class:

She is more involved with the kids than I am. She teaches a remedial class (for learning disabilities) also, so she is teaching some of these kids (who have another disability) and is able to be involved personally, and she is loving to the kids. She works with the teachers and is very supportive.

The assistant principal is also our SST chairperson and attends all meetings. That really helps.

Jody and Cathy explained the role the school counselor played in the successful implementation of the treatment plans. As discussed in the literature review students with ADHD tended to have low self-esteem (Kaufmann, 1991) and poor social skills (Bauer, 1993). These factors made the counselor's skills necessary:

. . . everyone working together. That is where the counseling has to come in. Because if they (students with ADHD) are having all these troubles, they are miserable. How can they do their best? The counselor needs to work with the child and how to deal with how they feel about themselves and accept their limitations and learn how to improve on them. The counseling has got to be in the component there.

Our counselor is very good about working with kids with ADHD. She works to build their self-esteem.

At Cathy's school, all the modifications for a student with ADHD were kept on a Teacher Strategy Form. Then the modifications were transferred to an informal file which was kept for each student with ADHD and showed a summary of modifications that were used each year and the plan for the current year:

. . .at the beginning of the year I have my resource teacher and the school psychologist to sit down with the teachers to let them know the already identified children (ADHD) and past interventions that have worked with this child. We have teacher intervention sheets that we slip in a folder at the end of each year and any child who is not on grade level at the end of the year, we ask the parents to do the specific skills with the child during the summer to help the child. It isn't part of the permanent file. The folder just travels with the child, as an aid. And we spot check at grading time.

Cathy related that this program did not happen overnight or even in one year. She explained it had taken several years to develop the teamwork and would have to be an ongoing process if they were to remain effective.

Collaboration with Non-school Professionals

In planning a total treatment plan for the students, there were professionals who were not employed by the school system who became involved in the

collaborative process. These included such professionals as the child's doctor, psychologist or counselor in private practice, or independent evaluation teams. When asked the question, **"How do you and your staff work with others involved in the treatment plan for students?"**, Clark recalled how his school psychologist had worked cooperatively with the child's doctor:

We had a parent that came in the other day and requested our school psychologist test her child as the doctor suspected he has ADHD. We will eliminate what we can and send it back to the family physician. We do work with the doctors and Mr. B. is real good about helping us know what to do.

When asked, **"What is your rapport with the medical field concerning ADHD?"** Clark explained his active part in representing the school administrators on the local county medical board:

I guess we're lucky because I am on the County Advisory Board for this county. I sit on that board with the doctor who is the health director. And her husband is a doctor and also on the board....we sit down and meet two or three times a year and we discuss different things. One doctor is a believer in this (ADHD) and that helps us with the medical community. I can get input from the teachers about anything that is going to affect us.

Pete shared the close working relationship his school had with one physician

who took an active part in the interventions for many of the students with ADHD:

I have referred parents to him (doctor). He explains to the parents what is going on and that the lifestyle has a lot to do with the way the child behaves and he gives them suggestions.

Cathy told of the contributions that one of the psychologist in private practice had made to her school. He worked closely with the school in helping families who needed more intensive treatment than the school personnel could provide:

...It is our hope that we can get a complete (treatment) package for everyone. We have worked well with Dr. S. He is working with two of our students right now. One of these Dr. S. has worked with for two years. At first nothing was working, the parents were in denial, a messy situation. It is infrequent, but sometimes we have to say, "We have done all we can do. The child needs more help." Dr. S. sometimes refers students here to us.

Collaboration in Discipline

There was agreement among all eight participants that the area of discipline required cooperation and understanding among the school staff and the home. Clark explained the discipline procedures he used and the collaboration that was involved in the discipline plan for students with ADHD:

I keep a discipline log and I require my teachers to keep a discipline log too. So if, say Mrs. S. across the hall came in and brought her notebook to me and I see about twelve different things this child has done I can

just make a copy of it and attach one of these discipline notices to it and have the parent sign and send it back. Almost all the parents will call...and see it as fair. Most of the time we talked with them (children) about their actions. When it is a child with ADHD, when they first come in here, they're angry. I sit and talk with him and I say, "Okay, what could you have done?" We talk and I do it individually, because there is more than one story. I run it down and see if the child with ADHD really started it or not. I work with them.

It takes longer to discipline this way, but when I send one of these reports home to the parents, I want it to say what the child told me happened. I don't have as many parents calling me saying I'm not fair....I sit sometimes, talking with them (students with ADHD). They remember it.

In fact, I got a note back this morning. It said, "I received your note about his behavior in the lunchroom. I discussed the issue with him and be assured it will not happen again." That makes the difference, they're committed now. And I think once they know you care - and they deserve that. They deserve to be taken as an individual. I guess sometimes adults can get so busy that they think, " Ah, it's just a child."

In response to the question, **"Tell about working with a student with ADHD."**, Cathy dwelt on working with students in the area of discipline. She believed that their positive approach was the reason their plan worked so well:

We do try. One of the best things that helps the kids is positive incentives. Our whole discipline system is based on positive incentives - recognition. We have an effort honor roll as well as an academic honor roll. We stress the effort honor roll. These kids can get on this one.

David emphasized the need for teachers to be disciplined themselves. He told several methods he had encouraged his teachers to use to help the students deal with their behavior:

Discipline with these children should be firm, fair, and it needs to be consistent. I find that kids want to be disciplined and want structure. They want to know what is expected. From the teacher's standpoint - day in and day out - if they will model the type of behavior that they want - if they show the type of behavior that we will accept, then generally that is what they'll get. If we are inconsistent and that is easy to do, we won't be successful. Most children want to please you. They want to do for you. If there is an opportunity for you to have quality time with them, that is very important - particularly with children who are having some difficulty. There are an awful lot of variables involved in these kids' lives. Consistency is important.

You are going to think, "Now why are they doing that?" They really don't know why, they just did it. Don't ask why, ask **what** they did. It is very easy to get frustrated and argue with these children (ADHD). We, as professionals need to know what to do as professionals. And that is sometimes very difficult to do day in and day out.

Pete shared some behavior monitoring techniques being used by his teachers to improve discipline for the students with ADHD:

We have some monitoring techniques when there is a problem if he breaks the procedures he goes to the time-out room. It is small, and he is monitored the whole time. We start out with five minutes, then go to ten if we have to. The second time he has to go, the parents are called. I don't know yet how successful this plan will be.

Mrs. Plumley told her procedure when discipline became a chronic problem for a student with ADHD. She believed the whole team being aware of the process being used and communicating with each other was the best approach to use to change a behavior:

For example, if I see behaviors exhibited in the hallway or on the bus, or if I have a great number of bus reports, then I call an M- meeting (multi-disciplinary involves all persons who work with the child) and get everybody back in.

Peggy described a unique solution she suggested for a child with ADHD when the teacher had difficulty modifying his behavior:

When school started this year, we had a kid apparently with ADHD, but not yet identified, that was pretty volatile. We sat down - the grade team and me and decided that this child would spend an hour in homeroom and then he would go to one of the other fifth grade classes for one subject, and then go to the other class for another subject and so on. This helped him because he got to move and see a fresh face every couple of hours. We left the option for the teacher because she was so worried and didn't think she could work with him. It turned out she could, but she still had the option. Except for two or three incidents they have had a good year.

When Jody was asked, **"What about your involvement with the students with ADHD?"**, she shared some of her experiences with students with ADHD when

she had to be involved in their discipline. She stated she usually got involved when the daily discipline plan was not effective or there was a very serious situation:

I probably don't have as much contact on a daily basis. The teachers are the front line. If there is a behavior problem as with the little guy in my office now, then I get involved. I may have to remove them from class. We had a child that put magic marker all over his body. He had to spend the afternoon with me until the mother could get the medicine here. She never came.

Some problems are aggressiveness toward others due to frustration in dealing with their problem. Others just can't contain themselves. They just don't know what to do with themselves so they need to be removed for a bit. All the stimulus in the classroom is too much. I bring them in here for a while. Of course, sometimes the stimulus in the office is too much too!"

I see the worse situations. I have to be the bad guy. Out of control is when I intervene. It gives the teacher and child a break. My background in counseling I think I use that more than anything else. I can be a little more objective and can talk about what the problems are. "What did you do today and how can you change that?"

Jody recounted one particular child's version of his behavior and the frustration of helping students with ADHD develop responsibility for their behaviors:

He declared he didn't do it. He knows it is inappropriate to go up and grab a girl. But he kept saying he didn't do it, even though someone saw him. He declares his notebook did it. Even though his hands also touched her. His notebook did it. Does that make sense? And, he really believes this. I went back and investigated before I talked with him. We have talked several times about responsibility. This is hard for him.

I have another little guy that I have worked with since first grade and we are slowly seeing some change and he can say, "Yeah, I did it."

Jody told about the reaction to her discipline of students with ADHD by some teachers who did not understand the implications of the characteristics of impulsivity on the students' reactions. Jody stated that those teachers sometimes saw the use of patience in discipline as giving up control or being too easy on the students:

I don't know if that is my personality or the training I had in counseling. I tell them, "I don't like what you did, but I still like you. You messed up, but you will improve." I still try to give them a clean slate.

Sometimes that can be perceived by a weakness by those who believe you have to use corporal punishment or get revenge. Sometimes a teacher wants results right then and don't want me to take time to listen. It takes time to convince some that does not mean you are giving up control. I believe the result has to be to improve behavior or what you have done is not worth what you did and the time you spent on it.

Jody expressed the idea that teachers needed to be able to get together and brainstorm and share ways to deal with the discipline problems of students with ADHD:

If there were maybe some groups for teachers where they could sit down and talk with people who really have been in the classroom with thirty-two students and some with ADHD.

And unstructured time such as bus duty. I have put myself on that duty. I wanted to know what it was like to deal with the children. Then, I understood why they

(teachers) sent those five to the office or if they are being unfair.

The participants seemed to have had personal relationships with the students and their interactions showed understanding of the behaviors of students with ADHD. They used a variety of skills in handling discipline in a manner that helped the students to be able to learn some behavior management skills.

Collaboration in Communication

In response to the question, **"How do you keep parents and teachers informed about a child?"**, the terminology in the responses of the principals constantly had such phrases as "I talked with, I shared with, we wrote, we discussed, sent the behavior chart, met with, and many more references to ways of communicating.

Each school had their own means of communicating with the parents, but one method was the same for all the schools located in Tennessee. They were involved in a unique partnership with First Tennessee Bank. It was called Lesson Line and was a means whereby teachers could record information, assignments, and school announcements. From 5:00 P.M. to 7:00 A.M., parents could call the number assigned to their child's teacher and listen to the recording. The schools and parents

had rated Lesson Line highly as a means of improving communication between home and school.

David's reply explained what he had done to improve communication between the school staff and home. Because of the implications caused by the characteristics of impulsivity, inattention, and poor organizational skills, it was difficult to have a well functioning means of communication with the family:

For the younger ones, we do a lot of note sending back and forth between home and school. That helps a lot. It becomes part of their behavior modification program when you do it every day, then we'll go to once a week, then monthly and so on.

A lot of times the parents know their child has this disability but they don't know how to deal with it. So it is up to us as teachers and principals to try to educate them. We try to provide them with literature and things that are available to make them aware because I know it can be frustrating as well for a parent. Because if you don't know how to deal with the symptoms it will only compound the problem and it will get worse. We make them aware of things they can do at home and what we can do at school. We can interact and support each other.

It is always beneficial to the student and more productive when the home and school can work together on any problem.

The first problem is to be sure the parents understand what you are dealing with. And the parents and the school get on the same page and try to work with it.

The communication with the home had to work both ways. There had to be

some feedback from the parents. This issue was discussed by Jody when she was asked, **"What about parent involvement?"**

We have a lot of parent involvement. They are willing to come in and talk to us and respect us. Now, there are some who can't or won't because of things that are going on in their lives. But, we have pretty good communication and it has to be that way for it to work well. There is one mother who asked me for information (on ADHD evaluation). I gave it to her and she is getting a good workup on her child. I also tell parents about the organization, C.H.A.D.D. for ADHD.

Cathy also addressed the need for responses from the parents. Her school had a written form for communicating plans or agreements the parents were involved in. This form was sent home and the parents responded to the school. She stated this had worked especially well for the students that needed the structure for homework completion:

Our Parent and Student Intervention Form has space for students to write down their homework for the day, and the parents to check off whether the student did the homework.

Each teacher is required to always write the assignments on the board as well as put them on the Lesson Line. Either the teacher or a peer helper checks to be sure the student recorded the assignment. If a question arises from the parents about assignments, I just ask 'Are you using Lesson Line?' Their response is written on the Parent and Student Intervention Form.

The parents and students have responsibilities to follow the modifications and interventions set up by the SST, as well as the school staff.

Cathy explained how her school communicated with the families concerning the students' assessment and progress reports:

Each teacher in the school also sends home a folder one time a week. It contains all the material the child has done during the week. The teacher also records how many papers in each subject the student scored below seventy percent. This is a weekly communication with the family and consequently, you know the report card should never be a surprise.

Clark told of the open communication he had with some of the parents of students with ADHD. One parent was encouraged to communicate informally with the school to take care of the many daily minor problems that arose, and thus prevented them from escalating into major ones. Clark shared one example:

I have this one little boy, cute as a button. His mom will call me or the teacher to see how he is doing. She may say, 'Have you seen him in the office today? I brought him this morning, but he is going to have to ride the bus this afternoon and we didn't have a good morning so you may need to talk to him before he gets on the bus. So we've got some parents that really care.

Jody gave a caution about asking siblings of students with ADHD to take notes to the parents for their brothers or sisters. When asked **"What are some of the effects ADHD has on the family?"**, Jody responded:

There is stress on the brothers and sisters too. If they are always getting instructions to see about little

Johnny, or they may worry that the teachers wonder if they are going to be like that too. Are they going to have to take a note home because Johnny was in trouble? We try to stay clear of that, but sometimes that happens. There may not be a phone and you know if you give the note to Johnny it is not going to get home. Maybe not be design but they (students with ADHD) have difficulty and lose things.

Collaboration in Planning and Implementation of Treatment

Jody made a point to express how important it was for there to be strong collaboration during conferences, such as multidisciplinary team (M-Team) meetings and in the implementation of the plans formulated by the team:

If everyone is not working together, we don't see as much success with these kids. There can be conflict at the meetings. One of the things I see as my role is getting the people together and see that there is follow-up. I'll say, "Now, when will you have those reports ready?" "And when is your doctor's appointment? Okay, we can meet in two weeks then." It keeps things moving and makes us accountable.

It takes everyone working together. It's not one person's problem - it (ADHD) is all our problem. When the parent is working with us, the counselor is working with us, and the teacher buys into the idea there is something we can do about it, that is when we see progress.

Another area that the principals believed requires clear collaboration was during the ADHD evaluation process. Many parents, if it was the first time they had heard about ADHD, were very worried and confused. Pete explained the problem:

I think one of the key things that principals can do is remain calm and be supportive when a parent comes in. You have to realize where they are coming from. If it was your child and they were constantly in trouble and they were not succeeding in the classroom, how would you feel? And you knew your child was average or above intelligence, as a parent how would you react? The principal has to be very calm to help.

Peggy addressed the importance of collaboration when interventions were implemented that required the cooperation of the parents:

We try lots of things. We make contingency plans with the parents. If they come home with a good report, they get to do so and so. They come home with a negative report, then so and so happens. If we get lots of cooperation, then sometimes it works.

To be successful in working collaboratively, the administrators believed they had to listen and be available to the parents and students. Mrs. Plumley emotionally gave her input:

We don't work with just a child. We are working with everyone involved. We may have heard all of this one thousand, three times, but to that mom, the one thousand, fourth time you hear it may be her first time and it is very, very important. So, we have to see it the way they see it.

Jody took this belief of the principal's influence to a broader scale that included not only the families but also the community. This ultimately involved the school's

reputation, or how the school was perceived as trustworthy by the community:

There is a lot of conflicting opinions and information. Our role is important. I guess one of the best things I can do is to listen and show the parents I care. I may not agree, but I can show them respect.

Clark told a story that illustrated good collaboration among the SST for a child he called Ricky. The story was chosen because the situation showed how effective collaboration worked among the dysfunctional family, the school staff, and doctors.

Clark had followed up on Ricky since he advanced to the intermediate school and he continued to improve. Clark shared his thoughts about Ricky's future:

He still has family problems and his behavior is still excessive, but he is making progress and I think he is going to make it.

It took a lot of effort on the part of the school's staff and the grandmother for this story to have a happy ending:

Ricky's Story

Ricky transferred to our school in the third grade. He was disorganized, had immature social skills, trouble following rules, and his grades were up and down. There were also problems daily in the cafeteria, bathroom, and at other unstructured times. During this period, Ricky's mother was shot and killed. His dad moved away and left Ricky with the grandparents. The school psychologist and the counselor began working with Ricky to help him cope with all the stress in his life. They began gathering data and working with the teachers and family to see if there were other underlying problems that were causing the unacceptable behaviors Ricky manifested.

Because of the family situation, it took time and extra coordination on everyone's part. Our school psychologist made the difference by staying in contact with Ricky's SST.

After all the information came in, the doctor did diagnose Ricky as ADHD and put him on medication. In a few day's time, the teacher and grandparents could tell a difference in Ricky's behavior at home and school. He was able to follow directions, listen to a lesson being taught, and he could, with interventions, make it through a P.E. class or lunch without getting in trouble.

As Clark showed in Ricky's story, there had to be communication with the family when planning and implementing interventions that involved the parents. And, as stated in the research (Gardner, 1988) Clark believed Ricky would need the collaborative efforts of the various groups involved in his life for him to continue to succeed.

Summary

The administrators believed they had a strong influence on how receptive the community was to acceptance of working collaboratively with the schools concerning ADHD. And, unless the principal had a caring attitude, the families would not come to them for help. They worked together in the areas of planning modifications for the students, in discipline, and communication. Collaboration was necessary for the successful implementation of the students' treatment plans. The participants believed that for collaboration to be successfully done, there had to be a spirit of acceptance by the school staff for the families and others involved with the child's education.

THEME TWO: Administrators' Relationship with Faculty

As the administrators talked about the various areas in which they worked to have effective collaboration, they repeatedly affirmed the importance of having an effective faculty. Several of the participants voiced confidence in their

staffs. It seemed to be the same ones who also stressed the issue of staff training and development. Staff training covered the areas that involved external resources and staff development included the internal resources the administrators used to develop the staffs' K.S.A.'s.

Administrators' Role in Staff Training

Training of their staffs was a major topic in the participants' interviews. The training involved identifying the needs of the staff in working with students with ADHD and acquiring **external resources**, to meet those needs. This was done through inservice, college courses, and experts who worked with the staff.

The participants reiterated that they believed the process of working effectively with students with ADHD was impossible without a well trained staff. Julia explained what she had done to provide quality training for her staff when asked, **"How have you helped prepare your staff to work with students with ADHD?"**:

I make sure the teachers are trained to work with the students with ADHD. I have sent them to workshops and training sessions and have gone with them to several.

...I have had a specialist who works with students with ADHD to come in and spend a day with the faculty. That was very helpful. Then, I had a doctor who discussed specifically medication for the students.

Pete, Mrs. Plumley, and Peggy echoed Julia's thoughts about the importance of providing resources that were applicable and current:

... We have done quite a bit of in-service over the last few years. All of our schools have. Locally, we have brought some people in to speak to us. We have had some of our doctors in. One is a leading expert on ADHD in the nation. We had a follow-up session for the ones who missed it. He was very good.

... We have had training session after training session. In fact, we are having one this afternoon on ADHD. We can't get enough information because it has to be constantly updated.

... It is really good to have staff training times this year. We have two hours each week. We get out at 1:00 one day a week and have until 3:00 for training. We may have a guest or meet in groups. This is where we learn a lot about ADHD.

Sometimes in the midst of other topics, a few kids with ADHD crop up and we talk about things to help them such as manipulatives or hands on.

We have guidance counselors who are familiar with the various areas of ADHD and our special services director came in and helped. We use videos from her office. She offers suggestions for us to try.

We really need more time for brainstorming about what works with this. I feel it is my responsibility to find more times for us to have that opportunity.

Jody discussed some concerns she had with in-service. Some of her staff had not benefitted from sessions because the presenters did not have credibility with the teachers because they had not had hands-on experience with students with ADHD:

Some go to inservice and they don't want to be there. That may be understandable if the program isn't good. We get some presenters who it is obvious they have not been in a classroom.

. . . Veteran, trained teachers can be a help to newer teachers. I think administrators can help there.

Jody went on to talk about the sessions that had been effective for her teachers:

I have had some inservice here. We had a lady talk on medications and their effects on children. She was from a hospital for children with problems. I saw a few people open up and be more receptive. Attitudes are hard to change when you have a veteran faculty. Some have been here twenty years and have seen it all and think they have all the answers. I hope they do because there are more and more of these children.

David talked much more about the informal, internal resources he had used than about the formal, external resources. He did tell how they used the external resources, especially in working with the families:

. . . We try to have experts in the field who would be able to contribute to be in the conferences (with parents). And, we always try to involve the medical doctor if the need is that great.

I'm not sure there is any new discoveries, or gimmicks, or how helpful are the workshops we go to for two or three days. I think it is mainly a thorough understanding of children, their growth patterns, and the characteristics of these children that will help a person be more proficient with these students. There is no fool-proof method. If one doesn't work, we try another.

Cathy stated there had been a lack of help for administrators in knowing how to equip their staffs:

There is nothing out there in the field of education (training) that touches this, or I haven't found it. You have to learn by the seat of your pants.

Like Jody, Cathy worked to be sure she used competent, experienced professionals to do the staff training:

We had a man in who had been a principal and a psychologist. Some people had classes with him and were impressed. He was very good and had creative ideas of how to help students with ADHD.

We have worked on cooperative learning and this past summer it was on multiple intelligence. Both sessions have been beneficial for ADHD.

Pete and Clark commented on the change they had seen in the attitude of teachers who were recent graduates and those who had been trained to work with students with special needs:

I have found in the last five years or so, a change in the teachers' attitude toward students with ADHD. This has been especially since we stopped putting them in the behavioral disordered class....The colleges are doing a super job of training now. Why, we had hardly identified the problem ten years ago. We did know, and classified them differently, usually in special classes for behavior problems.

Summary

To develop the knowledge, skills, and attitudes their staffs needed to meet the identified needs of their schools, it seemed the principals believed the training sessions had to be applicable to the problems faced by the faculty and the presenters were more believable if they had actually worked with students with ADHD in a classroom setting.

The participants stated it had only been in the past decade that they had begun to hire new teachers who had training during their college preparation to understand ADHD and its effects on the student, the family, and the school. The role of the school administrators may slowly take a different direction in staff training as teachers that were unprepared retire and teachers are hired that have been equipped to work with these students.

Administrators' Role in Staff Development

The participants spoke of their continued efforts to develop the skills of their staffs to focus on the knowledge, skills, and attitudes needed to be able to effectively teach and envision the students with ADHD as capable of growing academically and socially. Staff training presented the data that covered the external resources used by the principals, whereas this section discusses the resources the administrators used that were **internal** to the school to help the staffs develop the needed KSA's.

Thomson (1993) described staff development and motivation as working to create a school atmosphere that enhances the staff's desire and willingness to focus on the school's vision of accepting and educating all students. That seemed to describe what the participants had tried to do.

When asked the question, **"What are some of the things you do to prepare teachers to help students with ADHD?"**, all eight participants shared their experiences of working to develop the KSA's of their entire staffs to understand and desire to educate all students.

Pete worked to motivate his teachers to develop an attitude of patience with the students with ADHD:

I tried to help the teachers have more patience. They have learned to deal with these kids. We have to be supportive. Fortunately, I think most of our elementary teachers are that way.

Julia talked about the teachers' needs to understand the uniqueness of students with ADHD and to see the positive aspects of their abilities and characteristics. Julia stated she believed the students had skills to contribute if the teachers helped them develop those skills:

They have to be understanding of kids with ADHD - all kids really. But, I think structure is most important. Now, not rigid or restrictive. You would think kids with ADHD would need lots of freedom, but

I don't see that as working. We try to help the teachers understand the difference. Some teachers have lots of problems with this.

I think we need the ADHD point of view. They have a different way of looking at things. We need that. So, the teacher has to have structure, but still allow the child with ADHD the opportunity to express his views.

Cathy shared what she looked for during her interviews when she hired new personnel, and she also had the teachers who would work closely with the new teacher give their input:

In hiring teachers, I do look at teachers and try to get a balance because there are some kids I feel need a very structured teacher. I do the initial interview, then I ask teachers in the building where the new teacher will work, to come in and do a second interview. They draw out how this teacher will work with them.

One of the first things I explore is how they feel about special needs students. What would they do for them in the regular classroom?

Cathy discussed the most difficult areas she had encountered in developing a cooperative, understanding staff. She stated the resistance to the change from isolating students with special needs, to including them in the regular classroom and adapting to their needs, had been the most difficult challenge she had faced:

I think the biggest thing we had to overcome was teacher resistance. And I would say, depending on the individual teacher, it took us from one to four years to help them see the needs. We don't have much turn over

here and I can say now we have a faculty that is behind us one hundred fifty percent.

This morning a teacher that has done a one hundred eighty degree turn said to me, "I've got to tell you what I did with this child (with ADHD)." It was a modification that worked for her and she wouldn't have done a year ago. I said, "Fine, put it down on your teacher strategy sheet." The strategy was she is letting the child take tests and what she gets wrong she corrects and the teacher gives half credit for it. Now, some of the teachers let their entire class do that. This teacher is not comfortable with that yet.

David expressed that his staff had acquired many skills and attitudes needed to work effectively with the students and that his role was to help them be able to do that job, in his words, " Day in and day out.":

One of the best ways I can help teachers with kids with ADHD is to help them be consistent and also to have high expectations for these children. I do believe in the adage, All students can learn." But, not all the same way. We have to be aware of that.

Our teachers work hard with these (ADHD) children. They know they have to go that extra mile in order to see results. They have to help them take care of their assignments, have to keep in mind that at times the assignments will have to be modified.

The teachers want to see success. Our philosophy is "Everybody is somebody." I really believe that and our teachers believe that. We take our children as they come in.

Jody also commented about her concern of guiding and encouraging a faculty that understood such implications as the heterogeneity of ADHD. Jody also

expressed how difficult it was to change the attitudes of those teachers who still were not effectively working with the students with ADHD:

The attitudes that need changing, and the right helps for training - as an administrator how do you help your people know what they need and how to find those people to help. How do you know they are good and have the ability to help?

Some teachers believe there is no such thing as ADHD. They say, "If this child really wanted to settle down, he could. It is a cop-out."

Others believe all you need to do is just give the child a pill and that will get rid of the problem. Teacher attitude is so important.

What is so frustrating with coming up with curriculum or behavioral interventions is that all children with ADHD are so different. There are no set guidelines to go by. That is what is so frustrating to teachers. If they (teachers) are people who have always done the same thing and are not receptive to new ideas, they are going to have trouble. Johnny and Billy are not the same. What worked with Johnny may not work for Billy even though both have ADHD and have the same behavior to correct. And what worked with Johnny yesterday may not work with Johnny today!

Pete and Peggy shared their experiences with teachers who seemed to not be able or were not ready to adapt to working with students with ADHD. They believed there were very few such teachers in their schools:

Teachers who have problems - the ones who don't have the patience and the tolerance are hard to change. There are very few of them now here. I think our older teachers who have been around quite a while haven't been to college lately or received any instructions in this

have trouble.

It is not easy (dealing with teachers not prepared). Sometimes you just have to say, "Look federal law says we have to do these things. Here is the list, give it a shot." I had to do that not too long ago. You know, every teacher wants to see a child succeed. There is not anyone that won't try some things.

Peggy talked about helping new members of the staff. Even though she believed college preparation programs had improved, sometimes new teachers had difficulty, on a daily basis, applying the skills they had previously learned:

If a child is having trouble, we sit down and try to go over things. Sometimes I find new folks don't want to admit they have having difficulties. I need to make it easier for them to do that. We'll call in help and discuss it before doing anything formal. We try to identify one or two things we can work on first. You know with ADHD you can get overwhelmed and don't where to start. A new teacher can feel totally overwhelmed. The kid is out of control and usually they are not succeeding. They are probably not behaving very well either. So, we probably start on behavior first, try to get that under some kind of control. Then, work on time on task.

Mrs. Plumley and Julia talked of the constant flexibility teachers of students with ADHD must possess. They had to be adaptable to the many changes they had to make. The students with ADHD did not fit a pattern and the teacher could not have the feeling a problem had finally been solved and they wouldn't have to deal

with that particular problem again:

Teachers have to adjust so rapidly through the day working with these students. I make sure they are told over and over the success rate they have. I can see it in their faces too when they feel they have failed a child. That's crucial in helping staff and that's my job. If we don't believe that every child is worth saving, then we aren't good teachers. It is a challenge. I've gone full circle here. From having a teacher coming in the first year I was here to tell me that I had to take that kid out of her room because he was disrupting, and she has to teach the rest of the children, and she will not have it. I had to stand and say, "I'm sorry, he belongs to you. He is yours. Discipline and control of the classroom are your responsibilities." When you list a student with ADHD behaviors, you can list a teacher's behaviors too.

Julia believed that for the training and development of the staff to be effective, the teacher-pupil ratio would have to be lowered. She stated that was the only way a teacher could have the time or resources to effectively work with students with ADHD. She talked about feeling very good that she had been able to keep the ratio low in her school. She also gave some teacher characteristics she saw as essential for teachers to develop to work with these students:

I think that one thing that aids the teachers is that we work to keep our teacher-pupil ratio low. That makes it possible for the teacher to be able to help each child - to do such things as give immediate feedback, and carry out interventions.

We have worked with our teachers to speak in a calm voice. I'm thinking of one extreme child with

ADHD. A loud voice, when he is having difficulty, really "set him off." I called in the four teachers of this grade level when he first entered and explained to them that no matter what, the teacher who had him would have to speak in a calm manner. It didn't matter if it was instruction or discipline. I then asked which one of the four thought they could work with this child. One teacher volunteered and explained that she thought the class she had would also work with this child best.

I try to be very specific and up front with the teachers about the children and what is needed and then help them to be able to handle it.

Cathy mentioned other ideas she had used to develop and strengthen the confidence and adaptability of her teachers. She had encouraged them to try various methods and styles of teaching. The teachers had learned to work closely together with the support staff to use all their school's resources:

We have a room where we have no desks, no chairs, nothing. We call it our multi-purpose room. The teachers can adapt it to any style of teaching. Every one of the teachers are handling the differences in children, but no two are doing it the exact same way. But, it has been a long struggle to achieve this.

Our homework place is one example. It is open after school and is run by our resource teacher. If a child comes in and says, "I don't have any homework." She says, "Well, let's check that board (assignment board in the rooms). She checks on them each day and knows even the long-term projects. That is structure which is necessary.

David shared some methods he believed had motivated his teachers to work

to build an accepting climate of learning for all students in their school:

. . .As principal, I think one of my most important jobs is to train everyone to protect instructional time. For the students with ADHD, commotion is so distracting. We all work on creating a climate that is conducive for learning.

Cathy spoke of her struggles during her years as a classroom teacher when she tried to help students with characteristics of what she now knows as ADHD, and how that memory drove her try to get training for herself. That same desire has led her to be certain her faculty did not have to face the same frustrations.

She told her story of working with one student and her attempts to find resources to know how to educate that student. Cathy's story showed the problems of a teacher who had not been prepared to teach students with such characteristics. She stated that she did not want her faculty to have to struggle the same way:

Cathy's Story

I noticed a difference when I was teaching. I had one child that was driving me crazy because I couldn't figure out what was wrong. I was an English teacher so I had a lot of compositions. This child would hand in papers that would make absolutely no sense.

One day I took her out in the hall and said, "Mary Beth, tell this story to me." When she did, it made a very coherent story. But, on paper, no.

So, at that point I went back to The University of Tennessee at Chattanooga and took one of their classes, The Exceptional Child in the Classroom. And what I learned was probably everything I needed to know about Public Law 94-142. But, they didn't tell me what to do with this child.

I kept running into these kind of kids. I went back and took some more courses, but I didn't find anything that helped with this specific problem. By bits and pieces I found out what would and wouldn't work in the classroom for them. That was my limited basis with the kids I was dealing with.

Cathy shared some of the methods she had used to train her staff. The summer university courses had proved to be excellent training for practicing teachers, and Cathy spoke positively of her teachers who gave their vacation time to attend those sessions.

Summary

The principals had worked to instill in their staffs the desire to continue to learn more about ADHD. The participants claimed one of their most important roles was to train and support the staff as they worked with students with ADHD. The participants believed they had provided a thorough training and staff development for their faculties. Most of the principals spoke positively of the accomplishments of their teachers. They talked extensively of their desire to help all teachers develop an attitude that students with ADHD could be successful in school and that the staff and students could have an effective relationship.

THEME THREE: Administrators' Relationship with Student with ADHD

The principals affirmed the literature review (Chalker, 1992) as they talked about how their role changed from one of distant adversary to one of student advocate. The participants discussed this role with students with ADHD in their schools. Pete related some of the experiences he had in his role as an advocate and

encourager for students:

When I am involved, I try to encourage the student in any way I can. I try to explain to teachers they have to be patient and they are beginning to understand that as we work through it.

I spent one year as principal of a high school in a rough area. The kids, I loved them, but I was a law enforcer more than a principal. I told them that was not what I had planned for a career.

Mrs. Plumley reminisced of her school days as a very active student and the reaction of her teacher to the students who displayed the characteristics of what we know now as ADHD:

I remember when I was in school, there was a little boy that sat by me. The teacher was so frustrated that she literally threw books at him because he couldn't pay attention. Now, he is president of a bank. I remember that bad memory, then I remember the teachers that cared for me (when I was so hyperactive). It has to be an inner drive (in the teachers).

Clark talked about what he believed was important in a relationship with students with ADHD. He believed they should be treated with the same respect and confidence in their abilities as other children but he stated he realized it was often difficult for teachers to accomplish this. Clark had worked to find ways to let the students know he was aware of them and affirmed their correct behavior:

It is very important to treat these students (ADHD) like you would everyone else when possible. I'll

go down the hall and if I see one of them doing the right thing, I'll give them a high five. They love it and it makes them more acceptable to the other children. Now, I give high fives to others that are not ADHD also.

When they have to come in to see me, I also give them a time and space to calm down. Then, we talk. I don't talk down to them. We discuss the problem and I ask them to, "What was it you did?" We discuss it and that takes a little longer. Then, we talk about what they should have done and they can think of alternatives. "I could have told Mrs. X, or I could have gotten up and moved." Then I can call the parents and explain what they did and what the discipline would be. Those phone calls lets them know. I can tell them what their child said and what the other child did and said. That keeps down a lot of confusion.

Jody expressed her concern of whether she had done enough to help the students. When asked, **"What do think helps you be successful with students with ADHD?"**, she responded:

I don't think I am always successful. I think I need to do more. I guess I take time to listen, even though I don't always agree with the child, I will still always try to respect what they have to say. I may not agree, but I will listen. I accept that child for who he or she is. Even though I will not tolerate what they did, I will still like the child.

Julia presented the idea that teachers needed to see a positive side of students with ADHD. She tended to support the writings of Hartmann (1993), in that she believed students with ADHD had positive contributions to make to a classroom.

Their tendencies to think differently from others helped in problem solving:

They are the movers and shakers of our society. They aren't afraid of taking risks. Other students are very bright and make good grades, but are too afraid of failing. The students with ADHD don't seem to think of that. I think that is where inventions come from or how problems get solved a lot of times.

I think there can be a very positive side to the behaviors of students with ADHD. I see it as the teacher's role to stimulate or use the behaviors of these students. It isn't easy, I know. These students can so easily get out of control and disruptive when the teacher is not prepared or skillful in handling the situation.

Cathy agreed with Julia that principals and teachers needed to have the attitude that students with ADHD were intelligent and schools needed to find their strengths:

One teacher told me, "Cathy, do you know our report card only addresses two of the seven multiple intelligences?" I said that I did know that. We have got to let them (students with ADHD) shine in their own right.

David also saw the students with ADHD in an affirmative light. He believed they desired to please and did their best, but he believed the students needed school staffs who really cared for them or it did not matter what academics were taught:

All of this has to be done with love. I really do believe kids don't care how much you know until they

know how much you care. If you care about them and let them know you do, they will work awful hard for you.

. . . They are going to do things that will aggravate you. You are going to think, "Now, why are they doing that?" But, they really don't know why, they just did it. The ones that have unacceptable behaviors are the ones I am drawn to. You want to be of some assistance or help them. Sometimes they get overlooked. ADHD can fall into that category.

Administrators' Role in the Educational Plan of Students with ADHD

The literature review discussed several implications of ADHD and how they had affected the educational plan for the students: the manifestations or characteristics of ADHD, educational achievement, treatment plans, legal issues, social and emotional development, and hereditary factors. How administrators reacted to these implications affected their relationships with the students.

The participants were asked, **"Describe a 'typical' day working with students with ADHD."** Mrs. Plumley captured the perception of several of the principals:

There is only one thing that is typical of students with ADHD, and that is they are atypical. You begin to try to categorize them. But, they are full of surprises, but that is what makes them so unique.

There is no one thing that fits all kids with ADHD. I think as administrators we need to see that. You don't do the same with every one. And you can fuss at them and they will come right back and hug you. They are people person, will want to be in a group.

Mrs. Plumley shared one of the reasons she thought she understood the manifestations of students with ADHD was because she also is ADHD and had the same experiences in school as they experienced now:

I was a wiggly kid with ADHD that had to stand in the corner by the wastebasket and after lunch there was all the smelly apples and bananas. I didn't understand why the teacher didn't like me because I had a lot to say to her. And I just chatted and I was so into being and was so glad that I could be with adults. So many of the kids in my class couldn't understand what adults were talking about, but I thought I knew and I wanted to tell everybody. I was a disruption. Everything I had to say was the most important in the world. I guess that is why I understand these kids and why I chose a profession where it is okay to talk a lot!

Cathy talked about the implications of low self-esteem and the frustration of under achievement of students with ADHD, and how she and her staff had dealt with them:

Usually the child's self esteem is way down and the grades are much lower than the intelligence of the child. It is unusual to have a high achieving discipline problem.

We will try several interventions for the child. We encourage them in the intermediate grades to use tape recorders. We have put all our basal texts on tape because of their difficulty in reading lots of material.

The teachers in the upper grades have written well organized notes for the kids to use as study guides. This is also a help to parents.

In training for the teachers on ADHD, we found that manipulatives are very good to use. The tactile

experience is necessary. I'm requiring all teachers to use them.

Jody also talked about the frustration the students, teachers, parents, and administrators had in dealing with the difference in the ability of the students with ADHD and their daily performance:

These kids tend to zero in on all that is going on. They know what's happening. They tend to be bright kids, but their performance and their intelligence don't always coincide.

Julia and David shared their main concerns in relationship with students with ADHD: their impulsivity and lack of organizational skills. They saw these two implications as difficult to work with because both characteristics tended to show improvement very slowly:

I think impulsivity is the most common and the most difficult implication to work with. I don't know if that is because we only have younger children of it that is also true of other schools. They are impulsive in their actions and their impulsive remarks cause lots of problems. That causes problems in the classroom and also with other children. This makes it hard for them to complete tasks which causes problems for the classroom teachers. The teachers and parents have to know how to deal with this.

We are fortunate in that we do not have long waiting periods in the morning and afternoon. Our bus duty is about ten minutes in the morning and there isn't any in the afternoon. This is really a help for students

with ADHD. Unstructured time is very hard on them.

David:

Students with ADHD are often disorganized - can't seem to keep up with their things, assignments, books. I work with them and show them how to keep their lockers and desks. And they know we are going to periodically check. This not only helps the student be organized, but will help them be better prepared.

Some of the students have to carry an assignment sheet and the teacher either writes it or initials it after the student writes it. Then, at the end of the week the student turns it in to the special education teacher who monitors their work.

We also have some of these students take tests or parts of tests orally. We break assignments down into steps, and we have to be thorough, go more in depth.

I encourage the teachers to have good eye contact with these students when they want to be sure the students hear them. It's good sometimes to just have them say it right back to you. And I encourage the teachers to use proximity control with these students.

The seating arrangement is important so the child is not distracted by everything in the hall or outside the window. Things like this help them do better academically.

Peggy discussed helping the students deal with the characteristics of hyperactivity and inattention. She had seen progress for some students when the teachers consistently used contingency plans, and planned more movement into the lessons for those who had difficulty staying seated:

I'm working with a new teacher and a child with ADHD on a contingency basis. For example, the child is speaking out, is making comments that are

inappropriate, getting up, inattention. First the child gets a reminder. If he does not respond to that immediately, then he has ten minutes time-out. Now, he hates being by himself. Then he comes back to the group. If there is a second incident that day, it is twenty minutes. If it happens three times, there is a parent note and the time-out. If he has more trouble, then he is sent here to me.

The child can earn some Fun Friday tokens based on four good days with no more than one time-out. He understands. Now, he can get up and move more during work time, but not bother anyone. Some of these children really do have to move every little bit. We are going to try this and see. If it doesn't work, we'll try something else.

Peggy went on to describe some other techniques they used to help the students deal with inattention and distractibility:

We are trying to get the kids moving more in the learning. Remember when we were first teaching and we had these children, but didn't know what it was? When we were having a rough time we could go down the hall and ask a fellow teacher, "Please take this child for a while." He would work in a different place for a while. It still works.

. . . One workshop mentioned the soothing qualities of background music, during work time. It seems to work wonders for students with ADHD, It could shut out other distractions and it may be nice for the teachers too.

Administrators' Role: Social Skills of Students with ADHD

Three participants talked specifically about the difficulties students with ADHD had with social skills development. The administrators had noticed the students tended to react to problems in relating to their peers with aggression or inappropriate behavior. The three respondents told their observations and some possible ways to help the students deal with their behavior when asked, **"Tell me about the social behavior of the students with ADHD."** Jody stated:

Some of the students with ADHD handle frustration with aggression towards others. A lot of times students have these little groups. Fifth grade seems the target time for this. Students love to go from group to group and get things going sometimes. Students with ADHD tend to have difficulties and believe people are "out to get them." "I'm the victim," is how they feel.

David:

I think what I have observed is these children want to be accepted. They want approval from their peers. But, it is the same as with the academics, they get frustrated and then they get into trouble. Other kids reject them when they cannot handle the pressure. It makes it difficult socially.

Cathy:

I have talked to our school psychologist over and over about the students with ADHD and their lack of social skills. I think I may be able to talk her into a program dealing just with social skills.

It seems most children learn a lot of social skills in kindergarten and these kids (ADHD) don't get it then. They are not able to pay attention to it then. So, when

they want another child's attention they pick up a book and hit them with it. They've solved their problem, They sure have that child's attention! If this is unattended, by say, fifth grade, you can have a social outcast.

The participants spoke of the problems the students had in manifesting acceptable social behaviors during unsupervised periods and also when they tried to display friendship. They shared the experiences they had with helping the students learn how to control their behaviors.

Administrators' Role: Student Placement

Six of the principals spoke of their belief that proper placement for students with ADHD was one of the most important considerations for an administrator. In response to **"How do you best help the students with ADHD?"**, Cathy told of what she felt she had done best was placing each student with the teacher she believed had the personality and training to help that student:

When it comes to placement - about every April we ask each child to write down three children they would like to have in their class. Then, we put the information on index cards. I ask the teachers to let me know any students that shouldn't be put together. We put their composite stanines from the normed tests on the cards. If teachers felt like they were not a true picture of the child, they were to put their assessment of their

achievement and circle it so I knew there was a distinct difference.

About August 1, I go through and take the ones that I know need to be placed with a certain teacher and do them first. I have to work with it.

The other five administrators who talked about placement of students, had very similar procedures. They all asked for teacher input concerning the students' classroom performance rather than their ability. The special education teachers and counselors were involved so they could share information concerning the child's social skills, and areas of need would be considered. The administrators also tried to check carefully the combination of students they placed together in each classroom, and the compatibility of the teacher and each student they placed in that teacher's class. At the end of the year, one principal asked the students to list three students they wanted to be their classmates the next year and made sure they were grouped with at least one of their choices.

Table 4.2 compares the other five respondents' ideas about placement with Cathy's procedure stated above:

Table 4.2 Participants' Student Placement Procedures

Names	Procedures for Placing Students
Clark	In the multi-age classes, we talked to the parents last year and they decided they wanted their children (ADHD) in it after they talked to their doctors. It allows them to move more and the flexibility of having the freedom to move is a help. No one teacher has the child for more than one period before a change.
Julia	I think placement of the child is my most important job. I don't overload any class or have the wrong mix of students I get acquainted with the students (ADHD) so I know who can work together. I know which of my teachers can deal with certain characteristics of students with ADHD.
Peggy	The first thing I do is ask the teachers to meet in grade groups and divide their own class in groups for the next year. Then, we work together and list the kids that shouldn't be together and those that should be together. The teachers mark each card by work skills. I start with those most difficult to place. The special services personnel . . . and guidance counselor help me. . . I watch student-teacher ratio.
Pete	One area particularly I work with is putting students in classes. I try to be very careful which teacher I put a student with. I want that teacher that is tolerant and supportive of students with ADHD.
Mrs. Plumley	I place every student and do the special needs students first. The key is the teacher. I make sure about the class make-up. The teachers give recommendations at the end of the year. I call the teachers in during the summer and go over their new class list. . . . during the year if a placement isn't working, I change it immediately.

Administrators' Perceptions of Students' with ADHD Academic Future

The administrators voiced their affirmation of the possibility for success for students with ADHD, to be able to succeed academically, but they placed some conditions on this outlook. The literature review discussed the impact the administrators' belief in students had on their ability to be successful (Gardner, 1989). When the participants were asked, **"What do you see as the academic future of students with ADHD?"**, they responded positively, but cautiously. They all declared that it took a cooperative, team effort in developing and implementing the educational plan for the students with ADHD to succeed academically.

Four of the principals shared their visions for the students' academic futures:

Jody:

Long-range, I see grades yo-yo, sometimes bad, sometimes good. Some years progress. It depends a lot on the teacher and if everything is in sync, and all are working together. When all the pieces of the puzzle are not there, then I see that child having trouble. But, when everyone can work together, they can succeed.

David:

Over a period of time, if they will follow the plan that has been prescribed, we expect them to perform to their potential as well as anyone else in the classroom. However, if they do not do that and they get behind in school, the gap will get broader each year between the student and their peers. The end result to that is frustration and possibly dropping out of school and yet they are very capable. The possibilities are there.

Pete:

I think the cases I can remember that school was difficult for them and I think it will always be. But, if we can modify for them, they can make it. I'd like to see a change especially in high school to break the requirements down into smaller segments over a longer period of time. Maybe shorter days for twelve months of the year. We are very slow to change. We ought to try some innovative approaches.

Clark:

I see these kids being able to do anything they want to if we can channel them. We know they have the mental ability. I follow them after they leave us. I have class pictures of every group that has been here. I check on them even after they graduate.

The principals seemed to believe their perspectives were important for the success of the students with ADHD and had used their skills to prepare teachers to also believe in the students' ability to be successful academically, socially, and emotionally. Mrs. Plumley told how she related with students by telling one student's story. B.J.'s story was used to show the difference a caring administrator's relationship could make for a student with ADHD:

B.J.'s Story

This is a success story. B.J. came to us in the second grade. He had problems immediately. Mom was defensive. B.J. happened to fall to one of our teachers which is seasoned, but less than informed about ADHD.

B.J. did not stand out. The thing I noticed was the sadness in his face. The teacher did not make it any easier for him. I had to make sure he got help so I documented his behaviors.

We were losing B.J. in the second grade. He couldn't focus, missed school, there was a lot of blurting out. He could verbalize answers well, but couldn't communicate by writing. I put him on the computer and he could do some.

The teacher, through no fault of her own had never been properly trained to work with ADHD. But also, the parents refused to get help.

I found the answer through some luck. B.J. got sick and Dad came to get him. He began asking me some questions about B.J.'s behavior. The dad said that he had the same troubles in school which he had never said in front of the mother. I said, "We are losing B.J. academically." That seemed to click. Things began to change. They began to trust me. We got help for him. He is going to make it.

Summary

The principals spoke of close relationships with the students with ADHD. They believed their abilities to listen, see the positive side of ADHD, and know the students personally helped them have a supportive, effective relationship with the students.

They had observed that students with ADHD tended to be unique - what worked for one may not work for another with the same problem. According to the administrators, these students often had low self-esteem, achievement was often below their ability level, possessed poor organizational skills, and low social skills. They had observed that the students wanted to be accepted and desired to please, but didn't have the skills to show their needs in an acceptable manner.

Various modifications and adaptations that were used at their schools were shared by the participants. Some of the principals stated that students with ADHD could have a positive academic future if there was cooperation among everyone involved, and the teams would work together to meet the needs of the students. They contended that the teamwork had to involve all aspects of the student's life; academic, behavior, and social skills.

THEME FOUR: Administrators' Role: Medication for ADHD

One of the areas that affected every segment of the students' lives was the medication portion of their treatment plan. All the participants were adamant that medication was not a cure-all and should not be the only method of treatment to modify the symptoms of ADHD. They stated the use of medication should be combined with teaching the students behavior modification, social, and work skills.

Administrators' Perceptions of Medication's Use for ADHD

They all agreed that medication was the most successful treatment used. The use, misuse, implications, and legal issues of medication were discussed by all eight participants. Pete shared the difference the use of medication, as part of the treatment plan had made for one child, when he was asked, **"What do you believe makes up a comprehensive treatment plan?"**

I'm thinking of a third grader who is ADHD and the parent had the child on medication last year and refuses to put him on it this year. You can imagine all the problems we are having. If a parent is against it, there is nothing we can do....medication does work. I think we are proving that.

Julia related how she had tried to help parents deal with the issue of whether to use medication or not. She talked with them about a trial period and if results were not quickly noticed, then the decision to stop could be made:

Most of our students who have been diagnosed are on medication. We encourage parents to give medication a try. Some parents are worried about side effects. If we don't see a significant improvement, then it can be stopped. Usually, the parents are so excited over the results they want to continue. I wonder about students going off for the weekends and summers. They have to battle the old behaviors and problems all over again. It seems like a loss of quality time with the parents, and the social loss with their friends. I understand there is the question of effects on growth. I just wonder.

Clark told how teachers who had seen the improvement with students with ADHD after medication was given were a help to other teachers who were uncertain about its use:

Some teachers were not sold on medication. We had a couple of students that had really had problems, especially on bus duty. We have eight hundred students at that time and about two hundred waiting for the second run. Some of the teachers began telling how they did not have to yell at these students since they were taking medicine. And, by that time of day it was beginning to wear off. The teachers began to listen to the ones who had these students in class say, "I don't have to call them down as much. They are doing their work better."

Peggy stated her belief that in some situations medication was not needed or was not the best choice for all students with ADHD:

We don't say that every child has to be on

medication, but it often does make a difference. We try lots of things first; contingency plans, daily reports home. If we got lots of cooperation, that sometimes helps.

Cathy had a similar experience to Peggy's:

We went all the way through the meeting. It was our recommendation the parents take the information to the doctor. The mother said, "I don't believe in medication. I won't do that." He was not a discipline problem. He wasn't learning.

The mother came to our parent meetings about ADHD. About Thanksgiving she called and told me she was ADHD herself. She is very successful. She said, "How did I get to be where I am without medication?" I told her she had been able to compensate, but her child was not able to do that yet. I explained it was like a child that cannot swim and is in there trying to dog paddle, excuse the expression, like hell and getting no where. I told her that one thing about medication is it gets in the system and you can tell quickly whether it is going to be effective or not. If not, stop it. But, it was like a light switch with this child, the difference medication made.

David and Jody shared their efforts to help their staffs understand the use of medication and its part in the treatment plan. Jody again cautioned that medication should not be used as the only form of treatment, but should be combined with other treatment options such as behavior modification training for the students.

David:

I had a doctor come and specifically discuss medication with us. We give medication to several children. Sometimes it works, sometimes it doesn't. It may take different medication for different children. But, we can only recommend the parents go to the doctor and discuss it with him. And that is after a period of time when we try almost everything else to see if it will work.

If medication is given by the doctor, we have a conference here and everyone will be told what the dosage is and when to give it. The parents are to bring the medicine or if the child is old enough to bring it, in the prescription container with the child's name and all on it. It is given to the teacher to safeguard and she gives it daily on schedule.

Jody:

To me, there is a problem with this because if medication is given and there is not good follow-up, are we really doing justice to the child? I am thinking of one child in particular. The child was on medication in the first grade. He did wonderfully. The parents took him off in second grade. Terrible year! They put him back on it in the third grade and now we are settling back down and we can see the difference. For this child it made all the difference.

Administrators' Role in Legal Issues of Medication

Five of the participants voiced concern about the legal issues of medication's distribution in the schools. Until recently, medication had usually be given by the teachers who kept it in their desks. The students brought it from home and gave it to the teacher, often in unmarked containers. The principals discussed how that had

to change. They talked of the danger of a child bringing the wrong medication which made teachers liable for an accident each time they gave the medication to a child. They discussed the problems of where to keep the medication for safety. Jody related an account of a child whose mother had decided to send a new kind of medication that the child had not taken at school before. He had a reaction to the medication and the school personnel did not know what was wrong because they did not know the mother had changed the medication:

We did have a problem with one of the students in special education. We gave him the medication the parent sent and it was the wrong one. The child had an allergic reaction and we did not know he was allergic to it. The parent said she wanted to see if he would still react to it! There was a big deal over it.

All but two of the principals had already taken the task of dispensing medication from the teachers and put it under their supervision. The remaining two planned to dispense medication from their office beginning in the 1996-1997 school year. The administrators believed the distribution of medication would possibly become an issue for the teachers's organizations.

Julia, Jody, and Mrs. Plumley discussed their methods of distributing medication, which were similar to the other five:

Julia:

We are going to have to address the issue of medication distribution very soon. Right now the teachers are dispensing it, but I think next year it will have to be done in a more structured way, probably through the office. I think the teachers' organizations will require that to protect the teachers. I worry about it. Right now, most of our young students don't know who is on medication for ADHD or maybe an antibiotic, but when the same ones have to come to the office every day I wonder if a stigma will be attached to it. We'll have to wait and see.

Jody:

It really concerns me when we are giving more and more medicine. That makes us liable. We have a board policy (Appendix H). Because sometime we get medicine in aluminum foil. You don't always know what you are getting. And I am fortunate since I have access to the nurse because of the special education classes we have.

Mrs. Plumley:

We have been through the entire gambit of distributing medication. I served this year on the medication committee. We helped develop a very specific school board policy (Appendix I). I worked a way to hire a nurse for two hours a day to distribute medication. I just decided teachers did not need to be exposed to that risk. I do not want a child hurt. That I couldn't get over!

Peggy told a story that showed the role of the principal in a situation in which the mother was against using medication. Mike's story was used to illustrate the success of this team when difficult decisions had to be made about medication:

Mike's Story

Mike is in the third grade, but I have known him since first grade. He was in our feeder school next door. It is a divorce situation and he has a lot of anxiety and anger as well as ADHD. He hops out of his seat, talks back, screams out, gets angry, says, "They are talking about me!" It all combines to be a nightmare for his parents and teachers.

By the end of first grade these behaviors were so bad it was decided to move him to a behavior disordered class. That class was in this building. We modified his work and in that class of six or seven children he was able to have his own space. They don't like other children bumping them. He began to take Ritalin at this time and things began to improve.

Unfortunately, it is a divorce situation and the parents argue. Mom was short of funds and didn't follow through with the medication. Father says there is nothing wrong. "He is just a boy. I won't give him medicine when he is with me." Finally, the anxiety and anger became so bad, they decided something had to be done. He began to go for counseling and take medication for the ADHD and anxiety. It is almost like a miracle. He is completing his work, and is more willing to cooperate. He is happy because he can get done. And Mom and teacher are very happy!

Summary

The participants discussed medication as the most often used and the most effective form of treatment for many students with ADHD. They had stories to tell of the dramatic changes medication had made for students in their care. Medication was an area discussed that took cooperation with the parents and doctors for it to be successful. The participants thought school boards should have policies for medication in effect.

Correlation of the Study's Themes to NPBEA's Twenty-One Domains

The four themes presented the knowledge, skills, and attitudes the participants of this study had put into practice to work effectively with students with ADHD, and the people who were involved in the educational process. As discussed in Chapter Two, Scott Thomson (1993) and a select group of educators and educational organizations researched the knowledge, skills, and attitudes needed by school administrators to be effective in the overall educational process. The end result of the research was a product that was divided into twenty-one domains, categorized into four main themes (NPBEA, 1993).

It seemed appropriate to do a comparative analysis of the data of this study to the KSA's of the NPBEA's work. The themes of the study appeared to fall into all four of NPBEA's overall domains with the Functional Domain theme having

slightly more with fifteen data cells. The Programmatic Domains included thirteen of the cells, with the Interpersonal Domain had eleven; and Contextual Domains included nine of the data cells.

All four themes of the study had some cells in each of the NPBEA's four themes. It appeared the Interpersonal Domain had more concentrations of each of the data's four themes than the other three themes. Below are the NPBEA's twenty-one domains with the study's cells of data listed under the domains to which they correlated:

NPBEA'S DOMAINS:

CELLS FROM STUDY'S FOUR THEMES:

FUNCTIONAL DOMAINS:
(organizational processes
and techniques)

- | | |
|---------------------------|---|
| 1. Leadership | All themes correlated with leadership |
| 2. Information Collection | ADHD Referral Process
Participants' Profiles
Educational Implications of ADHD |
| 3. Problem Analysis | Collaboration in Planning and
Implementing Treatment
Administrator's Role in Student
Placement |
| 4. Judgement | Collaboration in Discipline
Administrators' Role in Discipline
Administrators' Role in Staff Training
Administrators' Role in Staff
Development |

	Administrators' Role in Student Placement
5. Organizational Oversight	Collaboration with Non-school Professionals Administrators' Role in the Educational Plan of Students with ADHD Administrators' Role in Legal Issues of Medication
6. Implementation	Collaboration in Planning and Implementation of Treatment Administrators' Role in the Educational Plan of Students with ADHD Administrators' Perceptions of Medication's Use for ADHD Administrators' Role in Legal Issues of Medication
7. Delegation	ADHD Referral Process Collaboration in Planning and Implementation of Treatment Administrations' Role in the Educational Plan of Students with ADHD

PROGRAMMATIC DOMAINS

(Instructional program, technology, related supporting services)

8. Instructional and Learning Environments	Inclusion Collaboration in Planning Modifications and Adaptations Administrators' Role: Social Skills of Students with ADHD
--	--

- | | |
|--------------------------------------|--|
| 9. Curriculum Design | Administrators' Role in the Educational Plan of Students with ADHD |
| 10. Student Guidance and Development | Administrators' Role in Discipline
Collaboration in Planning Modifications and Adaptations
Administrators' Role in Discipline
Collaboration in Planning and Implementation of Treatment
Administrators' Role in the Educational Plan of Students with ADHD |
| 11. Staff Development | Participants' Profiles
Administrators' Role in Staff Training
Administrators' Role in Staff Development |
| 12. Measurement and Evaluation | Administrators' Perceptions of Students' Academic Future
Administrators' Perceptions of Medication's Use for ADHD |
| 13. Resource Allocation | Collaboration in Planning and Implementation of Treatment
Administrators' Role in the Educational Plan of Students with ADHD
Administrators' Role in Legal Issues of Medication |

INTERPERSONAL DOMAINS

(Significance of interpersonal connections in schools)

- | | |
|-----------------------|--|
| 14. Motivating Others | Participants' Profiles
Administrators' Role in the Educational Plan of Students with ADHD
Administrators' Perceptions of Students' |
|-----------------------|--|

- | | |
|--------------------------------------|--|
| | Academic Future
Administrators' Perceptions of
Medication's Use for ADHD
Collaboration in Planning and
Implementation of Treatment |
| 15. Interpersonal Sensitivity | Administrators' Role: Social Skills of
Students with ADHD
Administrators' Perceptions of
Medication's Use for ADHD
Collaboration in Discipline |
| 16. Oral and Nonverbal
Expression | Collaboration in Communication
All of Theme Three |
| 17. Written Expression | Collaboration in Planning Modifications
and Adaptations
Collaboration in Discipline |

CONTEXTUAL DOMAINS

(Ideas and forces within a school,
influences upon schools)

- | | |
|--|---|
| 18. Philosophical and Cultural
Values | Administrators' Perceptions of Students'
Academic Future
Collaboration in Communication |
| 19. Legal and Regulatory
Applications | ADHD Referral Process
Administrators' Role in Legal Issues
of Medication |
| 20. Policy and Political
Influences | ADHD Referral Process
Administrators' Perceptions of
Medication's Use for ADHD |

21. Public Relations

Collaboration with Non-school
Professionals
Collaboration in Communication
Collaboration in Planning and
Implementation of Treatment
Administrators' Role in the Educational
Plan of Students with ADHD
Administrators' Perceptions of
Medication's Use for ADHD

The knowledge, skills, and attitudes used by administrators who were effective in the educational process for students with ADHD seemed to be categorized much the same way as those for administrators who were effective with all students. It may be the main additional factor was the specificity of knowledge, skills, and attitudes used with students with ADHD.

Summary

To help the participants summarize their thoughts concerning working with students with ADHD, the question was asked, **"What advise would you give to new administrators concerning ADHD?"** The replies seemed to be the meat of what had already been discussed. Table 4.3 contains the advise seven of the participants shared with practicing and future administrators to help them work effectively with students with ADHD.

Table 4.3 Advice Given to Administrators by Study's Participants

Name	Advice for Administrators
Cathy	I feel very strongly that we need to do more because we are going to see more kids with ADHD. These are good kids and intelligent. The suppressed intelligence frustrates them. "Why can't I do what Johnny is doing?" We must help them. The teachers have to see them as if they are their own children, which they could be! Without a push from the administration, help for ADHD probably won't happen.
Clark	Principals need to be aware of how to talk to these kids (ADHD). Get a great psychologist to help you. Get literature to read on ADHD.
David	I would have a lot of advise, but it is an individual decision. Believe children want to please. You must like kids. Unfortunately, you are expected to be an expert the first day on the job. It comes with experience, but you must have a good understanding of human growth and development of children. To educate a child takes everyone. It would be wonderful if all new administrators would spend a year working side by side with someone who had the understanding of these kids.
Jody	The attitudes of the staff. . . find ways to change them. Know about such things as 504 plans. I think this could be a big issue.
Julia	Attitudes and changing them to accept students with ADHD, and training the faculty are so important.
Pete	. . . I would tell them to be patient, get to know the child and the parents. Be supportive and care where you place a child and support the teacher. Don't overload a good teacher.
Mrs. Plumley	Teachers expect progress from themselves. They can be perfectionists. I want high expectations, but I want the teachers to know that it is alright to make mistakes. We also have to do this with the students with ADHD.

The participants believed one important role of the school administrator was to work collaboratively with the support team for an effective educational plan for students with ADHD. This team involved people outside the school system and the principal was usually the one who had influence on the receptiveness of the community to collaborate with the school. For the team to be effective, the principal had to involve the community into accepting the vision the school had for the students with ADHD.

To be certain their staffs had a clear, united vision before trying to include the community, the participants discussed their efforts to develop the knowledge, skills, and attitudes they believed were required by the staffs, for working with students with ADHD. The administrators expressed that they believed their staffs were trained and capable of working effectively with the students.

As the administrators trained and developed their staffs to have a caring, effective relationship with the students, they also continued to develop that kind of relationship in themselves. The principals displayed their understanding of the implications and characteristics of ADHD and realized its heterogeneity - what worked today may not work tomorrow. They voiced positive attitudes toward students with ADHD, but cautioned that the tendency would be to react with frustration to them. The principals talked extensively of modifications they had instituted in their schools to help the students to succeed academically, behaviorally,

and socially.

The portion of the ADHD treatment plan they believed was the most effective and most often used, was medication. The principals emphasized that medication should be considered as only one of the elements of the educational plan. The participants discussed the cooperation that was necessary among the school, family, doctors, and other personnel, to properly work with medication. The legal aspects and implications of medication for the schools were extremely important for principals and staff to understand thoroughly.

The findings from the data of the interviews showed the study's participants to be knowledgeable of ADHD and its effects on the students. They applied the knowledge in a skillful manner which benefitted the students and their families. Throughout the interviews they talked of understanding the characteristics the students displayed and spoke with concern for their students as individuals.

CHAPTER FIVE

SUMMARY

The purpose of this study was to contribute to the knowledge and understanding of the role of elementary principals who have worked successfully with students with ADHD. According to Richardson (1988) the principal is to be the facilitator in the educational process. For students with special needs such as ADHD, this role is very important, but a review of the literature revealed very little data that applied to the role of the administrator and students with ADHD. If principals are going to be able to perform this skill effectively, they need to know the knowledge, skills, and attitudes that are required to fulfill the role.

The question this study addressed was "What are the knowledge, skills and attitudes needed by principals to work effectively with students with ADHD?" The data derived from the study of the experiences of the eight participants are used to contribute to the literature in this area.

A qualitative research method of face-to-face interviews was used to obtain data for the study because it allowed for the social phenomena of the administrator - student relationship to be presented in its natural form. A selected group of professionals who were known to have knowledge of principals who had worked effectively with students with ADHD, were asked to recommend such principals for

this study. The potential participants were contacted by phone and the study was explained to them. There were eight elementary principals from southeast Tennessee and northeast Georgia who participated in the study.

The transcribed data were systematically coded into cells of information given in the interviews. The cells were categorized according to similarities, into four main themes: 1. Administrators' Role in Collaboration, 2. Administrators' Relationship with Faculty, 3. Administrators' Relationship with Students with ADHD, and 4. Administrators' Role: Medication for ADHD.

Findings

Contextual Data

The percentage of students with ADHD was somewhat higher in the schools that participated in the study than had been reported in the literature (Johnson, 1994). Two reasons for the higher percentages in the schools of this study may be the determination of the principals that all students who appeared to have the characteristics of ADHD be identified, and the thorough referral process that was used by the schools.

Each school in the study had a complete and effective referral plan for ADHD. The administrators gave their staff members much of the credit for the referral processes being successful (Morse, 1991).

The participants had used their knowledge base of ADHD to help the teachers, students, and parents learn of the characteristics and implications of ADHD. Supported by research (Weinberg & Emslie, 1990; Ford, 1993; Kauffman, 1991) one such implication that the administrators considered when evaluating students for ADHD was comorbidity. This meant that another problem such as depression, anxiety, or disabilities such as learning problems, or conduct disorders could also be present with ADHD. The principals also shared their understanding of the implications of the possible hereditary factor of ADHD, and the necessity to know the characteristics these students and possibly their families would display such as inattention, distractibility, impulsivity, and hyperactivity. The administrators had trained their staffs to realize the effects of ADHD on the parents and siblings, results of differences between students' ability and performance, and low social skills. These areas of knowledge and skills agreed with studies by Barkley (1990), Bauer (1993), and Kaufmann (1991).

The principals were knowledgeable about the legal aspects of ADHD, such as the requirements of federal guidelines for qualification under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973. They fulfilled the law that required administrators to "diligently" search for and serve students with disabilities such as ADHD.

The data from the study were categorized into four main themes:

- Theme One: Administrators' Role in Collaboration
- Theme Two: Administrators' Relationship with Faculty
- Theme Three: Administrators' Relationship with Students
- Theme Four: Administrators' Role: Medication for ADHD

The four themes were summarized to describe the essence of the relationships of the administrators with students with ADHD.

THEME ONE: Administrators' Role in Collaboration

The administrators performed their role with the underlying belief they made the difference in the effectiveness of the collaborative process when working with the entire community to educate students with ADHD. To effectively carry out a comprehensive treatment plan for students with ADHD, required a cooperative effort among the school staff, family, and non-school professionals. Collaboration was considered important when planning and implementing the treatment plans, in the process of discipline, and communication for students with ADHD.

To put the knowledge and skills into practice, a strong, clear communication system had to be developed. Each school in the study had done just that. They had developed a means of written and oral communication between the staff and the student, between the school and home, and with the ones in the community involved in the educational program.

Team work, shared decision-making, empowerment, and parent involvement

were all components of the communication network. The use of Lesson Line, parent and student intervention forms, committees, discipline sheets, inservice with professionals and good public relations, were all methods the participants had used to improve communication.

The research of Chalker (1992), Fullan (1992), and Leighwood (1992) supports the importance the participants placed on strong collaboration. It appeared to be a necessary undergirding to be able to successfully work with students with ADHD.

THEME TWO: Administrators' Relationship with Faculty

The participants discussed lack of training concerning ADHD in their teacher and administration preparation programs. This supported the writings of Silver (1983) and Morse (1991). When the administrators encountered the students with the characteristics of ADHD, their desire to know how to help these students led them to seek help. The determination of the participants was that the teachers in their schools were going to have the knowledge and skills to know as much about the diagnosis, treatment and education of students with ADHD, as possible. Training their staffs to work on a day to day basis with students with ADHD was ranked as one of their top priorities by the administrators. Effective training of teachers was considered a prerequisite to being able to confidently place students with ADHD with the teacher they believed would work most effectively with the student. The

importance of this "match" was emphasized repeatedly.

A thorough and current knowledge of the characteristics, identification, diagnosis, and treatment of ADHD was considered necessary by the administrators by those who plan to be effective with this group of students. The training for teachers must be given by those who display a genuine, caring attitude .

Several of the participants believed that one of the most difficult areas to work with was changing attitudes, whether it be those of parents, teachers, or students. In like manner, the attitudes of the participants toward their staffs were of affirmation in helping them see their role of importance in the educational structure and in the students' lives. The climate this empowering attitude fostered in the schools was influential in helping the parents of students with ADHD to feel they could trust the school to work for their children's best interest.

THEME THREE: Administrators' Relationship with Students

Throughout the interviews, the participants shared the effects and implications of ADHD on the students themselves, their families, and the schools. They talked about the often negative responses that were given to these children because they did not display typical or anticipated behaviors. A comment made in one interview stated it well, "The only thing typical about students with ADHD is that they are

atypical." The participants shared how they viewed the unique characteristics of ADHD in a more positive manner. Students were considered as individuals and special when it came to planning the modifications and adaptations that were to be part of the treatment plans. The heterogeneity factor - that what worked for one student with ADHD, would not necessarily work for another student with ADHD - was difficult for educators to remember and accept. The practices of the participants agreed with the literature (Chalker, 1992) in that each student's plan must be considered individually and various means of gathering as much information about the student needed to be used before an effective educational program could be formed.

As the administrators shared their experiences with students with ADHD, their attitude showed compassion and understanding of the experiences of the students, their families, and teachers. Several of the participants admitted that sometimes the actions of those who worked with the students reinforced, rather than changed some of the unacceptable behaviors.

Kaufmann (1991) confirmed the participants' view that schools often fostered the very behaviors they had tried to change. Some of the administrators stated they thought that many of the problems schools had with ADHD may have been a reflection of the educational community's unyielding attitude of not accepting individual differences in students. The administrators believed their attitude made a

difference in creating a climate of acceptance of students who did not fit the mold of the typical student. The participants told how they treated students with ADHD, such as starting each day with a clean slate. As one principal stated, "I separate **what** they do from **who** they are." Several of the participants stated that their offices were considered by students with ADHD as a "quiet place" for them when their behaviors were out of control.

Two administrators proposed the schools should see the positive aspect of some of the characteristics of these students - that such behaviors as hyperactivity and high verbal skills, could be a vital asset to the school. They believed students with ADHD were able to see problems from another perspective than most students and could consequently find solutions when others could not. The principals stated that for schools to be able to give students with ADHD a quality education they had to have an attitude of acceptance from those who worked with them. That is what these administrators gave to their students with ADHD.

The participants believed their ability to listen and expect success from the students was what helped them to be effective with the students. These positive, supportive attitudes and the results confirmed the studies of Kauffman (1991) and Hartmann (1993).

THEME FOUR: Administrators' Role: Medication for ADHD

The knowledge and skills of the administrators concerning the need and implementation of multimodel treatment plans were thorough. They knew the high success rate of medication, other benefits, cautions, and implications of medication for the students, schools, and families. It was not an easy task to be skillful in working with the various groups concerning the controversial issue of medication.

The participants shared how their experiences had led them to view medication as the most often used and the most effective component of the treatment plan, but they cautioned that medication should be used in combination with other modifications made for the student. Bete Co. (1991) and Mercer (1993) confirmed the importance of the school, family, and doctors working together concerning medication for the students with ADHD.

CORRELATION OF THE STUDY: To National Policy Board for Educational Administration's Domains

The work of the National Policy Board for Educational Administration (NPBEA) which was discussed in Chapter Two, covered the knowledge, skills, and attitudes needed by administrators who were effective with students in general. The data from this study correlated closely with the four domains of their work.

The data from the study fell into all four of the domains: 1. Functional

Domains, 2. Programmatic Domains, 3. Interpersonal Domains, and 4. Contextual Domains. The Functional Domains correlated with slightly more of the data cells than the other three domains. The Interpersonal Domain had more concentrations of each of the data's four themes, which indicated the relationship between administrators and students was significant.

Conclusions

In light of this study, the following conclusions are justified although the generalizability of these findings must be tempered by the Assumptions and Limitations sections of this paper as given in Chapter One.

1. Knowledge and skills are without power to have an affect on the relationship of the principal and student unless they are evolved into actions that are effective.. The participants have taken the knowledge they acquired and used it to develop methods to identify, treat, plan appropriate educational programs and build teamwork to educate students with ADHD. The law mandates that **all principals** seek to identify students who possibly manifest the characteristics of ADHD. The participants in this study had developed action plans to be certain all students who met the qualifications were identified, and the principals cultivated the skills of their faculties to help in identifying and effectively educating these students.

2. The administrators were effective in developing a spirit of collaboration among the school, families, and the non-school professionals that were necessary to the successful planning and implementing of the treatment plans, in discipline, and communications, for students with ADHD.

3. The scope of the participants' knowledge of ADHD was very comprehensive and current. They had aggressively sought the knowledge and skills on their own initiative, motivated by an attitude of caring to find answers for the students with ADHD. They had developed the same KSA's in their staffs. The administrators had confidence in their staffs' abilities to work effectively with students with ADHD. The training and development plans for faculties were strongly supported in the literature (Chalker, 1992).

4. The caring and knowledgeable attitudes of the eight participants toward students with ADHD were prominent in this study. The belief that students with ADHD can be successful academically, mature socially, and make a positive contribution to the class, seemed to be one of the reasons these administrators were effective. Nine to eleven percent of the school population was a significant number of students and the implications of their poor educational, behavioral, and social progress were important issues to the participants.

The data from the interviews were consistent with research (Gardner, 1990, Kaufmann, 1991) that administrators who believed in students and let that belief be

shown in their attitudes towards the students, had a very powerful effect on their academic performance. Without this belief, students with ADHD often showed very little progress.

5. The participants viewed medication as the most often and most effective component of the multimodel treatment plan of students with ADHD. They also saw it as a very controversial issue and were cautious in their collaboration with the team concerning the issues of medication's use and distribution in the schools.

Implications

This study of the experiences of administrators who had worked effectively with students with ADHD led to the conclusion that some administrators have been effective with students with ADHD, even though they lack resources to draw from for information.

This study found the following implications for those who work with students with ADHD:

Implications for Training: Administrators

- * There is a need for students of Educational Leadership programs to be specifically taught the knowledge, skills, and attitudes needed to work with the ADHD population of students. The data from the experiences of the

administrators in this study can be used to develop such a curriculum for the administrators' leadership training program which was encouraged in a study by Silver (1992).

- * Since collaboration involves a great amount of interpersonal skills (Dublin, 1987), administrators need to have intensive training in that domain of the N.P.B.E.A. This should be included in the initial training program and also at intervals by the local school system.

Implications for Training: Faculty and Staff

- * There is a need for teachers to be trained to understand the positive aspects of ADHD, and how to teach the students from that perspective.

- * The school systems must be aware of the students' with ADHD need for behavioral management, and social skills training. Local school systems should supply the resources for the development of these skills.

- * Practicing administrators can use the experiences of the participants to frame a program for their local school for staff development to improve their KSA's for working with students with ADHD.

Implications for Further Research

- * The percentage of students with ADHD were higher in this study than the literature states. Further study may be required to ascertain if the percentage of students with ADHD is rising or if these administrators' school were just more diligent in identifying the students.
- * Further research into the impact of standardized test scores on the schools, teachers, and students with ADHD is warranted for schools who do a thorough job of seeking and identifying these students.
- * There is a need for a longitudinal study of students with ADHD who have used medication as an ongoing part of their treatment plan as to long-term effects; academically and behaviorally.

Implications for Policy and Administration

- * A clear, planned process for ADHD Referral was important to the eight participants. School systems need to adopt such a policy and train their administrators in the implementation of the process.
- * The concern of authentic assessment in education requires a study of the

impact of the low performance of students with ADHD on written assessments. To have a more accurate assessment picture of these students, further study into the methods that use their strengths is merited.

* The process of developing a policy for the use of medication as part of a student's treatment plan is necessary to meet the needs of students with ADHD and also to comply with the legal issues. The effective work of the participants in this study serve as a guide for school systems who need to formulate such a policy.

Summary

The administrators in this study displayed knowledgeable, caring attitudes towards their students, which had profound effects on the students' success specifically those with ADHD. They believed administrators were the ones who needed to fulfill the role of overseeing the collaborative process which the participants declared as necessary in educating students with ADHD. This study shared the experiences of eight administrators who had effectively applied the knowledge, skills and attitudes they believed were needed to educate students with ADHD successfully, and had passed on those KSA's to their staffs. It is their desire that their experience benefit other administrators who want to effectively educate students with ADHD.

LIST OF REFERENCES

REFERENCES

- About Attention Deficit Disorder (1991). Channing L. Bete Co., Deerfield, MA.
- Accarado, P. (1992). My Child Has An Attention Deficit Disorder. Now What? P.T.A. Journal, 17 (3), 17-19. (ERIC Document Reproduction Service No. EJ442232)
- Alexander, Lamar (1991). America 2000: An Overview. (U.S. Department of Education) Washington, D.C.
- Aspy, G. R. (1994). Depressive Symptoms and Parenting Stress in Children with Attention Deficit Hyperactivity Disorder, (Doctoral dissertation, Texas Woman's University). Dissertation Abstracts International, 54/10, 5371.
- Barkley, R. A. (1990). Attention Deficit Hyperactivity Disorder, Child Psychology Seminars, Massachusetts.
- Bauer, K. E. (1993). Attention Deficit Hyperactivity Disorder in Children and Adolescents. Professional Educational Resources, Wisconsin.
- Bender, W., Mathes, M. (1995). Students with ADHD in the Inclusive Classroom: A Hierarchical Approach Intervention in School and Clinic, 30, (4), (ERIC Document Reproduction Service No. EJ499253)
- Bender, W., McLaughlin, P. (1995). The ADHD Conundrum. Mar. Compilation of articles on ADHD (ERIC Document Reproduction Service No. EJ499248)

- Burcham, B., DeMers, S.T. (1995). Comprehensive Assessment of Children and Youth with ADHD. Intervention in School and Clinic, 30, (4) (ERIC Document Reproduction Service No. EJ499251)
- CH.A.D.D.E.R., Journal of Children with Attention Deficit Disorders. (1991, November). Plantation, FL.
- Chalker, D. (1991, November). Refocusing School Leadership for the Twenty-First Century: Across the Board. The Education Digest.
- Channing L. Bete Company, Inc. (1991). About Attention Deficit Disorder. Massachusetts.
- Cheek, E. H., Lindsay, J. D. (1986). Principal's Roles and Teacher Conflict: A Recapitulation. Journal of Learning Disabilities, 19 (5), 280-284. (ERIC Document Reproduction Service No. EJ334382)
- Claude, D. (1994). The Development of Hyperactive Boys: A 12-Year Follow-Up, (Doctoral dissertation, University of Ottawa (Canada) Dissertation Abstracts International, 249, B54/09.
- Cohan, M. Effective Schools (1982, January). American Education.
- Cohan, M., Manasse, L. (1982, November). Effective Principals The School Administrator.
- Coleman, W. S. (1988) Attention Deficit Disorders, Hyperactivity and Associated Disorders: A Handbook for Parents and Professionals, (5th ed.). Madison,

WI, Calliope Books.

Craig, R. P. (1992). Vision and Educational Leadership: Values and the Moral Imagination. Tennessee Educational Leadership, 19, (2), 49.

Davila, R. R., MacDonald, J. T., & Williams, M.L. (1991). Clarification of Policy to Address the Needs of Children with Attention Deficit Disorders Within General and/or Special Education (U.S. Department of Education).
Washington, D.C.

Davino, A., Dana. B. (1995). Relationship Between Teachers; Anti-Stimulant Attitudes and Their Experiences with ADHD Students. Counseling and Personnel Services, Aug. (ERIC Document Reproduction Service No. ED380717)

Diagnostic and Statistical Manual of Mental Disorders (1980) (3rd ed). American Psychiatric Association.

Diagnostic and Statistical Manual of Mental Disorders (1994) (4th ed). American Psychiatric Association.

Digest of Educational Statistics, (1995). U.S. Department of Education, Office of Educational Research and Improvement. Washington.

Dublin A. (1987). Through the Administrative Looking Glass: The Special Needs Child. Thrust for Educational Leadership. 16, (4), 36-37.

- Duke, D. L. (1990, March). School Leadership for the Nineties: A Matter of Time and Vision. Principal, 69 (4).
- Durbin, K. (1993). Attention Deficit Hyperactivity Disorder. National Association of Elementary School Principals, 11, (4), 5. (ERIC Document Reproduction Service No. ED357577)
- Elliott, J. C. (1993). Comorbidity of ADHD and Conduct Disorder: A Critical Review of the Literature (Hyperactivity) (Doctoral dissertation, United States University). Dissertation Abstracts International, 54/05, 1730.
- Ford, M. J. (1993). Attending Behaviors of ADHD Children in Math and Reading Using Various Types of Software. Journal of Computing in Childhood Education, Dec. (ERIC Document Reproduction Service No. EJ467586)
- Fowler, Mary. (1992). CH.A.D.D. Educators Manual. Caset Associates, Fairfax, VA.
- Fullan, M. G. (1992, February). Visions that Blind. Educational Leadership.
- Gardner, J. (1988, September). Principals and Leadership: An Interview with John Gardner. National Association of Secondary School Principals.
- Glesne, C., & Peshkin, A. (1992). Becoming Qualitative Researchers. New York: Longman Publishing Group.

- Goldstein, S., Goldstein, M. (1991). The Multi-Disciplinary Evaluation and Treatment of Children with Attention Deficit Disorders. 16th Edition, Neurology, Learning, and Behavior Center, Utah.
- Gregg, S. ADHD: (1994). New Legal Responsibilities for Schools. Policy Briefs. Appalachia Educational Laboratory, W.VA.
- Grimmett, P., Rostad, O., & Ford, B. (1992). The Transition of Supervision. Association for Supervision and Curriculum Development. 185-186.
- Griswold, D. S. (1991). Perceptions of Elementary Educators Concerning ADHD in Children, (Doctoral dissertation, Boston College, 1991). Dissertation Abstracts International, 216, A 52/02.
- Hartmann, T. (1990). Attention Deficit Disorders: A Different Perception. Underwood Books, California.
- Healy, J. M. (1990). Endangered Minds. New York, Touchstone.
- Heilveil, I., Clark, D. (1990). Personality Correlates of Attention Deficit Hyperactivity Disorder. A paper presented at the Annual Convention of the American Psychological Association. Boston, MA. (ERIC Document Reproduction Service No. ED331269)
- Iacocca, Lee. (1992). Changing Needs and New Responsibilities: How Are We Doing? Agenda, Winter, 59-60.

- Johnson, F. L. (1994). Maternal Self-Esteem As a Precursor to Behavioral Non-Compliance in ADHD Children (Doctoral dissertation, University of Louisville). Dissertation Abstracts International, 54/10, 3676.
- Kauffman, J. M. (1991). Characteristics of Emotional and Behavioral Disorders of Children and Youth (5th Edition). New York: Macmillan.
- Kirby, P., Paradise, L. & King, M. (1992). Extraordinary Leaders in Education: Understanding Transformational Leadership. Journal of Educational Research, 85, (5). 303-311.
- Landau, S., & McAninch, C. (1993). Young Children with Attention Deficits. Young Children, 48 (4), 49-58. (ERIC Document Reproduction Service No. FS520365).
- Leibfried, M. (1984, November). Improving One's Attitudes Toward Special Education Programs: The Principal's Role is Instrumental. National Association for Secondary School Principal's Bulletin.
- Leithwood, K. A. (1992, February). The Move Toward Transformational Leadership. Educational Leadership, 8-11.
- Little, J. L. (1982, August). The Effective Principal. American Education, 38-42.
- Mercer, C. D. (1993). Students with Learning Disabilities. (4th Edition). New York: Macmillan.

- Morse, S. W. (1991). Leadership for An Uncertain Century. Phi Kappa Phi, Winter, 2-4.
- Raynes, M., Snell, M., & Sailor, W. (1991). A Fresh Look at Categorical Programs for Children with Special Needs. Phi Delta Kappan, Dec., 326-331.
- Reeve, R.E. (1990). ADHD: Facts and Fallacies. Intervention in School and Clinic, 26, (2), 70-78.
- Reid, R. (1994). Attention Deficit Hyperactivity Disorder as a Disability Category: A Critique. Exceptional Children, 60, (3), 198-214.
- Reid, R., Katsiyannis, A. (1995). Attention Deficit Hyperactivity Disorder and Section 504 Remedial and Special Education, 16, (1), 44-52. (ERIC Documents reproduction Service No. EJ497557)
- Richardson, M. D. (1988). Profile of the Tennessee Principal. Tennessee Education, Winter, 17-3.
- Rudestam, K. E., & Newton, R. R. (1992). Surviving Your Dissertation, California: Sage Publication.
- Sergiovanni, T. (1990). Value-Added Leadership, San Diego, Harcourt Brace Jovanovich.
- Silver, A. A. (1992). The Heterogeneity of ADHD and Some Implications for Education. Paper presented at the International Conference of the Learning Disabilities Association, Atlanta.

- Silver, Paula (1983). Professionalism in Educational Administration. Monograph.
- Slenkovich, J. (1992). The Schools' Advocate, 17 (4), 561.
- Strope, E. E. (1993). A Study of Self-Esteem Among ADHD and LD Populations
(Doctoral dissertation, University of Missouri, Columbia). Dissertation
Abstracts International, 54/06, 2101.
- Tennessee Department of Education, (1996). Educating Students with Attention-
Deficit/Hyperactivity Disorder, Nashville, TN.
- Tennessee Education Improvement Act of 1992, Tennessee Department of Education,
Nashville, TN.
- Texas Education Agency (1992) Assessing and Serving Children with Attention
Deficit Hyperactivity. A Report to the Seventy-Second Texas Legislature and
a Memorandum for the United States Department of Education. Austin, TX.
(ERIC Document Reproduction Service No. ED346686)
- Thomson, S. D. (1992). Changing Needs and New Responsibilities. Agenda, Winter,
61-62.
- Thomson, S. D. (1993). Principals for Our Changing Schools, Pennsylvania:
Technomic Publishing.
- Van Manen, M. (1990). Researching Lived Experience Althouse Press, Canada.
- Wasserman, A. A. (1989). Medicated Attention Deficit Disorder (ADD):
Children's Understanding of ADD and Its Treatment. (Doctoral dissertation,

University of North Carolina, Chapel Hill). Dissertation Abstracts International, 50/03, 1126.

Weaver, C. (1992). Understanding and Educating Attention Deficit Hyperactive Students: Toward A Systems Theory and Whole Language Perspective.

Michigan. (ERIC Document Reproduction Service No. ED344376)

Weinberg, W. A., Emslie, G. J. (1990) Attention Deficit Disorder: The Differential Disorder. Paper presented at the Annual Conference of the Learning Disabilities Association of America.

Zirkel, P.A. (1993). Section 504 and the Schools, Pennsylvania: LRP Publications,

APPENDICES

APPENDIX A
Participant Information Sheet

H. DARLINE BELL

INFORMATION SHEET

We invite you to participate in a study I am doing at the University of Tennessee in Knoxville on working with children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

If you agree to be in our study, all that is required is that you respond to a series of open-ended questions in a conversation-like interview after signing a consent form. The interview will be audiotaped and will last approximately one hour. There are no anticipated risks to you as a participant in the study. It is hoped that you will benefit from the process of reflecting and responding to the research questions and also from the knowledge gained from the findings of this project. Final reports will be available to all participants. Your responses will be held in confidence by the researchers, with code numbers and pseudonyms used instead of names on the completed questionnaires. In order to insure this, I am asking you to make up a name (pseudonym) of your choice. I will store the questionnaires in a locked file in my office.

I do plan to share my findings with the scientific community. When results are shared through publications in professional journals, no individual responses could be identified by a reader.

Participation in this study is entirely voluntary, and you may withdraw from participation at any time and/or refuse to answer specific questions.

I would be happy for you to contact me at any time if you have further questions about the project or about your participation in it.

Darline Bell
P.O. Box 5444
Cleveland, TN 37320
615-478-8805 (school)
615-478-1960 (home)

P.O. Box 5444

Cleveland, TN 37320-5444

Phone (423) 478-1960

APPENDIX B
Participant Consent Form

H. DARLINE BELL

PARTICIPATION CONSENT FORM

I understand that the purpose of this study is to learn about working with children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and that my participation involves responding to a series of questions in an audiotaped interview.

I understand that all of my responses will be held in confidence by the researchers, with code numbers and pseudonyms used instead of real names identifying the completed questionnaires.

I understand that my participation in this study is entirely voluntary and that I may withdraw from participation at any time and/or refuse to answer specific questions. There are no risks involved. The benefits to me are in the process of reflecting and responding to the research questions and also in the knowledge gained from the project's findings.

I understand that I may contact the researcher at any time if I have further questions about the project or about my participation in it.

Signature _____

Name (Please print) _____

Pseudonym chosen _____

Date _____

P.O. Box 5444

Cleveland, TN 37320-5444

Phone (423) 478-1960

APPENDIX C

SUMMARY QUESTIONS

KNOWLEDGE CATEGORY:

1. What is the process you follow in diagnosis of Attention Deficit Hyperactivity Disorder?
2. What is involved in a comprehensive, multimodel treatment plan for students with ADHD?
3. What are some of the affects of ADHD on the family of students diagnosed with ADHD?
4. What are some of the educational concerns for students with ADHD?

SKILLS CATEGORY:

1. What administrative skills are needed to work effectively with students diagnosed or suspected as having ADHD?
2. How does an effective administrator help teachers of students with ADHD?
3. How does an effective administrator support and involve parents of students identified with ADHD?
4. How does an administrator effectively communicate with the network of individuals (parents, teachers, medical personnel, counselors, etc.) involved in educating students with ADHD?

ATTITUDE CATEGORY:

1. What is a typical day like for an administrator working with a student with ADHD?
2. What is the role of administrators who are effective with students with ADHD?
3. What does an effective administrator believe is the long-range academic picture for students with ADHD?
4. What attitude or value is most important for administrators working with students with ADHD?

APPENDIX D
INTERVIEW GUIDE

Pseudonym _____

Date _____ Location _____

Setting description:

RQ: Picture one specific student with ADHD. Tell me about working with that student.

Think of a child with ADHD that you have effectively worked with. Tell me about the process you followed in reaching the diagnosis of that child.

Procedures?
Signposts?
Network?

Think of one child with ADHD that stands out. Tell about the effect on the family.

Explain the comprehensive process you used with that child.

Choose one child with ADHD and describe that child's "typical" day here at school.

Academic life?

Social life?

Why do you think you have been effective in working with students with ADHD?

APPENDIX E

ADHD Parent Interview Form

NAME OF CHILD:

AGE:

GRADE:

SCHOOL:

INFORMANT:

DATE OF INTERVIEW:

INTERVIEWER:

Developmental History

Were there any health problems during pregnancy? If so, please describe.

Were there any difficulties with labor or delivery? If so, please describe.

Please describe the child's developmental milestones in terms of sitting up, walking, etc.

Medical History

Has the child experienced any health problems since birth? If so, please describe.

Is the child currently taking any medications? If so, please describe.

Has the child experienced any appetite or sleep problems?

Has the child ever sustained a traumatic brain injury?

School History

Please briefly summarize the child's progress in school to date:

Preschool

Kindergarten

Grades 1 and 2

Grades 3 and 4

Parent Interview

Page 3

Other

Has the child ever been involved in special education programming?

Social / Family History

How does the child get along with siblings?

How does the child get along with other children?

Is there any history of psychiatric problems in the family? If so, please describe.

Are there any marital problems or other family stressors at this time? If so, please describe.

Current Concerns

Does the child have attention or behavior problems at home? If so, please describe.

Parent Interview

Page 4

What strategies have been used so far to deal with the problems?

Has any strategy been successful?

Additional Comments:

APPENDIX F
ADHD Referral Summary Data Sheet

Name:
Age:
DOB:
Grade:
School:
Presenting Problems:

Assessment Instruments:

Home Situations Questionnaire
School Situations Questionnaire
ADD Evaluation Scale
Connors Rating Scales

Parent/Guardian Interview
Classroom Observation
Review of Records

Assessment Results:
Questionnaire

Rating Scales

Parent/Guardian Interview

Classroom Observation

Summary and Recommendations:

School Psychologist

Date

APPENDIX G
ADHD Medical Form

Student _____ School _____
Date of Birth _____ Phone _____
Parents _____
Address _____

Medical information is needed to assist in determining the needs of this student. The information will be kept confidential and used only by persons directly involved with the student. Please respond to each item:

Diagnosis/Etiology: _____ ADD or ADHD _____ Other

Prognosis: _____

Is evaluative data available supporting the Attention Deficit diagnosis?
_____ Yes _____ No

Impact of diagnosis on educational performance: _____

Treatment: _____

Medication: (+ Dosage) _____

Type: _____

Onset before age of seven? _____ Yes _____ No

Please make the most appropriate recommendation as to how this student can best function in an educational environment: _____

Signature of Physician: _____ Date: _____

Address: _____ Phone _____

(Please return this form to the student's school.)

ADHD Medical Forms
_____ County Schools

Permission for Medication

Name of Student _____

School _____

Teacher _____ Grade _____

Medication _____ Dosage _____

Purpose of medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at school _____

Date _____

Signature of Physician

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Date _____

Signature of Parent or Guardian

NOTE: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy, or physician, stating the name of the medication and the dosage

APPENDIX H

Sample School Board Medication Policy (General)

	<u>Sample</u> County Board of Education		
	Descriptor Term: MEDICINES	Descriptor Code: JGCD	Issued Date: 2/13/1986
		Revises:	Issued:

No school official or teacher will routinely dispense medication to students except in unique situations in which a child's health is dependent upon emergency medical aid. If under exceptional circumstances a child is required to take oral medication during school hours and the parent cannot be at school to administer the medication, only the principal or the principal's designee will administer the medication in compliance with the regulations that follow:

Written instructions signed by parent will be required and will include:

- A. Child's name;
- B. Name of medication;
- C. Name of physician;
- D. Time to be administered;
- E. Dosage;
- F. Possible side effects, if known; and
- G. Termination date for administering the medication.

APPENDIX I
(Specific)
Sample School Board Medication Policy

445.3 Medication will not be dispensed to students. This includes, but is not limited to, aspirin, Tylenol, cough medicine, and antibiotics. An exception is when children require long-term prescription medication such as Ritalin. Only in this case will the medication be administered by the principal or his/her designee in compliance with the following regulations:

1. A written permission form, signed by both parent and child's physician, is provided to the school and includes:
 - a. Child's name
 - b. Name of medication
 - c. Time to be administered
 - d. Dosage
 - e. Possible side effects
2. The permission form must be updated when there is a change in dosage or time of medication. A new permission form must be provided to the school at the beginning of each new school year.
3. Medication in the original prescription bottle must be brought to the elementary school office by a parent or guardian and refilled in like manner. No medication is to be brought to or from school by the elementary student.
4. Middle and Secondary school students are permitted to bring medication to school provided it is taken to the office or clinic immediately upon the student's arrival at school.
5. Middle and Secondary school students may self administer medication provided the above conditions are met and permission is obtained from the parent, child's physician, and school principal.
6. The administration of all medication will be documented on the medication log with the initials of the person dispensing the medicine.
7. Medication will be kept under lock in an area designated by the principal.

VITA

Hazel Darline Bell was born in Bolckow, Missouri on December 5, 1942. She attended elementary schools in Missouri and Kansas and graduated from Tomlinson Memorial School, Cleveland, Tennessee in June, 1960. That summer she entered Kansas State College in Pittsburg, Kansas and in December, 1964 received the degree of Bachelor of Science in Education. She entered the University of Hawaii, Honolulu in August, 1965 for postgraduate work. She entered the University of Tennessee, Knoxville in 1978 and in December, 1982 received a Masters of Science degree in Guidance and Counseling, with concentration in Educational Leadership. In May, 1992 she was accepted into the Danforth Internship Program, in Leadership Studies in Education at The University of Tennessee, Knoxville and in December, 1996 she received a Doctor of Education degree in Leadership Studies.

Mrs. Bell was principal of McDonald Elementary School in McDonald, Tennessee for fourteen years until its closing in June, 1995. She is presently employed as an elementary guidance counselor at Prospect Elementary School, Cleveland, Tennessee.