

**EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION  
DEFICIT HYPERACTIVITY DISORDER IN UMTUNZINI CIRCUIT.**

A mini-dissertation submitted in partial fulfillment of the requirements for  
the Master's degree in Educational Psychology in the Faculty of  
Education at the University of Zululand

**by**

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## **DECLARATION OF ORIGINALITY**

I hereby declare that this study, save for the supervisory guidance received, is a product of my own work and effort without any form of plagiarism. I have, to the best of my knowledge and belief, acknowledged all the sources of information in line with normal academic conventions.

I further certify that the study is original, and that the material has not been submitted, either in whole or in part, for a degree at this or any other university.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **ABSTRACT**

There was a limited amount of research that looked at the experiences of educators teaching learners with Attention Deficit Hyperactivity Disorder (ADHD). Many learners enter schools without a diagnosis of ADHD only to find that they present with the symptoms of ADHD. So, it is important for educators to know these symptoms and what to do with such learners in a classroom. The Department of Basic Education can better understand how to assist educators in order for them to teach ADHD learners effectively.

The aim of the study was to explore the experiences of educators teaching learners with ADHD. This study had the following objectives: The first objective was to explore the experiences of educators who teach learners with ADHD. The second objective was to determine whether or not there is adequate training provided for educators to teach learners with ADHD. The third objective was to establish if there are intervention strategies teachers use to teach ADHD learners.

The participants in this study were ten (10) educators from three (3) different schools in uMtunzini Circuit, KwaZulu Natal. Themes from the interview were analysed using Thematic Analysis method. The views expressed by educators in most instances were in line with those of the research authors identified in this study. The conclusions amongst others were that educators are experiencing difficulties teaching learners with ADHD. They are challenged in terms of managing ADHD learners in classrooms. It is clear that educators require training to equip themselves with knowledge and skills on ADHD.

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## **CHAPTER ONE**

### **ORIENTATION OF THE STUDY**

#### **1.1 Introduction**

Attention Deficit Hyperactivity Disorder (ADHD) has recently become more common in schools. According to Frigorio, Montoli and Morzocchi (2014), 10% of learners in regular classes are diagnosed with ADHD and with an unknown percentage of learners who have not yet been diagnosed but have behavioural manifestations similar to those of ADHD. This disorder frequently interferes with both classroom and social activities for the child in two or more setting such as at home or at school. As a result, learners with ADHD are at high risk of falling behind their peers academically and that place a burden upon their educators. There is also evidence of greater rates of detention and dismissal in the class, and eventually with reasonably small amount of ADHD learners finishing school. Apart from teaching the curriculum, educators are responsible for teaching acceptable ways of behaving in a classroom and in social settings. In this case, the work of educators become much more demanding when there are learners in the class that have ADHD. Therefore, this research sought to explore experiences of educators teaching learners with ADHD.

#### **1.2 Motivation for the study role**

Spencer, Biederman, Mick (2007) states that various forms of literature studied reveal that ADHD is one of the most commonly diagnosed disruptive behavioural disorders in learners. Educators are the most important sources of information regarding diagnosing ADHD. This is because they spend most of the time with learners in schools. According to Soroa, Bulluerka and Gorostiaga (2014), educators have an important part in the identification of features of ADHD. They also refer a child for further investigations of the problem. Perold, Louw and Kleynhans (2010) state that the number of referrals may increase signs due to the adoption of the outcome based educational goals and the fact that inclusive system of education in South Africa permits all children the right to an appropriate education in a normal

class had often put a pressure to educators. This system predicts that every child reach a minimal level to the school curriculum. A child who does not cooperate or inattentive can no longer be passed on to the next grade (Bornman & Donohoe, 2013). The teacher is found to be directly accountable for the learner's performance. In that sense, educators become desperate to improve learner's performance. Educators often suggest medication to assist with possible inattention in order to cope with the demands of teaching. Educators do not have a good experience with ADHD learners as often believed that they are lazy or deliberately disruptive. Educators are also responsible for creating conducive environments to educational success for learners with ADHD. Therefore, there is a need to know and understand their experiences on working with ADHD learners. However, research in this field within the South African context appears to be limited. Yousef, Hutchinson and Yousef (2015) states that studies are directed towards creating the awareness of the prevalence of ADHD, the factors that may serve as barriers to treatment, coping strategies employed by parents and parent's thoughts about stimulant medication with special reference to its potential side effects and its effectiveness. Consequently, this study sought to investigate experiences of educators teaching learners with ADHD.

Jitendra (2004) state that learners with Attention Deficit Hyperactivity Disorder (ADHD) are known to experience behavioural and social problems as well as significant academic difficulties that unpleasantly affects them academically. Cuffe, Visser, Holbrook, Danielson, Geryk, Wolraich and Mckeown (2015) state that ADHD is a sticky label for the most widely present behavioural disorders in children and in teenage years. The occurrence of ADHD in school population is growing from two to eighteen percent. The disorder is approximately three to four times more common in boys than girls whereas in the older ages the percentage of gender is low. In the contrary, the prevalence rate in South Africa has not yet been determined officially, though, the ADHD support group in this country estimates ten percent of children experiencing symptoms associated with ADHD (Perold, et al., 2010).

According to Jitendra (2008), there is increasing evidence that ADHD symptoms inattention, impulsivity, and hyperactivity can delay learning. It also predicts simultaneously and later academic difficulties such as reading and mathematics. Apart from these problems, research by Bojuweye, Moletsane, Stofile, Moolla & Sylvester (2014) have shown that “most children diagnosed with ADHD are of normal overall intelligence or brighter, yet they experience difficulties in applying their intelligence to school work as well as on daily activities.”

Segal and Smith (2016) state that “beyond difficulties in managing behaviour, ADHD also includes impairment in regions of the brain related to processes that are keys for learning such as executive function, which allows us to develop and carry out plans, organise ourselves and activities, inhibit actions, regulate emotions, and self-monitoring. It also directs academic performance, behaviour and working memory, and enables us to temporarily hold and control information in the surface of on-going process and interruption.” ADHD also affects more than one processes related to perceiving, thinking, remembering, or learning. These learners are very slow in processing information compared to their peers without ADHD. It is more likely that these learners may develop learning disabilities which may interfere with their school performance. Bojuweye, Moletsane, Stofile, Moolla & Sylvester (2014, p.1) state that “30% - 60% of these learners may have speech and language problems, they talk more and shift often in conversations, interrupt other people’s conversations and starts conversations inappropriately. Learners who are diagnosed with ADHD often experience interpersonal problems with teachers, other learners and family members as well. They may have unpredictable behaviour, hostile and confrontational. It seems as if they do not learn from their behaviour.” Therefore, it is important to understand experiences of teachers working with ADHD Harping, (2016). According to (American Psychiatric Association, 2013), hyperactivity, impulsivity or inattentive symptoms should be present in two or more settings such as at home and at school. This emphasises that educators should be knowledgeable to be able to identify learners with ADHD symptoms. The educator usually is the one to refer a learner for assessment of ADHD because the controlled school setting means that learners with signs of ADHD exhibit behaviour problems which teachers and peers cannot tolerate. Educators play an important role in assessment process as well. They also

provide facts about their academic progress, social relations and general day-to-day activities.

According to Yousef, et al. (2015) aside from periodic professional development, there is no official training provided to teachers in order for them to be able to deal with ADHD learners. Cuffe, et al. (2015) state that many teachers use their colleagues and self-study as their point of reference when learning about ADHD. Teachers experience and knowledge of ADHD derived from past experiences and any self-directed research they decided to take on. This results in an inconsistency in the teacher's ability to assist ADHD learners in their classroom. To be able to do these things, teachers need to be able to identify symptoms of ADHD and how to cope with learners showing such symptoms. They are expected to create welcoming and accommodating classroom for these learners. The experiences they have may well influence their attitude towards ADHD learners and the way they communicate with them. The researcher believes that understanding other teachers' experiences when working with ADHD learners may inhibit educators from emerging adverse views of these learners to the extent that they achieve a better understanding of their disorder. This would also enable them to manage their classrooms in a way that would benefit all the learners present. In addition, it would assist teachers to adapt the curriculum, to have realistic expectations, and to use different approaches in order to create a learning environment that is conducive to the academic, social and emotional success of learners diagnosed with ADHD.

Several studies have been conducted on various aspects of ADHD, but not a lot have looked at educators' experiences in working with learners with ADHD (Yousef, et al., 2015). According to Bojuwoye, et al., (2014) these studies show that teachers have a general knowledge of this disorder, but that few of them have had any training in dealing with ADHD, and that an educator's overall experience improved as a result of teaching at least one child with ADHD. There has not yet been a study that provides data on teachers' experiences in teaching learners with ADHD in South Africa. According to DuPaul, George, Jimerson and Shane (2014), studies show that mostly a teacher may be the first person to identify features of ADHD, expressed

concerned about learner's behavior, and suggest seeking assistance or advice. Psychologists investigating cases of ADHD often want to find as much as possible about how a child behaves and performs at school. Teachers sometimes play an important role in the management of ADHD, working with different specialists to develop approaches to the organisation of learning and classroom management that will help children improve their behaviour. Large pupil-teacher ratios and poor teaching resources become an obstacle for teachers to do their job well. They have to deal with a number of learners in the classroom with more learners with different needs. They have to deal with more learners in the classroom and with more learners with diverse needs. Yousef, et al. (2015) state that teachers' attitudes towards ADHD learners are generally positive, although most of them feel that only educators with special education qualifications should teach ADHD learners. They suggest that there is a greater need to provide teachers with training to be able to identify and manage learners with ADHD in their classrooms.

The study conducted by Frigorio, et al. (2014, p. 126-136) reveal that "educators' experience of dealing with ADHD may be sufficient, but they still need to receive more information about it. Mostly, their experience of ADHD is positively related to some perception dimensions such as discipline, epidemiology, and courses. Educators who have greater experience in dealing with ADHD learners are more likely to place less emphasis on the role of disciplining these learners. Results concerning attitudes towards learners with ADHD show that some educators are wary of learners with ADHD, and tend not to rely on constructive discipline to manage them. Educators are inclined to think that ADHD is caused by a biological predisposition that can affect all stages of life, but that does not directly influence mental skills, like smartness or creativity." According to Soroa, et al. (2014), educators do not receive much instruction about ADHD or how to manage the symptoms of this disorder. Having some experience with ADHD learners for both special and regular education teachers is important as many learners with ADHD are in regular classes rather than those used for special education.

### **1.3 Problem statement**

ADHD has been found to be impacting learners' school functioning. The behaviour of learners with ADHD may have a negative influence on the daily lives of an educator. According to Lopes, Eloff, Howie and Maree (2014), the learners' behaviour may impair an educator's life in a classroom. Educators may spend more time issuing demands for focusing on lessons than actually teaching them, for they may not understand the child's problems and how to deal with them. Lopes, et al. (2014) observe that teachers label all the problems experienced by learners in class and give them the diagnosis of ADHD. By the time they refer a child for psychological assessment, they will have already concluded that he/she has ADHD. In most cases the child would have other problems that are not ADHD. This indicates that educators' experience in teaching learners with ADHD is not sufficient and that adversely affects their attitude towards these children. These are the questions that seek answers relating to experiences of educators teaching learners with ADHD.

- What are the experiences of educators who teach learners with ADHD?
- Is the training provided for educators to teach learners with ADHD adequate?
- Are there any intervention strategies teachers use to teach learners with ADHD in their classrooms?

### **1.4 Aim of the study**

The aim of the study was to explore the experiences of educators teaching learners with ADHD.

### **1.5 The scientific objectives of the study**

- To explore the experiences of educators who teach learners with ADHD.
- To determine whether or not there is adequate training provided for educators to teach learners with ADHD.

- To establish if there are intervention strategies teachers use to teach ADHD learners.

## **1.6 Value of the study**

This study served to contribute to the understanding of educators' experiences teaching learners with ADHD.

## **1.7 Definition of terms**

### **1.7.1 Educator:**

The term 'educator' is used in this study to refer to individuals who convey their knowledge and skills to a learner. The term "educator" was used interchangeable with the term "teacher."

According to the School's Act, "educator" means any person, excluding a person who is appointed to exclusively perform extracurricular duties, who teaches, educates or trains other persons or who provides professional educational services, including professional therapy and educational psychological services, at a school (South African Schools Act, No. 84 of 1996).

### **1.7.2 Learner:**

The term 'learner' is used in this study to refer to a school pupil. The term "learner" is used interchangeable with the term "children."

South African schools Acts state that a learner means a person receiving education in terms of this act (South African Schools Act, No. 84 of 1996).



### **1.7.3 Attention deficit Hyperactivity Disorder (ADHD):**

The term ADHD is referred to a disorder characterised by persistent pattern of hyperactivity, inattention and impulsivity. It first manifests itself in childhood. Some impairment from the symptoms must be present in at least two settings, at home and at school (American Psychiatric Association, 2013).

## **1.8 Research Methodology**

### **1.8.1 Study design**

This study was conducted by using qualitative approach since its aim was to explore the experiences of educators who teach learners with ADHD. According to Graziano and Raulin (2000) qualitative approach obtains a richness and depth of data gathered from complex and multi-faceted phenomena in a specific social context. Qualitative approach is interested in the depth of human experiences. The ultimate aims of qualitative research are to explore and understand the phenomenon of the individual as it is done in this study where experiences of educators teaching learners with ADHD are explored (Kumar, 2014).

Phenomenological approach was also useful in this study because it had provided individual's own accounts of their experiences and offered richly descriptive report views of each individual (Wilmot, 2014). It provided rich information about experiences of educators teaching ADHD learners. This perspective also attempted to explore what was experienced and how it was experienced by educators.

### **1.8.2 Study population**

This study included educators from schools in the UMtunzini Circuit in KwaZulu Natal. The researcher used educators from three different schools. Three educators were selected from each of two schools, and four from a third school.

### **1.8.3 Selection of participants**

This study attempted to explore the experiences of educators teaching learners with ADHD. The study sample consisted of educators from three schools who had volunteered as participants. The sample was purposive since the researcher selected the participants based on meeting the criteria relevant to a research question (duPlooy-Cilliers, et al., 2014).

Principals of selected schools in the uMtunzini Circuit were asked to submit a list of educators with the above experiences who volunteered for this study. Permission was obtained from the principals in the form of verbal and written consent prior to this research.

### **1.8.4 Research instrument**

The study used structured interview schedules for data collection. The interviews were divided into two sections. The first section dealt primarily with biographical information with variables pertaining to gender, age group (21-30, 31-40, 41-50, 51-60, 60+), educators' qualifications (matric, college certificate, college diploma, university diploma, junior degree and postgraduate qualification), and years of experience (0-3, 4-6, 7-9, 10+). Further questions asked educators about their experiences teaching learners with ADHD.

### **1.8.5 Method of data collection**

Data collection took place in the three schools. Data were collected in an environment that was familiar to and comfortable for the participants at times convenient to them. The participants were asked to sign a consent form before the research proceeded. Issues pertaining to confidentiality and anonymity were then explained to the teachers. The significance of their input in the present study and how they would be able to help the education system in South Africa were then explained to them.

Data were collected by means of structured interviews so that educators could share their own stories of their experiences of teaching learners with ADHD. The interviews were completed in the presence of the researcher, who provided clarity where necessary during their completion. Educators were educated about the importance of the study.

Participants had to remain in school until their interviews were over, but arrangements were made to accommodate some of the participants' on different dates. Most of the participants were women. There were six females and four males. They were all black.

Assessment took approximately 30 minutes for each participant, and they were assured that there were no wrong or right answers.

#### **1.8.6 Data analysis**

Data were analysed by means of thematic analysis. It focused on examining themes within the data. It also compared and interpreted theme frequencies, identified theme co-occurrence, and displayed relationships between different themes.

#### **1.9 Ethical considerations**

The researcher applied through the Research Ethics Committee of the University of Zululand for ethical clearance. Permission was granted to proceed with the study, with further permission obtained from the Department of Education and the principals of the schools used before this study was begun.

The protection of human rights and dignity is one of the obligations of the Health Profession Council. As a result, one of the principles of any research is that of ensuring non-harmful procedures, both physical and psychological (American Psychiatric Association, 2013).

Allen (2008) states that as part of conducting research, it is vital for the researcher to adhere to the ethical code of conducting research as per guidelines provided. According to this code, a researcher must respect the dignity and privacy of the participants, and protect their identity by allowing them to exercise their right to anonymity. At the beginning of the research, the researcher obtained consent from the participant to ensure that participation was free and voluntary. Participant information sheets and consent forms were prepared, and then used to inform the participants about the study, and obtain their permission to participate in it.

Participants were informed at the beginning about their right to withdraw if they wished to do so. The data obtained were concealed to safeguard individuals' particulars on publication of this study and the findings. Confidentiality was guaranteed, and was not compromised for any reason. Personal information was not divulged when the results of the study were published. Participants were assured that their participation as well as the results obtained in the course of the study would be kept confidential. They were provided with information about the procedures to be used to gather data. The aim was explained as well as the objectives of the study were clarified to participants.

## **1.10 PRELIMINARY CHAPTER DIVISION**

This study was organised into five chapters as follows:

### **1.10.1 CHAPTER ONE**

In chapter one the motivation of the study is discussed, the research problem stated and the aim of the study outlined. The definition of terms is given to facilitate understanding of the topic. A detailed plan of the study is outlined.

### **1.10.2 CHAPTER TWO**

In chapter two the relevant literature about experiences of educators working with ADHD learners is reviewed.

### **1.10.3 CHAPTER THREE**

The outline of the research design and the methodology of the study are elaborated in chapter three. It includes a description of the instrument used.

### **1.10.4 CHAPTER FOUR**

Chapter four presents the findings of the study, data analysis and data interpretation.

### **1.10.5 CHAPTER FIVE**

Finally, chapter five discusses the results, a conclusion is drawn, and the limitation of the study is presented. This chapter also makes recommendations for future research.

## **1.11 Summary**

A number of aspects of this study have been discussed in chapter one. This chapter includes the introduction to the experiences of educators teaching learners with ADHD, the motivation to conduct the study, and the statement of the research problem. Chapter two contains a literature review relevant to experiences of educators teaching learners with ADHD.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

ADHD is a neurobiological disorder which affects approximately 5-12% of all children. Researchers believe that neurotransmitters, the chemical messengers of the brain, do not work properly, causing symptoms of ADHD. Inattention, hyperactivity and impulsivity – these major characteristics of ADHD can make complying with parental requests and succeeding in school more difficult for ADHD learners. Symptoms of ADHD vary from mild to severe (Gluck, 2014). Some learners with ADHD do extremely well in school. However, for many others, underachievement in school is a trait characteristic of the condition. The diagnostic criteria in the *Diagnostic and Statistical Manual for Mental Disorders* (American Psychiatric Association, 2013) require that the hyperactive, impulsive or inattentive symptoms should be present in two or more settings (e.g. at school and at home). This requirement emphasises the importance of educator information about ADHD (Perold, et al., 2010).

Frequently, ADHD may coexist with other major problems such as learning disabilities (25-50%), sleep disturbances (50%), anxiety (37%), depression (28%), bipolarity (12%), oppositional behaviour (59%), substance abuse (5-40%), or conduct disorder (22-43%), which further complicates these learners' treatment and school work. Many learners are diagnosed and treated in elementary school, but some learners may not be diagnosed until high school or college (Gluck, 2014). However, approximately 50% of adults no longer experience major problems with symptoms of this condition (Frigorio, et al., 2014).

Although ADHD learners may be intelligent, many of them lag behind their peers developmentally by 30% in certain areas. This translates into a delay of 4-6 years for teenagers. As a result they may seem immature or irresponsible. Learners with ADHD are less likely to remember their chores or assignments, or complete their

work independently. They are more likely to say things or act impulsively before thinking. The quality and amount of their work will fluctuate from day to day. Consequently, parents and teachers may need to provide more positive feedback, supervise schoolwork more closely, give reminders of homework, and interact more frequently with each other to help ADHD learners cope with their difficulties (Gluck, 2014).

Furthermore, learners who may have ADHD have problems with following instructions and paying appropriate attention to what they need to do. ADHD learners also seem not to listen; they are disorganized; they often lack fine motor control, which makes note taking difficult and handwriting hard to read; they miss details; have trouble starting tasks that require planning or long-term effort; appear to be easily distracted; are unable to wait their turn; move around the room; and act on impulse regardless of the consequences (Turketi, 2010).

Garg and Arun (2013) mention that such learners often forget to write down homework, or bring completed work to school. ADHD learners also have lot of energy, they talk a lot, and are very confident. However, not all learners with ADHD have all these difficulties, nor do they have them all the time. Learners with ADHD find it hard to concentrate because their brains will not allow them. That makes teaching them difficult and educators may feel pressure at any level in reaction to certain situations in their classrooms.

In the literature, three major types of ADHD have been identified: ADHD (predominately hyperactive-impulsive), ADHD inattentive (predominately inattentive without hyperactivity: schools call this ADD), and ADHD, combined type (a combination of both hyperactivity and inattention) (Gluck, 2014). Most learners with ADHD will display difficulty in school since concentration is required. It is clear that learners often experience common problems with their performances at home and at school. However, one has to remember that every learner with ADHD is unique, and may have some, but not all, these problems (Gluck, 2014).

This chapter reviews literature and theories related to experiences of educators teaching learners with ADHD. The reviewed literature is based on studies conducted locally and overseas. According to Alkahtani (2013), there is limited literature if any, about experiences of educators teaching ADHD learners. However, there are related studies on teaching ADHD learners in South Africa and other countries. Many studies on teaching learners with ADHD have been conducted (Daley & Birchwood, 2010; Corkum, et al., 2010; Perold, et al, 2010; Classi, et al., 2012; Alkahtani, 2013; Dapudong, 2014; DuPaul, 2014; Frigorio, et al., 2014).

## **2.2 Background information about learners with ADHD (context)**

The following are some of the diagnostic criteria of learners with ADHD in classrooms:

### **2.2.1 Inattention and poor concentration**

Landolfi (2012) states that learners with ADHD find it difficult to concentrate in class which leads them to lack attention to details, and may fantasize. ADHD learners make lot of errors and do not even notice their mistakes in grammar, punctuation, capitalisation, or spelling, or changes in signs (+,-) in Mathematics. ADHD learners may have problems with finishing schoolwork, are easily distracted, move from one easy task to another, lack awareness of time, and may not even aware if they have any progress academically or not.

### **2.2.2 Impulsivity**

According to Garg and Arum (2013), learners with ADHD rush through work. They do not double-check their work, and may not read directions. These learners may take short cuts in written work especially Mathematics and may also hate waiting.



### 2.2.3 Language deficits

In this instance, Landolfi (2014) states that learners with ADHD process information slowly, their reading and writing skills are poor. These learners may find it difficult to recall and respond on time. The following are the three language-processing problems that may be common among learners with ADHD.

- **Listening and reading comprehension:** These learners will be confused by lengthy verbal directions, lose the main point, have difficulty taking notes and following directions, and may not "hear" or pick out homework or assignments from a teacher. They have poor reading comprehension skill, and cannot remember what is read. They must read material over and over (Gluck, 2014)
- **Spoken language (oral expression):** Learners with ADHD talk a lot spontaneously, but talk less in response to questions when they must think and give organised, concise answers. They also tend to avoid responding in class, or give rambling answers (Gluck, 2014)
- **Written language:** In this case, learners may read and write very slowly, take longer to complete work, and produce less written work. They may have difficulty organising essays, and in getting ideas out of their heads and onto paper, their written test answers or essays may be brief, as may their responses to discussion questions (Gluck, 2014).

### 2.2.4 Poor organisational skills

Garg and Arum (2013) state that learners with ADHD are disorganised and lose homework. Healthyplace (2014) state that learners with ADHD may have difficulty getting started on tasks, and knowing what steps should be taken first. They also have difficulty organising thoughts, sequencing ideas, writing essays, and planning ahead.

- **Impaired sense of time:** An ADHD learner has a tendency of being late, cannot seem to be able to manage their time well, they always lag behind, and also does not plan ahead (Garg & Arum, 2013).

### 2.2.5 Poor memory

According to Garg and Arum (2013), learners with ADHD experience difficulty memorising their school work. Gluck (2014) state the following examples, multiplication tables, Mathematics facts or formulas, and in spelling, learning other languages, and remembering history dates.

- **Math computation:** They may have difficulty automatising basic Mathematics facts such as multiplication tables, and they cannot rapidly recall basic Mathematics facts (Gluck, 2014).
- **Forgetful:** These learners may not remember their responsibilities at home or even do their homework. They may forget to take home their learning material or submit complete homework and projects to teachers. They may also fail to remember special assignments or make-up work (Garg & Arum, 2013).

A large body of research conducted on ADHD has revealed that “medication can help most learners with ADHD improve their performance at home and school. Medications commonly used to treat attention deficits such as Adderall, Concerta, Strattera, Ritalin or Dexedrine help the neurotransmitters norepinephrine, dopamine, and serotonin work properly. Thus, when medication is effective, attention and concentration improve, more chores and school work are completed, compliance with adult requests increases, hyperactivity and impulsivity decrease, and unruly behaviours decrease” (Gluck, 2014).

### **2.3 The role and responsibility of educators**

The shift to inclusive education is slowly apparent within South Africa and internationally. The medical model placed the responsibility of the disability within an individual, whereas the social model views disability as the result of interaction between a person's impairment and social as well as physical barriers created by the environment. As this model of disability has been embraced, teacher education pedagogies have evolved to correspond with it, and educators are learning how to educate learners with different needs in one class. Under the medical model, educators were taught that learners with barriers to learning were best educated in separate classrooms, and these beliefs can be difficult to change. Consequently, educators were trained to teach either general education or special education classes. This has caused a number of educators, especially those who have more years of teaching, with very limited or no training or any experience with ADHD learners to have negative attitude towards these learners. (Bornman & Donohoe, 2013).

Research conducted by DuPaul, Weyandt and Janusis (2011) on ADHD indicates that the diagnosis of ADHD is normally made by a psychologist or a medical practitioner with the help of educators, as they are involved in making the initial referral for a special education evaluation. This implies that educators have a major role in the initial screening for ADHD. Gluck (2014) state that since learners spend most of their time in the class and in school environment, the behaviour associated with ADHD maybe first observed in a classroom setting. The well controlled environment of the school means learners with difficulties, who cannot pay attention, hyperactivity and impulsivity demonstrate behaviour that other learners as well as educators find it hard to tolerate.

Supporting this notion, Gluck (2014) mention that educators also, have vital role to play in the process of assessment, giving details on learners' scholastic progress, social relations and the way they function in general. They contribute a lot of information in the screening and treatment process of ADHD. According to Alkahtani

(2013), many clinicians use the school report to arrive at their diagnosis of a child with ADHD. Therefore it is important for educators to have accurate knowledge about ADHD so that they can effectively participate in making decisions about assessment and treatment. When stimulant medication forms part of the treatment, educators give regular feedback to the medical practitioner (Barkley, 2012). Therefore, for learners with ADHD to be successful it is essential that educators understand what ADHD is, how it can affect learners, and how to support them in managing their ADHD.

Schools are recognised as important avenues for addressing learners' psychological well-being. With learners of school age spending the greater part of their day at school, the relative benefit of the school environment is that it is a familiar place for the learners, their parents or guardians, and certainly the teachers (McClain & Burks, 2014). It is therefore clear that those educators who, by their position, are the gatekeepers to mental health services must fully comprehend their role, and in so doing must fully grasp the link between the concept of psychological well-being, and mental health or disorder (Visser, et al., 2015). They will then have the opportunity to provide a first line of support for the learners, and also be in a position to refer them to a psychologist or other mental health specialist. Cortiella and Horowitz (2014) state that studies have shown that educators acknowledge their role as potential helpers, but they appear to lack confidence, and would like to acquire more knowledge about learners' psychological well-being and/or mental health as a whole.

According to Bojuwoye (2014) educators do not only teach learners the skills and knowledge that form part of the curriculum, but they also have to teach them to behave in a manner that meets organisational, cultural and social expectations. However, the work of an educator becomes more demanding when there are learners in the classroom that have symptoms of ADHD. In the light of this, it is critical that educators are knowledgeable and active if they are to play a key role in the diagnosis and education of learners with ADHD Snider, Busch & Arrowood (2003).

Education (2017) mention that educators have a valuable opportunity to help the child who is presenting with symptoms of ADHD. Often the first suspicions about the problem arise at school, and the parents may not recognise that their children's behaviour is different from that of others of the same age. On the other hand, parents may be only too aware of their child's differences, and need support to deal with their concerns. It is important for the family of a child with ADHD to have accurate information about the diagnosis and treatment of ADHD. Parents' training, counseling and support groups may help families gain more accurate information about and understanding of ADHD. In this sense, educators have the opportunity to offer informal support to families of learners with ADHD. A key strategy is empathetic listening to acknowledge the difficulties of parenting a child with ADHD (Education 2017).

McClain and Burks (2015) state that since the educational needs of learners with ADHD vary widely, having a diagnosis of ADHD does not necessary mean a learner has special educational needs that require specialised programming and accommodations. Jimenez and Guevara (2013) state that many learners with ADHD will benefit from differentiated instruction and positive behaviour supports that are typical components of most classrooms. Some learners may require special education programming because a coexisting disability such as a learning disability or behavioural disorder in combination with their ADHD affects their ability to learn. Also in this case a teacher is responsible in making sure that this programme runs well.

Despite the number of difficulties experienced by ADHD learners there is a positive side to it such as being innovative and energetic can be considered advantageous as they are not found in the same level in those learners without ADHD. Educators can take this and use it positively and plan their lessons in a way that will benefit everyone in the classroom (digitalcollections, 2017). For example, when learners are involved in the activities that require creativity a lot of movement and engagement, a learner with ADHD can be focused and produce good results that can surprise

everyone in the class. These may help an ADHD learner to gain confidence and popularity from peers and other educators.

It is clear that educators are expected to promote the success of inclusion and commit to make it successful and yet educators on the other hand may hinder it depending on their attitudes towards inclusive policies. Educators also have to dedicate extra time and effort to work with learners with ADHD (Bornman & Donohue, 2013). Consequently, evidence suggests that the global implementation of inclusive education for learners of all types has made educators the driving force in the successful enactment of education policy. Education for all children is compulsory and mandated by the South African Schools Act (Department of Education, 1996) and the Education White Paper 6: Special Needs Education (National Department of Education, 2001).

In research conducted by Bornman & Donohue (2013) on ADHD, educators reported that they understand their responsibility and role in their classrooms with inclusive learners, but they feel that training and resources to support learners with ADHD have not been provided. They also convey their concerns around the issue of the curricula for learners while providing quality education for all learners in the class. They prefer to have learners who can adapt easily to the curricula, possibly because they feel they already overloaded with work. Researchers have also highlighted that educators experience particular challenges and stress when including intellectual competence and lack of parent-teacher contact (Bornman & Donohue, 2013).

In addition, Turketi (2010) mentioned that learners with ADHD often experience frequent discouraging feedback from their peers. Learners with ADHD may often make an effort to be liked by their peers, but they may only be criticised and judged all the time, and end up excluding themselves further from others. Their chronological age of development is often behind. They can effectively communicate with others, but not with children of their own age. Educators are responsible for building up learners' self-esteem and promoting inclusiveness. Their role is to teach

learners different types of social skills such as making eye contact, recognising non-verbal communication and physical distance. Furthermore, educators may encourage co-operative learning tasks with other learners, find and develop areas of competence in ADHD learners.

## **2.4 Educators' views on ADHD learners**

Flisher and Hawkrigde (2013) state that in South Africa inclusive education is a reality. Educators have to deal with a number of learners than ever in the classrooms, and with different kinds of needs, such as those learners with ADHD. Bojuwoye, et al (2014) states that educators need to accommodate and recognise the unique diversity of the learners in the classroom, and create a welcoming and accommodating classroom for all, the educator needs to accommodate and recognise the unique diversity of the learners in class. According to Landolfi (2012), it is very likely that educators will have at least one learner in the class with characteristics of ADHD. A viable classroom community is very important in facilitating a safe and supportive learning environment for learners. Educators should therefore know how to implement various strategies and techniques for building a classroom community that includes learners with ADHD.

Currently, classroom interventions for learners with ADHD focus on reducing problematic behaviour and increasing task engagement. These are important goals, but educators feel that reducing disruptive behaviour alone does not ensure learning and academic progress. To achieve this, academic interventions are required that will address academic deficits directly, while accommodating and improving cognitive difficulties in executive function and processing speed. According to Segal and Smith (2016), there are two critical principles behind academic interventions:

- Reduce the cognitive load of academic tasks and avoid overloading working memory.
- Support and improve executive function through modified instruction.

All educator-preparation programmes should ensure that the latest ADHD scientific evidence and the most recent advances in educational intervention are core components of their curricula.

DuPaul, et al. (2011) state that teaching learners with ADHD can be more challenging than when teaching other learners. It requires understanding and knowledge of ADHD. If these are lacking, the effectiveness of the educator in the classroom can be affected. Teaching is not an easy job. According to Garg and Arun (2013), educators have very demanding schedules: each individual demands their attention every single day, and they still have to cope with large amounts of work outside school hours. These factors can lead to educators feeling overwhelmed, anxious and discouraged. Educators' attitudes and frustrations could affect the quality of their teaching, particularly of learners with ADHD. Visser, et al. (2015) found that 43.5% of educators favoured ADHD learners receiving their education in special schools rather than in the mainstream. Educators believe that mainstream education for learners with ADHD causes educators considerable difficulty, and it is more challenging to teach learners with ADHD than their peers without it. Educators believe that they more responsibility in their education programmes, such as gaining an understanding of learners' academic and psychological development. When interacting with learners with ADHD, challenges that educators might face in the classroom may be improved by acquiring knowledge along with strategies for accommodating the disorder.

It is important for educators to understand ADHD and its diagnostic features. In the study conducted by Holmberg, Sundelin and Hjern (2012), 85.7% of 196 educators who voluntarily participated in the study self-rated their knowledge about ADHD as "low". Educators also reported that their main sources of knowledge about ADHD were TV and radio, friends and relatives, periodicals, newspapers and magazines. These are not adequate sources of information. The researcher suggests that there is a strong connection between educators' attitudes and their level of understanding of ADHD. General classroom educators feel that there is a need for special courses or lectures about ADHD to be provided for them. Holmberg, et al. (2012) also reveal



that the current rate of awareness of Ritalin (a treatment medication) is low, with only 69% of educators recognising the name. The increasing awareness of ADHD could decrease educators' level of distress.

On the other hand, the study conducted by Cortese, Adamo, Mohr-Jensen, Heyes, Bhatti, Carucci, Giovane, Atkinson, Banaschewski, Simonoff, Zuddas, Barbui, Purgato, Steinhausen, Shokraneh, Xia, Cipriani, Coghill (2017) showed that educators were very knowledgeable about symptoms of ADHD, with more than 75% of the respondents correctly identifying the symptoms of distractibility, fidgeting, difficulties with organisation, and the primary clusters of ADHD symptoms; but the challenge was the lack of skills in managing learners with ADHD. 75.7% of educators were quite aware of the fact that training of educators and parents about medication is quite effective in the treatment of ADHD, and that the learner with ADHD will be more distinguishable in a classroom setting than in a free play setting (Bojuweye, et al., 2014).

Even though educators know about ADHD symptoms, they still do not have sufficient knowledge about the disorder as they tend to give the diagnosis to any learner with behaviour problem in the classroom. Bojuweye, et al., (2014) state that a clear lack of knowledge about the epidemiology and ADHD is also evident in this study. 31% of respondents indicated that 15% of all learners have ADHD. Holding this view could cause educators to attribute much difficult behavior to ADHD which could lead to many wrong referrals. A significant majority of respondents showed a lack of knowledge about the causes of ADHD. Evidence points to genetic factors as one of the contributors of this disorder. Having this knowledge should enable educators to communicate better with the parents to understand that one or both parents may have ADHD and to be realistic about the situation at the home of the learner with ADHD.

According to Lopes, et al. (2014) educators believe that they need assistance in dealing with learners with ADHD in classrooms. They also believe that they are

challenged beyond the scope of their practice when expected to teach ADHD learners. Though they get support from one another, they still believe that assistance from health professionals and specialists is required. These findings reveal that educators view all this as an unfair burden placed on them, having to support all learners in overcrowded classrooms with different educational needs.

Lacking ideas on teaching ADHD learners, educators give them tasks which are not necessarily learning related, such as sweeping the classroom or separating them from other learners instead of engaging them in active learning activities. It is clear that educators need to increase their knowledge and skills for teaching learners with ADHD (Alkahtani, 2013).

## **2.5 Experiences of educators with ADHD learners in their classrooms**

Turketi (2010) states that educators may experience challenges to certain levels in response to specific situations in the classrooms, such as the presence of a learner either suspected of having or already diagnosed with ADHD. However, not having adequate knowledge and understanding of ADHD seems to be the greatest challenge experienced by educators.

Lopes, et al. (2014) state that educators' experiences in teaching learners with ADHD may influence how they support such learners in classroom settings. It has been established that educators' tolerance of ADHD learners' behaviour will affect how a learner is perceived and treated in the classroom. Currently, schools have an obligation to serve all learners, including those with ADHD. They are expected to meet the diverse needs of learners in their classrooms. Yet different schools have different resources which may affect service delivery. Educators in schools with insufficient access to resources may be at a disadvantage in dealing with ADHD learners. When learners show poor behaviour in classrooms, educators are accused of mismanagement, and learners are blamed for lacking social and self-management skills. However, the educators may lack skills in teaching and creating a conducive environment for learners with ADHD (Lopes, et al., 2014).

Educators perceived learners with ADHD as having difficulty organising schoolwork, their social life is also impaired. Daley and Birchwood (2010) state that educators believe that learners with ADHD generally display lower levels of cognitive functioning and academic under-achievement in comparison to normally-developing peers. deZeeuw, Beijsterveldt, Lubke, Glasner and Boomsma (2015) explain that learners with ADHD may exhibit weaker cognitive functioning specific to verbal and working memory skills, lower academic achievement in the area of mathematics and written language, and weaker study skills as compared to other learners with presenting behaviour and learning problems.

Landolfi (2014) suggested that learners with ADHD typically have some behaviour and academic difficulties. They always require support and motivation. When motivation, an interesting curriculum and instructional strategies are employed, behavioural problems are minimal. Educators who are trained and committed to implement differentiated instructional strategies, such as scaffolding, offering choice and tapping into learners' strengths and interests, are successful with learners with ADHD. This suggests that if provided with academic strategies, learners with ADHD will be better supported in mainstream education.

## **2.6 Experiences of educators with gender differences**

Educators who are exposed to ADHD learners have observed that there are gender differences in terms of their behavioural symptoms. Most educators can identify a learner with ADHD who talks excessively and interrupts others. Wood (2014) believes that girls are most likely than boys to be diagnosed with ADHD. Cortese (2017) attest that ADHD is mostly diagnosed in boys than in girls. Pride, Payne, and North (2012) noted that boys with ADHD are easily identified given their tendency to exhibit more behaviourally disruptive hyperactivity and impulsive characteristics than girls do. Girls more often than boys tend to exhibit the symptoms of inattention without accompanying externalising behaviour, such as defiance, noncompliance or hyperactivity. Considering this, girls may be under identified, given the lower severity of their behavioural disruption in comparison to that of boys with ADHD. Corkum, et al. (2010) state that girls are more prone to the inattentive type of ADHD, which is

marked by disorganised and unfocused behaviour rather than the disruptive, impulsive conduct typically seen in boys. Girls with ADHD tend to have higher rates of overall distress, anxiety and depression compared to boys. Girls may also find their ADHD symptoms highly intensified by monthly hormonal fluctuations.

Differences in occurrence have been noted between girls and boys. The study conducted by Rucklidge (2010) suggests that boys diagnosed with ADHD are more than girls by approximately three to one. It is not clear whether or not boys are biologically more predisposed to ADHD symptoms than girls. Flisher and Hawkrigide (2013) report different views with regard to gender differences. Their study discovered no difference in academic functioning for learners with ADHD. They found impairment in their academic progress for all learners with ADHD, irrespective of gender.

## **2.7 Understanding ADHD learners in a classroom**

Turketi (2010) states that a learner with ADHD takes in a lot of information simultaneously. They hear many different sounds, see a number of objects moving and still, they also see colours and signs. ADHD learners may touch and fidget with whatever in the hands. They easily get attracted by things. Digitalcollection (2017) state that for learners with ADHD, too much of information often creates a chaotic state in their brains. This is not because they see or hear more than others do, but it is because they find it difficult to resist this great number of distractions. Their language acquisition seems to be affected owing to their poor ability to pay attention on the sounds in order to distinguish them. Ottawa (2015) attests that ADHD learners may start listening to what is being said, but their concentration may gradually drifts away as if attracted by something more important and interesting to them. Even if they may seem interested in an educator's lesson, they may be waiting to catch some unimportant details. As a result, they start to focus on the smaller portion of the lesson without following or understanding the important aspects of the topic, which produces unsatisfying results.

DuPaul, et al. (2011) explains that learners with ADHD are more likely to grasp necessary information in the class if the lesson is prepared and presented in an interested way and reinforced several times. They will benefit more if an educator uses multiple ways of teaching, such as those that appeal to all the senses. An educator can use the following strategies: find a pattern, make connections, practice them, engage emotionally, and develop personal interest. While getting familiar with the new word, learners should hear the word, see it spelling and provide presentation for a clear meaning and also get an idea of its meaning in a sentence with a lot of examples.

Cortiella and Horowitz (2014) state that it is important how an educator gives instructions, especially in a classroom where there is an ADHD learner. The instructions should be simple, clear and easy to understand. Before anything else, it is important for an educator to first create a conducive environment for all learners in a classroom. In this sense, it will be easy for them to gain learners' attention before giving any instructions. Auditory directions are better given together with written instructions, one at a time. In order to be sure that learners grasped and understand the information presented to them, an educator may ask the learner to repeat the instructions.

## **2.8 Psychosocial impact of ADHD**

ADHD can have a significant psychosocial effect on learners' lives, causing disruptions at school and at home as well as in their relationships. Classi, et al. (2012) state that families of ADHD children may be affected indirectly in different ways. This disorder may cause parents to have stress, emotional/mental health problems, conflict with siblings, commotion to family structure, and less or no time for family activities.

According to Classi et al., (2012) this disorder adversely affects the functioning and behaviour of learners in school. Learners with ADHD are less likely to further their studies and to obtain a degree. In adulthood, this study explains that individuals with

ADHD have problems at work. The individuals with ADHD may not be productive and may require close supervision.

Classi, et al. (2012) indicate that ADHD in children may disrupt their relationships with family, friends and teachers. These children may experience peer rejection, and may have difficulty maintaining friendships. Bakare (2012) states that most learners with ADHD experience serious problems with building and sustaining relationships. Their classmates may view them as the least preferred work or playmates among all learners in class. These difficulties with social relations can emerge within minutes of first contact, which may result in peer rejection, causing them to associate with other learners who experience similar problems.

Learners with ADHD may usually have social and emotional problems compared to other learners. According to Segal and Smith (2016), the problem behaviour is not intentional; it is part and parcel of the disorder. Learners with ADHD may find it difficult to making friends and keeping relationships. These learners may have trouble reading social cues as well as learning social skills. ADHD learners may experience problems using social skills in social settings and may also have difficulty regulating and controlling their emotions. Other children may dislike learners with ADHD which may cause more problems for them. As a result, children with ADHD may feel excluded, leading to social isolation.

Landolfi (2014) indicated that part of the challenges encountered by ADHD learners lie in the social engagement with peers. This brings light to the importance of building classroom communities where learners with ADHD are respected and included and where positive social engagements are maintained. Impairments in peer relations for ADHD that are known to be common in children are also common in adolescence. Therefore, it is important to implement strategies for supporting learners with ADHD in primary schools. This will assist in reducing level of social impairments and have the ability to continue to affect their social engagements and the ability to be active members of the community even as adolescence.

Segal and Smith (2016) reported that educators are responsible for making a difference in classrooms for ADHD learners. Learners with ADHD need to feel connected to their school and classroom setting. This may help them achieve academically. Educators can make this possible for learners by creating a positive learning environment. It is also essential to be aware which learners are at risk and then recognise and support their skills. Deficits in social skills play a vital role in the manifestation of ADHD in children. These skills may be developed through social skills training. This could be helpful, reinforcing key social activities may lead to achieving successful social situations.

## **2.9 Strategies of teaching learners with ADHD**

Intervention strategies educators use to teach learners with ADHD seem to be lacking, yet most learners with ADHD experience many challenges in classrooms. According to Landolfi (2014), learners with ADHD may be defined by their significantly challenging and rebellious behavior, also by social withdrawal acts that disregard the law and the right of others. These learners may find it challenging staying calm, organised and ready to focus on an essential part of learning. They may also find it challenging to regulate their emotions, or stop and think before they act or speak. Landolfi (2014) states that each and every element of behaviour communicates something. Learners are trying to communicate messages important to them in the way they know how. The key is to understand and respond to the function (the why) of the behaviour rather than responding only to the behaviour itself. Bakare (2012) attests that aggression and oppositional behaviour are found among a majority of learners with ADHD, resulting from insufficient self-control, including problems with anger management and explosive emotions. These learners may engage in fighting, lying, stealing and being distracting. Barkley (2012) states that learners with ADHD feels that they unwanted behavior dominate them and they cannot control.

Learners with ADHD may harm themselves owing to their inattention and impulsivity. They are more likely to overreact to both negative and positive situations. Thus it is

necessary to find out if there are any intervention strategies educators can use to teach learners with so many challenges. Turketi (2012) states that the presence of learners with ADHD in the classroom is likely to cause disturbances to educator-learner relationships, and increase levels of stress in educators. Educators may experience a huge level of stress when learners do not respond to simple school and classroom rules. Educators may be able to adapt their teaching strategies in the classroom to allow learner with ADHD to be successful like other learners.

Barkley (2012) reported that peers feel mistreated by their ADHD classmates through bullying, aggression and manipulation. Peers also reported that some educators respected them to protect their ADHD classmates because of their behavior. As a result of ADHD symptoms, many peers reported having anxiety and unhappy.

Landolfi (2014) highlights the following intervention strategies that can be used in dealing with ADHD learners:

### **2.9.1 The importance of parental involvement in teaching ADHD learners**

Landolfi (2014) indicates that communication with parents is essential for supporting learners with ADHD. Collaboration and communication among school, home and professionals are essential to meet the needs of learners with ADHD. This study reports that home and school collaboration is an ongoing process that involves communication, reciprocity and mutual respect, and has the learner at the centre of the goals. Harping (2016) explains that the areas that require communication and collaboration with parents include the assessment of the problem, planning, development of intervention strategies, and monitoring of behaviour. The findings of this study suggest that when educators and parents work together, ADHD learners get the support they need.

It is important for educators to remember that parents of a child with ADHD have been dealing with a very difficult and challenging situation for many years. Parents



may be exhausted from dealing with the child with ADHD, or they may have reached a degree of competence in managing the child. Either way, managing a child with ADHD requires the combined effort of parents and educators (Daley & Birchwood, 2010). McClain and Burks (2014) suggest that collaboration of educators and parents is one of the most effective strategies to help learners with ADHD. Frequent communication about the amount of work, and the behavioural changes of a learner with ADHD, is very important. Ongoing communication between the educator and parents of learners with ADHD allows parents to be aware of the classroom expectation so that they may be able to do follow-up and assist a child with ADHD at home.

Communication between parents and educators is crucial. Howard and Landau (2010) state that parents should get involved in their children's schoolwork. This would help in reducing their children's difficulties and in supporting their scholastic progress and emotion development. Moreover, without educators' support, the home environment may be very stressful for learners with ADHD. Their relationships with parents and siblings may be challenged especially if they have not been receiving support they require. Mostly, these learners prefer their schools to their homes when there is no connection between parents and educators.

Mautone, Lefler and Power (2011) indicate that educators have an important part sharing information with parents on ADHD. They can refer a learner to relevant professionals and share details on local support group for parents. Parents and educators have the common stress of working with a child with ADHD, so they need to support each other. Parents may provide helpful information on the strengths of a child. They can also share their strategies they use to support ADHD learner at home. When parents make any suggestions, educators should respond with empathy. Educators should introduce a communication diary to help provide clear communication and teamwork to support the learner with ADHD. This can also assist in building communication between the parent and educator. This diary should have positive comments about the learner. Educators should share learners' successes, not just their problems.

### **2.9.2 Importance of promoting resilience to ADHD learner**

Resilience seems to assist learners with ADHD to have self-esteem and confidence, and a collection of social problem solving approaches (Brown, Khan and Parsonage, 2012). Schools should play important role in promoting resilience in their learners, particularly for some children where their families are not giving them support. Schools should be safe and be able to find place for learners where they can feel free to talk with adults about their concerns and develop trust as well as sense of belonging in a non-stigmatising environment. Educators should know their learners well so that they may notice easily if there is any change in behavior that might become a problem at a later stage. These behaviours may be triggered by a number of factors such as family conflicts.

Wilmshurst, Peele and Wilmshurst (2011) suggest that educators should always be able to offer support to learners anytime they need it. Schools may promote resilience in learners with ADHD by setting a culture within the school that values all learners. Educators should work closely with other professionals to have a range of support services that can be put in place depending on the learners' needs. Schools also need to have a good understanding of the support system that is available in their local area. They should work closely with local health partners to ensure that they are clear about when there is a need to refer.

### **2.9.3 Classroom management strategies**

The culture of the classroom can either support or create barriers to learners' success. It is often a positive relationship, with at least one educator in the school that can facilitate change for a learner with ADHD. Piffner (2011) suggests that educators should connect with learners and support their unique skills and interests. Learners would then strive for achievement and positively respond to classroom rules and procedures. Piffner (2011) explains that when using a proactive approach to classroom management, educators support all learners and create conditions that prepare them for learning.

Some strategies for positive management include giving learners equal opportunities to respond in class. In creating peer-mediated activities, the teacher may need to choose learners whose skills complement each other. Learners with ADHD should also be considered for peer partnership, which involves cooperative learning, peer tutoring, sharing ideas, partner reading, self-correction opportunities, and learning games, including computer games. Wolraich and DuPaul (2010) attest that seating arrangements are very important for learners with ADHD. Learners with ADHD should be seated away from distractions and close to the teaching actions. They explain that addressing the needs of learners with ADHD is complex, and requires educators to assess not only the learners' unique needs but also the demands of the environment. Most successful interventions are a combination of classroom support and strategies taught directly to learners to help them become more successful academically and behaviourally. This study also suggests strategies including token reinforcement, communication, smaller units of classwork, setting behavioural and learning expectations, and repetition of instructions (Bojuwoye, et al., 2014).

#### **2.9.4 Behaviour management**

The main aim of behaviour management is to assist learners to manage their own behaviour. Wolraich and DuPaul (2010) mention preventive measures that support learners in demonstrating positive behaviour including non-verbal support. In this strategy, educators work together with learners developing inconspicuous, non-verbal messages such as eye contact, and hand gestures. Once the system is developed, learners can learn to manage their own behavioural responses before they occur.

Wolraich and DuPaul (2010) mention another behavioural strategy, choice as reward. With this strategy an educator provides choices of activities between assignments and choices within assignments. These choices also provide learners practice in decision making. Wolraich and DuPaul (2010) mention yet another

strategy, timer which helps learners to manage their time when given a task and they will be able to keep track on their progress.

## **2.10 Training provided for educators**

Bojuwoye, et al., (2014) state that South Africa's status as a leading economy in Africa has been confirmed as well established on the global stage. However, despite this strong economic standing, South Africa continues to struggle with many challenges, including poverty and inequality. Challenges of inequality in South Africa's education system were created by the past policy of racial discrimination. Although much progress has been made in improving education, many schools are still faced with inadequate resources and poorly trained educators.

In addition, Bojuwoye, et al., (2014) state that as part of reforms designed to change the South African education landscape, the new democratic government established guidelines in the Education White Paper 6 (Department of Education, 2001) that state "all children and youth can learn and need support and that learners' individual strengths need to be encouraged" (Topkin & Roman, 2015, p. 988). Education reforms are keys to redressing historical imbalance, and training of educators in classroom management as part of their treatment system becomes top priority.

Bornman and Donohoe (2013) attest that one of the barriers in South Africa to successful implementation of the policy of inclusive education is a lack of teacher skills and knowledge regarding their role in the intervention and management of ADHD learners in the classroom. Hence, inclusive education was adopted as one of the approaches to ensure that children with disabilities are not excluded from normal education.

In the study conducted by Bojuwoye, et al., (2014), educators indicated a lack of knowledge of ADHD and having misperceptions regarding ADHD. The results suggested that educators were more knowledgeable regarding the general association features of ADHD than they were regarding the symptoms and diagnosis

and treatment. Bojuwoye, et al., (2014) indicates that educators require further training when it comes to the identification and management of ADHD, since educators are often the first ones to make a referral for assessment for ADHD. “Most educators in their study indicated that they had training on ADHD. However, this training was just once-off. Perhaps the training should be continuously as educators needs to be knowledgeable about ADHD in all aspect. They need to be able to manage learners with ADHD in classrooms in order to achieve positive outcomes. Furthermore, continuous training would ensure educators are exposed to problem solving situations which may vary and differ for each child diagnosed with ADHD” (Bojuwoye, et al., 2014).

Bojuwoye, et al., (2014) indicate that some educators know which interventions can be used to effectively manage ADHD in the classrooms, but there is little support for these interventions, This could be due to “lack of resources at school and support to educators by making use of support personnel (learners/additional assistant educators to assist with learners with special needs in the classrooms)” (Topkin & Roman, 2015, p. 988). This suggests that there is a need to consider school regulations that will ensure educators have the skills necessary to implement school-based intervention for ADHD.

## **2.11 THEORETICAL FRAMEWORK**

The current study is underpinned to social construct theory, Self-regulation as well as Barkley’s theory and dynamic developmental behavioural theory of ADHD. These theories act as a practical guide in understanding experiences of educators teaching learners with ADHD. Cuffe, et al (2015) state that understanding ADHD may allow educators to manage their classrooms in a way that would benefit all learners. Social construct theory was used to help educators understand more about ADHD learners and how to deal with them. Self-regulation and Barkley’s theory came about to explain that behaviour is initially controlled by external sources such as parents, peers and educators. Then gradually change to inner rules and principles. Therefore, ADHD symptoms manifest itself because the individual lacks self-control. This is how some educator’s experiences on learners with ADHD are based.

The study conducted by Frigorio, et al. (2014) reveal that educator's experiences of dealing with ADHD may be inadequate, but still seek more knowledge about the disorder. This study is further linked to the dynamic developmental behavioural theory which is based on the assumption that behaviour is influenced by biological factors that may have negative or positive effect on academic achievement of a learner with ADHD. In this instance, medication may assist some learners with ADHD change unaccepted behavior and reducing special needs. Therefore, these theories provide a rich explanation of ADHD which aid to increase educator's knowledge of ADHD. This will make educators work together seeking to learn more intervention strategies to help ADHD learners. According to Soroa, et al. (2014) educators who have greater experience in dealing with ADHD are more able to work with ADHD learners in their classrooms.

#### **2.11.1 ADHD social construct theory**

The current study is underpinned to social construct theory. Social construct theory explains ADHD as not a biological or psychiatric disorder, but one that can be better explained by environmental causes or even the personality. For example, a learner who is the predominantly inattentive type of ADHD sufferer may be an introvert, while the predominantly hyperactive type may be an extrovert.

According to Barbara (2012), this theory suggests that the behaviour of learners who are diagnosed with ADHD is not abnormal, but normal behaviour for a part of the human race. However, the extreme overreactions are caused by environmental factors such as cramped living conditions with insufficient play space, whether at home or at school. The increased educational burden being carried by learners today, and the day-to-day stress parents are under, make it more difficult for parents to be in tune with their children.

Barbara (2012) explains that the social changes in societies created environments and situations where certain learners who are boredom intolerance are likely to react by either becoming inattentive or hyperactive. Different cultures have different

explanations of behaviour. Other cultures perceive a child with ADHD symptoms as a healthy active child. This is especially so when they live in more natural environment with open space where children can run free. Parenting style also contributes to the disorder. Some parents are generally more aware of their children's arousal and self-regulation than others, and they always take care that their children get sufficient sleep and not over-stimulated.

The prominent of the ADHD social construct theory suggests that while biological factors do play a large role in difficulties sitting still or concentrating on school work in some learners, the real problem is that the school systems have failed and integrate these learners with the social expectations that the school have on them (Barbara, 2012).

### **2.11.2 Self-Regulation and Barkley's theory of ADHD**

Self-regulation and Barkley's theory of ADHD also offers an insight on ADHD. Self-regulation and Barkley theory argues that the fundamental deficit in individuals with ADHD is one of self-control, and that problems with attention are a secondary characteristic of the disorder. Barkley (2012) emphasises that during the course of development, control over a child's behaviour gradually shifts from external sources to being increasingly governed by internal rules and standards set by the individual. The individual learn to prevent and control his/her behaviour based on inner control and guidelines, rather than waiting for someone tell them what to do.

Barkley (2012) believes that the discrepancy associated with ADHD is the failure to develop the capacity for self-control. He suggests that this results primarily for biological reasons, and not because of parenting. In this regard, specific and important mental/emotional processes and functions such as working memory, internalisation of speech, sense of time and goal-directed behaviour fail to develop in an optional way.

### **2.11.3 The dynamic developmental behavioural theory of ADHD**

This study is further linked to the dynamic developmental behavioural theory of ADHD which is based on a hypothesis that altered dopaminergic function plays a crucial role by failing to modulate nondopaminergic (primary glutamate GABA) signal transmission appropriately. A hypofunctioning mesolimbic dopamine branch produces altered reinforcement of behaviour and deficit extinction of previously reinforced behaviour. This gives rise to delay aversion, development of hyperactivity in novel situations, impulsiveness, deficient sustained attention, increased behavioural variability, and failure to inhibit responses (disinhibition) (Spencer, Biederman & Mick, 2007).

According to Spencer, Biederman & Mick (2007) a hypofunctioning mesocortical dopamine branch will cause attention response deficit (deficit orienting responses, impaired saccadic eye movements, and poor attention responses toward a target) and poor behavioural planning (poor executive functions). A hypofunctioning nigrostriatal dopamine branch will cause impaired modulation of motor functions and deficient non-declarative habit learning and memory. These impairments will give rise to apparent developmental delay, clumsiness, neurological “soft signs”, and a failure to inhibit responses when quick reactions are required.

Hypofunctioning dopamine branches represent the main individual predispositions in the present theory. Mascolo and Fischer (2010) state that the dynamic developmental behavioural theory of ADHD predicts that behaviour and symptoms in ADHD result from the interplay between the individual and the surroundings. The exact ADHD symptoms at a particular time in life will vary and be influenced by factors having positive or negative effect on symptom development. Altered or deficient learning and motor functions will produce special needs for optimal parenting and societal styles. Medication will to some degree normalise the underlying dopamine dysfunction, and reduce the special needs of these learners. The theory describes how individual predispositions interact with these conditions to



produce behavioural, emotional and cognitive effects that can turn into relatively stable behavioural patterns (Sagvolden, et al., 2005, p. 438).

## **2.12 Summary**

This chapter outlined the relevant literature pertaining to experiences of educators teaching learners with ADHD. The chapter began with a brief overview of ADHD followed by a review of literature surrounding ADHD. It is noted that most educators do not have good experience of teaching learners with ADHD. They feel challenged in terms of their knowledge of how to manage these learners in classrooms.

Educators also feel that they do not have adequate training in teaching learners with ADHD. In this sense, educators lack knowledge and intervention strategies in teaching learners with ADHD. The theoretical framework for this study was also provided. The theoretical framework in this study provided scientific justification for and that it is both grounded in and based on scientific theories. The rationale for choosing social construct theory, self-regulation and Barkley's theory and also the dynamic developmental behavioural theories is that they attempt to explain ADHD and provide different perspective towards understanding ADHD. Each of these theories makes their own judgments based on their beliefs about ADHD.

This chapter reviewed studies conducted locally and abroad. Flisher and Hawkrigde (2013) suggest that most educators from other countries have better understanding of ADHD than South African educators. This may be due to the fact that, educators from other countries are more familiar with inclusive classrooms because inclusive education was first introduced for them. Despite the few studies having been conducted locally, Bakare (2012) discovered that ADHD is still a challenge on South African educators.

While ADHD has been intensively researched in countries overseas, very few studies are available in South Africa addressing the experience of educators teaching learners with ADHD. Bakare (2012) further explain that studies on ADHD are required to more accurately reflect educators' experience of teaching learners with ADHD. Such studies are essential for formulating policy on intervention strategies and training suitable for South Africans. This reflects the little attention paid to issues of ADHD by governments in this country.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the method that was used to conduct this study. The researcher has used a qualitative approach, and explains the reason for choosing this method. Numerous studies addressing the issue of ADHD have been conducted, but very little of those studies have looked at the experience of educators in teaching learners with ADHD. Most studies have looked at teachers' knowledge of, and attitudes and behaviour towards, children with ADHD.

#### **3.2 Study design**

This study was conducted by using the qualitative approach since its aim was to explore the experiences of educators who teach learners with ADHD. The qualitative approach was chosen because of it is able to provide the participant's reports on how they experience a given research issue.

The qualitative approach is interested in the depth of human experiences. According to Graziano and Raulin (2000), the qualitative approach obtains a richness and depth of data gathered from complex and multifaceted phenomena in a specific social context.

Kumar (2014) states that qualitative research entails an investigation that seeks to understand a given research problem from the perspective of a local population. This method is more flexible for it allows a greater spontaneity and adaptation of the interaction between the researcher and the study participants. Participants are free to respond in their own words, and these responses tend to be more complex than simple "yes" or "no". Participants have the opportunity to be flexible and elaborate

more when responding. This may evoke responses that are meaningful and culturally significant to the participants, and unanticipated by the researcher.

The ultimate aims of qualitative research are to explore and understand the phenomenon of the individual, as is done in this study, where experiences of educators teaching learners with ADHD are explored (Kumar, 2014). Qualitative research refers to inductive, holistic, subjective and process-oriented methods used to understand, interpret, describe and develop a theory or phenomena. It is a systematic, subjective approach used to describe life experiences and give them meaning. The qualitative approach is mostly associated with words, language and experiences rather than measurements, statistics and numerical figures. According Naidoo (2012) a qualitative researcher is concerned mainly with exploring the ideas and perceptions of the participants. He/she tries to examine the experiences from the participants' point of view in order to interpret his/her words.

In this study the researcher also employed the phenomenological approach because its purpose is to describe particular phenomena, or the appearance of things, as lived experiences (Wilmot, 2014). The researcher also used the phenomenological approach to explain the real meaning of the lived experiences of educators and its accurate description through their experiences (Wilmot, 2014). It also expands awareness about certain phenomena, fostering human responsibility in the construction of realities and also tightening the bond between experiences and the concepts and theories used to explain those experiences (Naidoo (2012). This approach was considered in this study because it is highly appropriate for researching human experience. The phenomenological approach was also useful in this study because it provided individual's own accounts of their experiences, and offered richly descriptive reports by each individual about their experiences in teaching ADHD learners. This perspective also attempted to explore what was experienced and how it was experienced by educators in this study. According to Naidoo (2012) the phenomenological approach is difficult to explain because it has no clear defined steps. Phenomenologists contend that the clear definition of methodology tends to limit researcher's creativity.

### **3.3 The paradigm of the study**

Paradigm is a worldview or a set of assumptions about how things work. It is a shared understanding of reality. Qualitative and quantitative research methods involve very different assumptions about how research should be conducted and the role of the researcher.

This study employs the constructivist paradigm as it is associated with qualitative research. Constructivist paradigm is used to obtain an understanding of the world from an individual perspective as well as their experiences. Constructivists view reality as being socially constructed and hold that there are multiple realities. Knowledge is subjective and truth is dependent upon the context. This paradigm is value-laden and emphasises that value influences how we think and behave (Chilisa & Kawulich, 2010).

### **3.4 Sample size**

This study included school educators from schools in the uMtunzini Circuit in KwaZulu-Natal. The researcher used educators from three different schools. Three teachers were selected from two schools, and four from a third school.

The study sample consisted of educators from three different schools who volunteered as participants. The sample involved ten participants. Three educators were selected from each of two schools, and four from another school. Principals of selected schools in the uMtunzini Circuit were asked to submit a list of educators with the relevant experiences who volunteered for this study. Permission, both verbal and written, was obtained from the principals prior to this research.

The sample was considered purposive since the participants were selected based on meeting the criteria relevant to a research question (duPlooy-Cilliers, et al., 2014). Studies by Turketi (2010), Lopes, et al. (2014), and Topkin and Roman (2015) on

experiences of educators teaching learners with ADHD have used various sampling techniques such as accidental, purposive and random sampling. Previous studies (Alkahtani, 2013; Dapudong, 2014; Frigorio, et al., 2014; Soroa, et al., 2014; Yousef, et al., 2015) on teachers' knowledge and attitude and perception of ADHD have used purposive and accidental sample design.

The researcher used qualitative investigation for this study. According to Wilmot (2014) analysis of large numbers of in-depth interviews would simple be unmanageable because of a researcher's inability to effectively analyse large quantities of qualitative data. The small-scale approach works better in qualitative research. Latham (2013) suggests that less than 20 participants in a qualitative study help a researcher to build and maintain a close relationship with participants, and thus improve the open and honest exchange of information.

### **3.5 Research instrument**

An instrument is a tool for data collection and the fact-finding strategy which includes questionnaires, observations as well as interviews. Latham (2013) states that the researcher must ensure that the instrument chosen to collect data is valid and reliable. The procedures one uses to collect data must be critically examined to check if they give the researcher the expected results.

This study used semi-structured interviews for data collection. Such an interview is an interaction in which questions are posed by the researcher, who has identified a potential source of information (Kumar, 2014). The researcher felt the need to meet in person with educators to work together with them and produce new ideas from them.

The interviews were divided into two sections. The first section dealt primarily with biographical information with variables pertaining to gender, age group, educators'

qualifications and years of experience. Further questions asked educators about their experiences in teaching learners with ADHD.

### **3.6 Method of data collection**

Data collection took place in three different schools. Data were collected in an environment that was familiar to and comfortable for the participants during times convenient to them. The participants were requested to sign a consent form before the research began (Naidoo, 2014). Issues pertaining to confidentiality and anonymity were then explained to the teachers. The significance of their input in the present study, and how they would be able to help the education system in South Africa, were then explained to the participants.

Data were collected by means of semi-structured interviews based on research questions, so that educators could share their own stories of their experiences in teaching learners with ADHD (Naidoo, 2014). Studies conducted by Dapudong (2014) and Frigorio, et al. (2014) have used interview schedules.

The interviews were completed in the presence of the researcher, who provided clarity where necessary during their completion. Teachers were informed about the importance of the study (Naidoo, 2014). All participants managed to finish the interview before they go home, but arrangements were made to accommodate some of the participants' on different dates. The majority were women. There were six females and four males, all black African. Assessment took approximately 30 minutes for each participant, and they were assured that there was no wrong or right answer.

This study had specific objectives and each objective was measured by two questions. Interview schedules were based on the following questions:

**Table 1: Interview schedules**

What are your experiences on working with learners with ADHD?
How has the experience of educating learners with ADHD influenced or affected you as an educator?
Do you think educators are treating learners with ADHD the same way they do to those without?
How do you as an educator manage ADHD learners in a classroom context?
Do you feel that the school is providing adequate training programs for you to teach learners with AD HD?
What form of intervention strategies do you use to teach learners with ADHD?
Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?

### **3.7 Validity and reliability**

Validity and reliability are key features of research for they can make the difference between good and poor research. Validity and reliability are mainly important in qualitative research: they help the researcher to avoid easily clouding the interpretation of the data. Pandey and Patnaik (2014) state that qualitative research does not provide itself to statistical and empirical calculations of credibility, but rather uses methods which are more suitable for human subject matter.



Validity in research is concerned with the accuracy and trustworthiness of scientific findings. A valid instrument or measure should actually measure what it is supposed to measure.

Reliability is concerned with the consistency, stability and repeatability of the informant's accounts as well as the investigator's ability to collect information accurately (Pandey & Patnaik, 2014). Reliability basically requires that the researcher develop consistent responses in using the method, and scoring or rating its results. It also ensures that factors related to subjects and testing procedures have been managed to reduce measurement errors.

One of the key factors affecting validity and reliability is error. Pandey and Patnaik (2014) state that the greater the degree of error the less accurate and truthful the results. Researchers must be careful of the sources of error when planning their studies.

The researcher can increase the validity of the study first building trust-relationship with participants and staying for a reasonably long period of time in the setting. The researcher must ensure that participants are very clear on the nature of the research. Keeping accurate field-notes to note the variation in responses over the course of time, and showing the field-notes to a second outside researcher can also increase the validity of the study (Kumar, 2014).

This study was considered reliable and valid since it was assessed and validated by an expert in the field of research. This involved the evaluation of the research instruments by the supervisor of this study to ensure that they were suitable to serve its purpose.

### **3.8 Ethics**

The researcher ensured the protection of human rights and dignity as one of the obligations of the Health Profession Council of South Africa. One of the principles of any research is that of ensuring non-harmful procedures, both physical and psychological (American Psychiatric Association, 1992).

As part of conducting research, it was vital for the researcher to adhere to the ethical code of conducting research as per guidelines provided. The researcher ensured that participants were respected. Their identity, dignity and privacy were protected by allowing them to exercise their right to anonymity. At the beginning of the research, the researcher obtained consent from the participants to ensure that participation was free and voluntary. Participants were then given information sheets and consent forms, to inform them about the study and obtain their permission to participate in the study (Allen, 2008).

The researcher informed the participants at the beginning about their right to withdraw if they wished to do so. The data obtained were concealed to protect the personal particulars of the participants during publication of this study and its findings. In this study, confidentiality was guaranteed and was not compromised for any reason. The researcher guaranteed that personal information would not be divulged when the results of the study were published by using codes rather than their names. Participants were assured that their participation, and the results obtained in the course of this research, would be kept confidential. Participants were provided with information about the nature as well as procedures to be used to gather data in this study. The aim and objectives of the study were also explained to the participants.

### **3.9 Data analysis**

Data analysis is a mechanism for reducing and organising data to produce findings that require interpretation by the researcher. Data analysis is a challenging and creative process characterised by an intimate relationship of the researcher with the participants and the data generated (Pandey & Patnaik, 2014).

Data were analysed by means of thematic analysis. It has focused on examining themes within the data. It also compared and interpreted theme frequencies, identified theme co-occurrence and displayed relationships between different themes. According to Kumar (2014), qualitative research most commonly uses thematic analysis as a form of analyzing data. It focuses on emphasising, examining and recording patterns or themes within the data. Thematic analysis is also related to phenomenology in the sense that it focuses on individual human experience. This approach emphasises the participants' feelings and experiences as the dominant object of the study. This allowed the respondents to discuss the topic freely in their own words. Thematic analysis is performed through the process of coding meaningful patterns within the data by means of familiarisation with data, generating data codes, searching for themes among codes, reviewing themes, and producing the final report (Wilmot, 2014).

The researcher first read the entire data set over and over to immerse herself in and dwell with the data in order to achieve closeness to them and make sense of the whole (Naidoo, 2014). The researcher then looked for all meaning throughout the entire interview transcript and decided which ones were relevant to the research questions asked, keeping in mind that more than one theme might exist in a set of interviews (Naidoo, 2014). Finally, those themes that were important and linked to the interview schedules were written down.

### **3.10 Summary**

This chapter has outlined the methodology used with regard to data collection and analysis for the present study. The research design, sample size as well as research instruments to collect data were also discussed. Lastly, ethical considerations pertaining to the present study were discussed.

## **CHAPTER FOUR**

### **PRESENTATION AND ANALYSIS OF DATA**

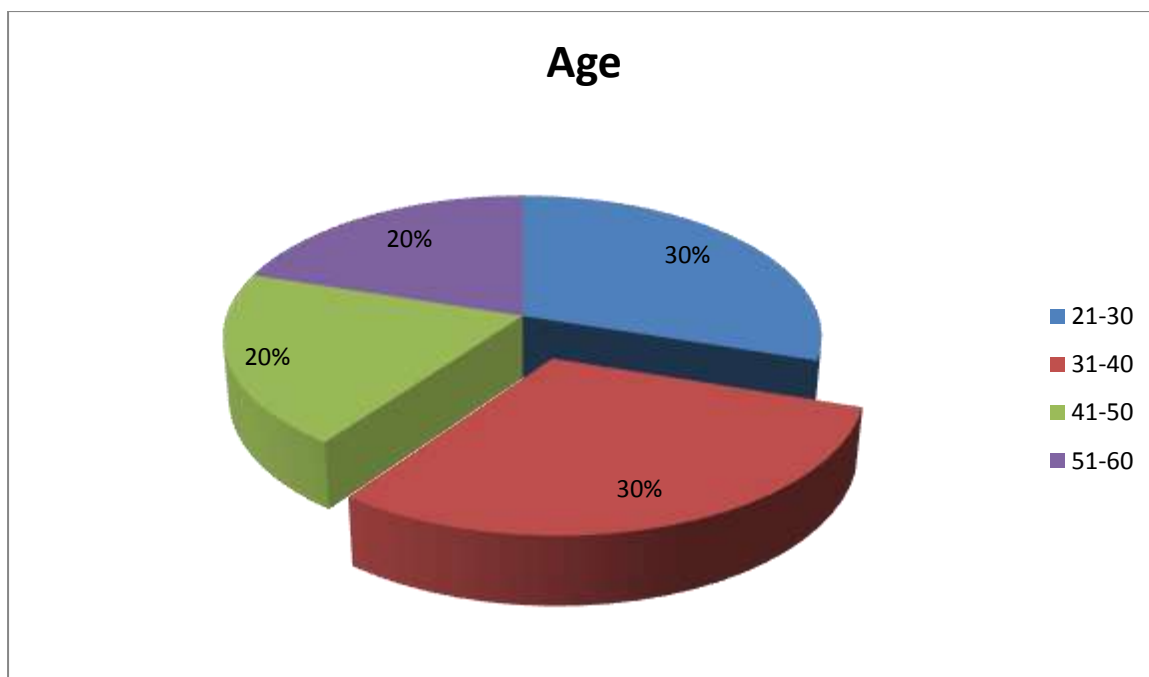
#### **4.1 Introduction**

This chapter outlines detailed information concerning the demographics of the sample in this study. This includes the biographical history of the participants, their level of study, age and gender. The main findings from the data are presented, and an analysis of themes. Data were collected and analysed in an attempt to answer the following questions:

- What are the experiences of educators who teach learners with ADHD?
- Is the training provided for educators to teach learners with ADHD adequate?
- Are there any intervention strategies teachers use to teach learners with ADHD?

Data were obtained from 10 participants who participated in the study. They were collected using interview schedules, and analysed by means of thematic analysis. The nature of this study required detailed information of educators' experiences teaching learners with ADHD.

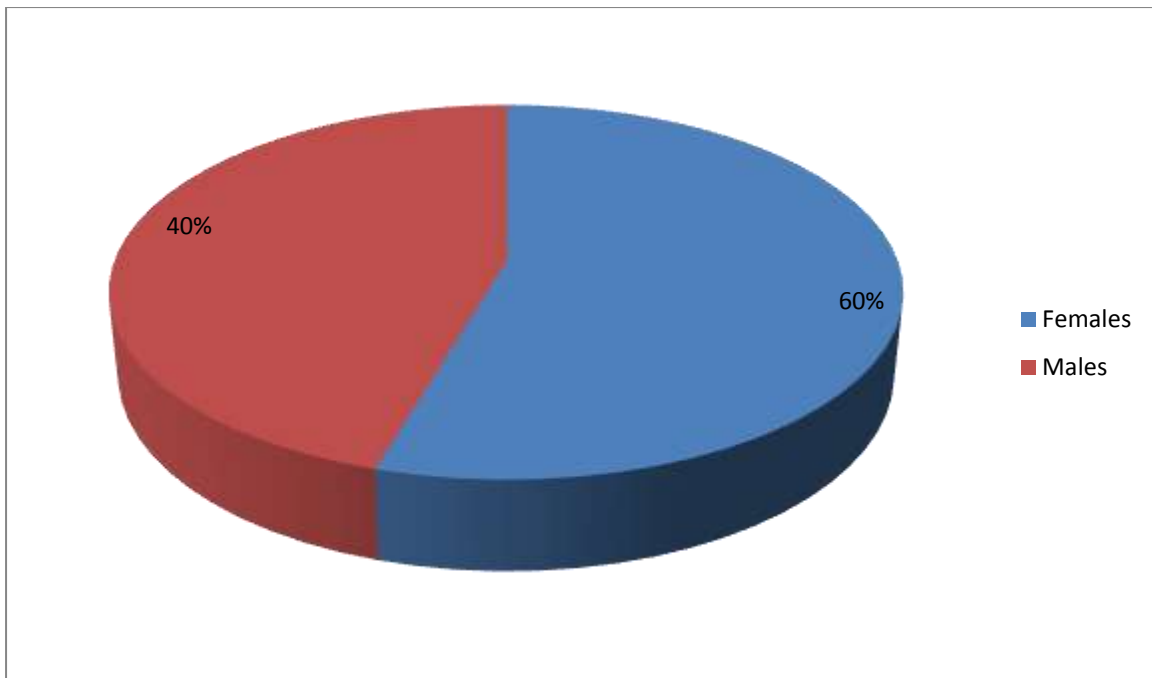
#### **4.2 Participants' Biographical details (N= 10).**



#### 4.2.1 Figure 1: Age of the participants

The figure indicated that (30%) of the participants were between the ages of 21 and 30 years, followed by another (30%) respondents between the ages of 31 and 40 years. Those between 41 and 50 were 20%, as were those between 51 and 60.

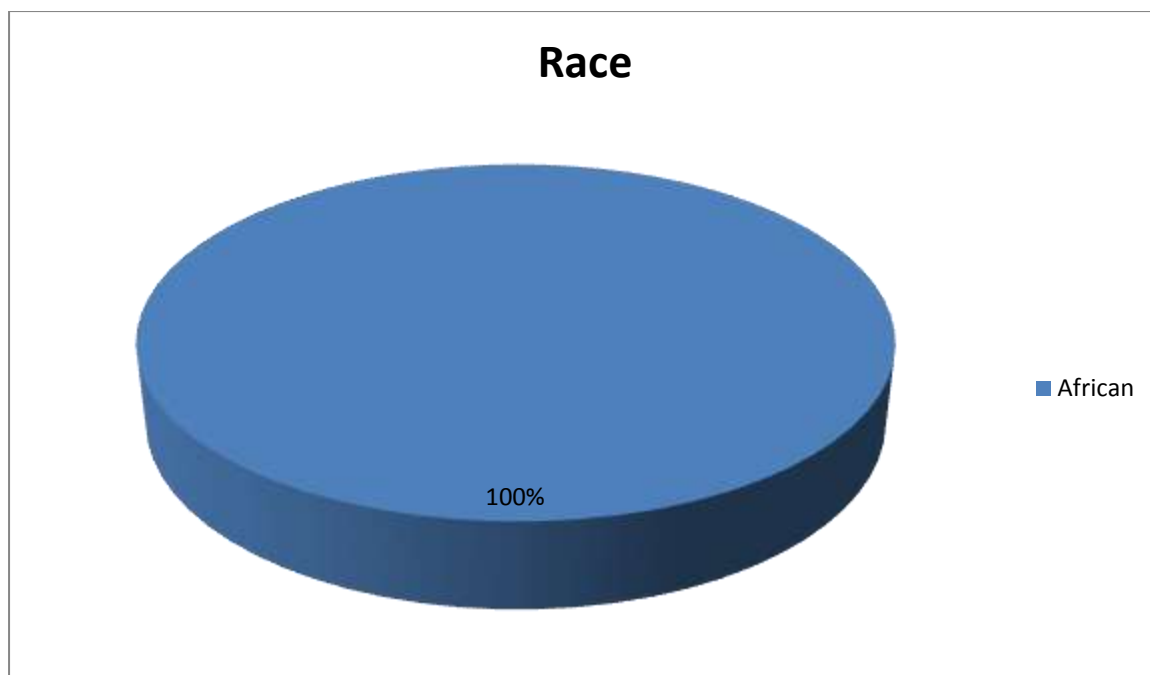
Figure 1 reflects that educators' experiences on working with learners with ADHD were not good, irrespective of age. They feel challenged having ADHD learners in their classrooms.



**4.2.2 Figure 2: Participants' gender**

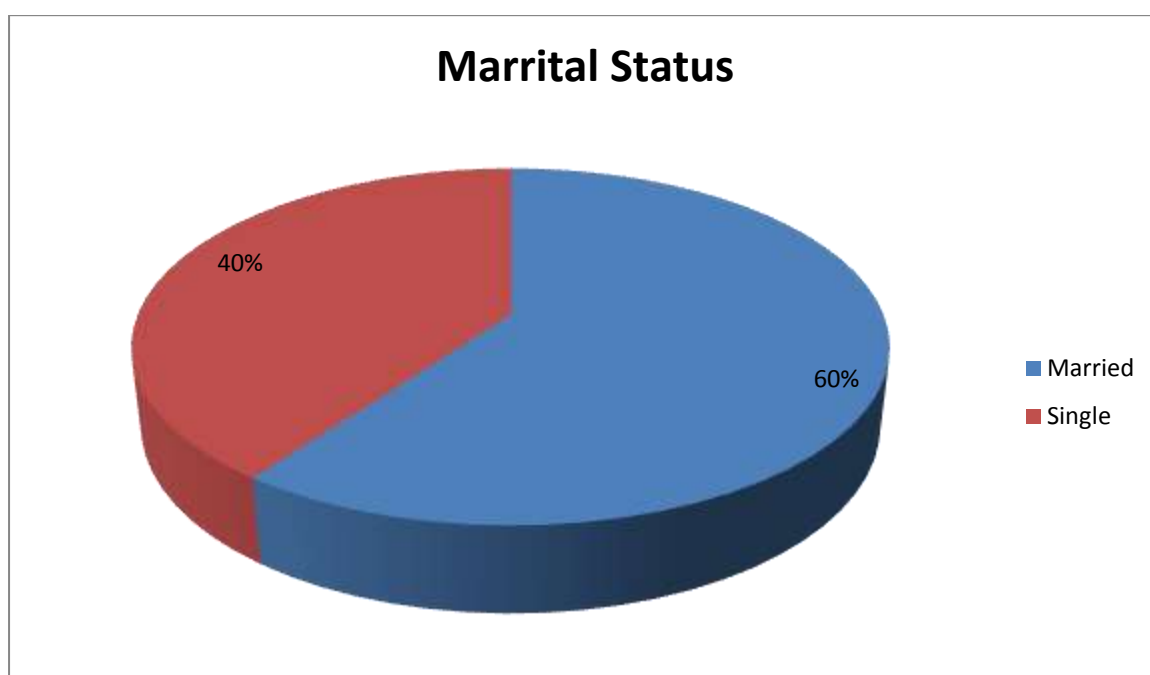
The figure shows that of all the participants in this study, (60%) were females and (40%) were males.

This study indicated that irrespective of gender differences, educators' experiences in teaching learners with ADHD were similar. Their experiences were not good, and they felt inadequate in terms of their knowledge and skills in teaching ADHD learners.



**4.2.3 Figure 3: Participants' race**

The figure shows that all the respondents were African. This is because the study was conducted in rural areas in three schools with educators who were predominantly African.



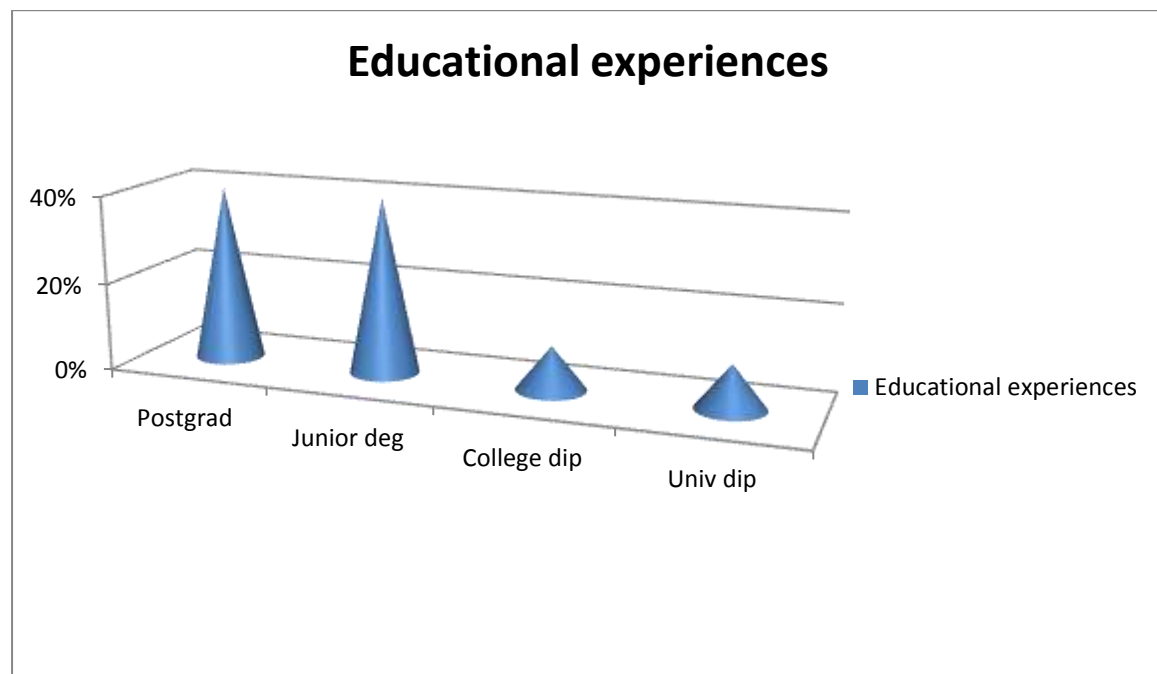


#### 4.2.4 Figure 4: Participants' Marital Status

Most of the respondents (60%) were married and 40% indicated that they were single.

In this study, educators' Marital Status had no significance for their experiences in working with ADHD learners.

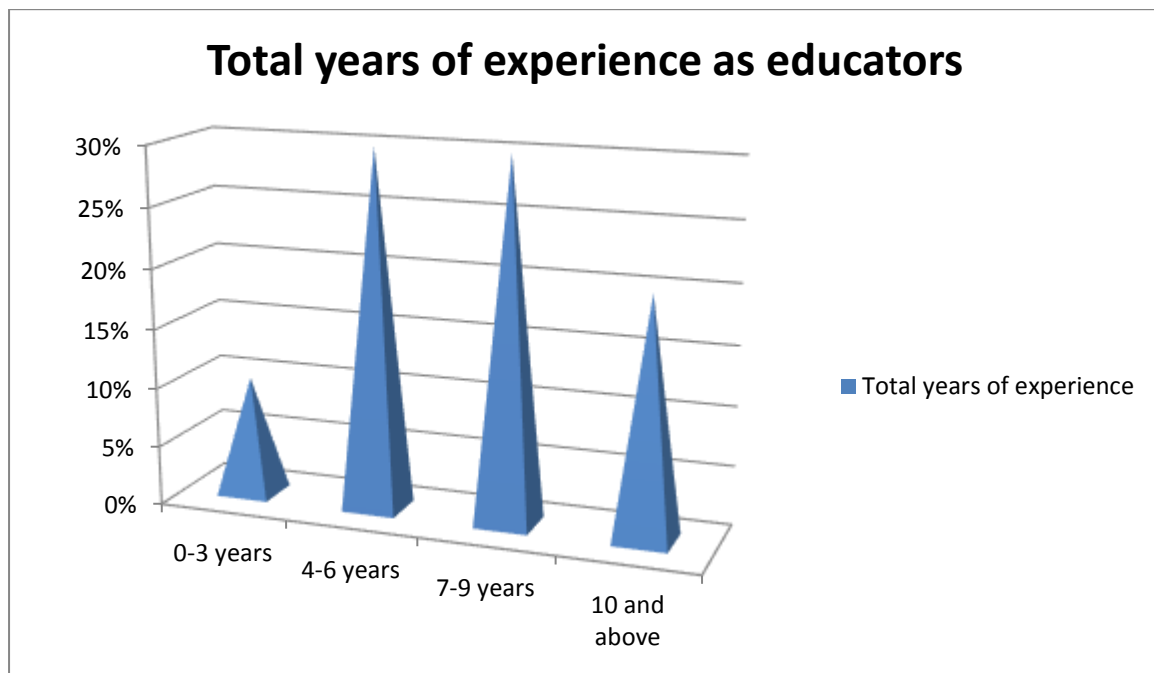
#### 4.3 Education Background of the participants' (N=10).



##### 4.3.1 Figure 6: Participants' educational experiences

The level of education of the respondents was displayed as shown in the figure. The data indicate that the majority (40%) had a post graduate qualifications followed by the same number of participants (40%) who had a junior degree, while 10% had a college diploma, and another 10% had a university diploma.

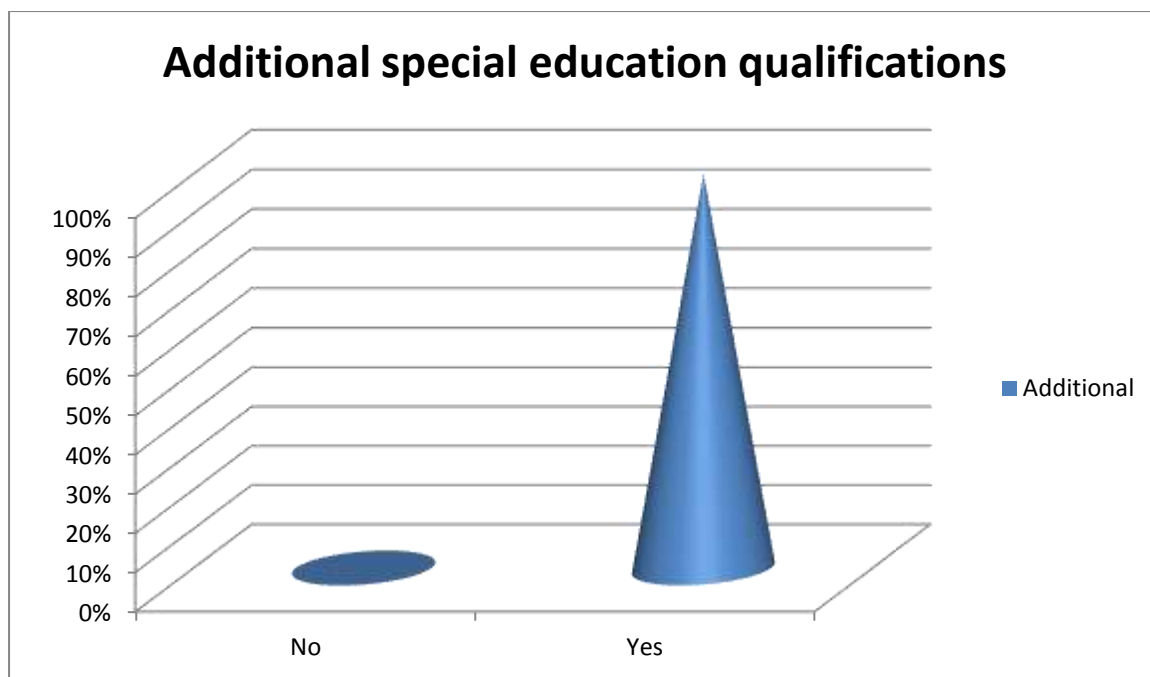
In this study, participants' educational background had made no difference in their experiences of teaching learners with ADHD.



**4.3.2 Figure 7: Total years of experience of participants' as educators.**

Four categories of overall years of experience as educators are displayed in this figure. 10% of the respondents (i.e. one of them) had between 0 and 3 years, three (30%) had spent 4-6 years, three (30%) had 7-9 years, and another three (30%) had 10 years' experience or more.

This figure revealed that no matter the total years of educators' experience in teaching learners with ADHD, they still could not manage an ADHD learner in their classrooms.



**4.3.4 Figure 8: Additional Special Education Qualifications of the participants.**

This figure reflects that none of the respondents had a qualification or experience in Special Education. This suggests that adequate training for educators is important to improve their skills in teaching learners with ADHD.

#### **4.4 Presentation of the findings**

This study had six questions which required exploring experiences of educators teaching ADHD learners. There was also one general question where educators had to add any information that was not covered in the interview schedule regarding their experiences with ADHD learners. This study had specific objectives. Each objective was majored with two questions. The data gathered from the participants were analysed according to the major themes that emerged from the data. The experiences of educators who teach learners with ADHD are presented in table 2.

#### 4.5 Themes drawn from the data

**Table 2: Themes emerged from the participants**

Theme Number	Actual theme that emerged	Number of interviewees	Percentage of interviewees
1.	Educators are challenged	7	70%
2.	Learners lack concentration	7	70%
3.	Insufficient knowledge	6	60%
4.	Time consuming	7	70%
5.	Inadequate training programmes	9	90%
6.	Educators need assistance from colleagues	5	50%

Table 2 illustrates themes that emerged from each question. There were six themes that emerged from the interview schedule. Educators' responses were coded in quotation marks.

#### **4.5.1 Theme 1: Educator are challenged**

Educators seemed to be challenged teaching learners with ADHD. According to participants, it appeared that they feel challenged in terms of their experiences when faced with learners with ADHD in their classrooms. They seem uncomfortable having them. They have to be tolerant and patient with them.

Comments from Participant 10, with 4-6 years of experience as an educator: *"It is quite difficult and brings about a number of challenges, but at least patience and tolerance has to be exercised."*

In support of this statement, Participant 3, with 7-9 years of experience, stated that: *"I experienced working with learners with ADHD in most cases, and it's so challenging. It is so not simple because as an educator I focus more on the contact time, so it becomes difficult to pay attention to learners like this."*

#### **4.5.2. Theme 2: Learners lack of concentration**

Educators had different experiences in working with ADHD learners. Their experiences were not good: they believe that ADHD learners are lazy, deliberately disruptive, and not easily focused. Learners with ADHD are known to experience behavioural and social problems, and significant academic problems. Most educators feel that ADHD learners lack concentration. In accordance with the theme learners lack of concentration, educators from all three schools reported that they had problems working with ADHD learners in their classrooms because they do not concentrate. Their work is always incomplete.

Comment from Participant 1, with 4-6 years of experience: *"I have experienced many problems with ADHD learners. They lack concentration. They do not finish tasks."*

Participant 7, with 7-9 years of experience, supported this statement: *“They are forgetful, have poor concentration, they easily get bored, they pretend to know, they copy from other pupil’s work and some are very lazy and slow.”*

#### **4.5.3 Theme 3: Insufficient knowledge**

The majority of educators had different experiences of educating learners with ADHD. They seemed to be affected because they felt that they did not have effective ways to teach ADHD learners. They also seemed to be affected by the fact that they did not know exactly what to do to accommodate ADHD learners in classrooms. For them it was just trial and error. Some educators end up giving these learners more attention than others. In general, some educators’ overall experience improved as a result of teaching at least one learner with ADHD in the class.

With respect to this theme, participants indicated that teaching ADHD learners had affected them badly, and they would like to upgrade their knowledge.

Comments from Participant 1, with 4-6 years of experience as an educator: *“It has affected me very badly, because I could not help as should be expected. I do not know what to do with them.”*

Even though some educators reacted badly to teaching ADHD learners, others took it as a challenge to upgrade their skills and knowledge in teaching them, and they were trying to help these learners.

Comment from Educator 5, with 4-6 years of experience as an educator, indicated that some educators were trying to help ADHD learners: *“These types of learner are not easily well-focused. For me as an educator it is more challenging because I am able to work harder to give them more work so as to keep them busy at all times. I applied an inlocoparentis strategy.”*

In support of this statement Participant 5, with 4-6 years of experience as an educator, stated: *"It always gives me the challenge of organising some extra lessons and extra classes, and developing myself academically by doing some research in order to gain more skills and knowledge."*

Participant 7, with 7-9 years of experience, reflected that he has insufficient knowledge, but he seemed to take this challenge positively: *"I would like to do a course on how to handle them and their problems."*

#### **4.5.4 Theme 4: Time consuming**

Most educators seemed to think that learners with ADHD are not treated the same way as those without ADHD. They believe that learners with ADHD require extra time and attention from them. According to educators, teaching ADHD learners is time-consuming. Some believe that learners with ADHD are different, and behave differently from other learners without ADHD. As a result, a lot of effort and time is required from educators to teach them.

In accordance with this theme, most educators seem to feel that it is not easy to treat learners with ADHD the same way as those without.

Comment from participant 09, with 0-3 years of experience as an educator: *"No, learners are not treated equally because learners with ADHD are different and behave differently, and they need more attention."*

Participant 5, with 4-6 years of experience, concurred with the above statement: *"No, they are not treating them equally; instead they just leave those who are mentally and physically retarded aside and focus on ADHD learners."*

Although most educators feel that ADHD learners are not treated the same way as those without, some educators seemed to think that they are treated the same way because teachers do not have special skills to teach them. So they just take them as normal learners. These educators feel that teaching learners with ADHD is time-consuming because they are slow.

Comment from Educator 7, with 7-9 years of experience: “Yes, they are treated in the same way, but they normally need extra time when writing something. They are very slow.”

Educators also seemed to have different ideas about managing ADHD learners in the classroom, yet they still feel it is time-consuming. Most of them believe that giving ADHD learners extra time and attention may help manage them in the classroom. Getting them involved in projects and giving them assignments may help educators manage these learners.

Comment from Participant 5, with 4-6 years of experience, agrees with the above statement: *“I work with them to design an independent project that would be interesting for them. By involving them in academic competitions in my area, I can also create assignments which have different expectations, and give the tasks for research just to stretch their minds.”*

Participant 9, with 0-3 years of experience in teaching, also seemed to believe that teaching ADHD learners was time-consuming: *“I need to give more attention to them in my lesson so that they will participate. If it is necessary I must give them a chance to answer questions.”*



#### **4.5.6 Theme 6: Inadequate training programmes**

Educators' responses suggest that there are no training programmes provided by the schools to help them teach learners with ADHD. All participants in this study seemed to feel that they need training in order to teach ADHD learners effectively. They felt that only those educators who have done Special Education can help learners with ADHD. Some educators felt that the school and the Department should do something to equip them with more information. According to educators, having some training in ADHD was important as many learners with ADHD were in regular classrooms rather than isolated in special education classrooms.

Comment from Participant 5, with 4-6 years of experience: *"As far as I am concerned as an educator, the school has no adequate facilities for these learners, and the Department is failing to assist them and fulfil the school's needs."*

Comment from participant 03, with 7-9 years of experience agreed with this statement: *"I feel that the school is not providing appropriate training programs for me to teach learners with ADHD."*

This was a general question where educators were required to add any information that was not asked for in the interview regarding their experiences with ADHD and the management of a learner with ADHD in the class. The following comments reflect that educators have inadequate training in ADHD.

Comment from Participant 3, with 7-9 years of experience: *"I am very concerned about what we can really do to have proper training for each year so that I can manage to help these young people. Who can help me to do all this?"*

Participant 1, with 4-6 years of experience, also seemed eager to get help in teaching learners with ADHD: *“Who are the relevant people who can assist in this matter?”*

#### **4.5.7 Theme 7: Educators need assistance from colleagues**

Educators seemed not to have proper intervention strategies to teach learners with ADHD. They seemed to rely on other educators for support. Some educators felt that it was better for those educators with many years of experience to teach learners with ADHD. Some wanted to learn more, and had been educating themselves. The following are educators' comments that illustrate their intervention strategies:

Educator 1, with 4-6 years of experience, seeks assistance from colleagues: *“I involve class teachers, HODs, the principal and parents.”*

Comment from Participant 3, with 7-9 years of experience: *“In most cases I involve teachers who have practice in child development. At times University of Zululand students assist me.”*

Comment from Participant 10, with 10 or more years of experience as an educator, suggests that irrespective of many years as educators, they still do not have the skills to teach ADHD learners: *“In fact, we do not have any form of intervention strategies, because even if we do oral work they do not comply. They live in their own world.”*

Although most educators seem to struggle with ADHD learners in classrooms, some educators are trying different strategies to help these learners, such as putting in extra hours, though it is not easy for them either, and they feel that it would be better if parents were involved with and supportive of learners' schoolwork.

Participant 7, with 7-9 years of experience as an educator, seemed to be trying to assist learners with ADHD in their classrooms: *“We have extra lessons for reading and counting and writing, but unfortunately parents do not support learners, don’t help with homework, which is very discouraging.”*

#### **4.6 Summary**

This chapter has dealt with the presentation and analysis of data which were captured during the study. The data were analysed into themes. Tables and figures were used as the form of data presentation. The next chapter covers findings, limitations of the study, conclusions and recommendations.

## **CHAPTER FIVE**

### **CONCLUSION, RECOMMENDATIONS AND LIMITATIONS**

#### **5.1 Introduction**

This study was designed to explore the experiences of educators teaching learners with ADHD. In this chapter conclusions are drawn from these findings. The chapter concludes with a summary of the most important findings, the limitation of the study, and recommendations for future relevant research.

#### **5.2 Summary of findings**

##### **5.2.1 Findings with regard to objective number one: To explore the experiences of educators who teach learners with ADHD.**

The current study explores the experiences of educators teaching learners with ADHD. The research instrument was interview schedules. The results in this study of educators' experiences suggested that educators felt that it was not easy to teach ADHD learners, who found it difficult to concentrate. Educators are directly accountable for learners' performance, and they become desperate to improve it. Most of the views expressed by educators are in line with the findings of this study. Turketi (2010) states that learners with ADHD have problems following instructions and concentrating on one task. Most ADHD learners may have difficulty in school since concentration is required. The results also reflect Garg and Arum's findings (2013), which indicate that learners with ADHD may daydream in class, lack concentration and make careless mistakes. Most of these learners may lack the awareness of time and grade: they may not know whether they are progressing to the next class or not. DuPaul, et al. (2011) views are in the line with findings in the current study that educators have insufficient knowledge for teaching learners with ADHD, and they cannot cope with them. Visser, et al. (2015) concurs with these findings. Some of the challenges faced by educators in the classroom are made worse by lack of knowledge. Educators prefer learners with ADHD to go to special education schools rather than mainstream ones.

### **5.2.2 Findings with regard to the kind of training provided for educators to teach learners with ADHD.**

The findings of this study reveal that most educators are of the opinion that they do not receive adequate training programmes. They also feel that the Department is not doing enough to provide training for them to be able to deal with ADHD learners in the classroom. It is therefore clear that educators do not have sufficient skills to manage learners with ADHD. These findings are in line with the study by Curtis, et al., (2013), which states that educators are not trained to teach learners with ADHD, who are unable to remember their chores and homework, and complete their work independently.

These learners always require assistance from educators. That makes teaching them difficult. According to Bornman and Donohoe (2013), under the previous medical model, educators were taught that learners with barriers to learning were best educated in separate classrooms. Educators were trained to teach either general education or special education classes, whereas the social model emphasises that educators should teach a different group of learners in the same classroom. It is therefore clear that educators do not receive adequate training about ADHD, or how to manage learners with ADHD in the classrooms.

### **5.2.3 Findings with regard to the kind of intervention strategies educators use to teach learners with ADHD.**

The findings in this study reveal that most educators emphasise that they are not treating learners with ADHD the same way as they do those without it. According to educators, there are no intervention strategies they use to teach learners with ADHD. They lack knowledge and confidence in teaching ADHD learners. They just teach them as learners with no barriers. In the study conducted by Holmberg, et al.(2012), educators do not have proper intervention strategies to teach ADHD learners effectively. Cuffe, et al. (2015) state that many teachers use their colleagues and self-study as a point of reference. The research findings correlate with the literature, which states that educators recognise their work as prospective helpers

but they appear to lack confidence and would like to obtain more skills on teaching learners with ADHD (Cortiella & Horowitz, 2014).

### **5.3 RECOMMENDATIONS**

This study revealed that educators had not had good experiences with ADHD learners in their classrooms. They seemed challenged and uncomfortable teaching learners with ADHD. Their biggest challenge is that they lack knowledge and skills to teach learners with ADHD. Their knowledge is very limited, and they require training to equip them with the essential skills to teach these learners. These skills would promote independence for educators with ADHD learners in their classrooms. Teaching ADHD learners has added many responsibilities for educators. Although learners with ADHD may be bright, many of them lag behind their peers developmentally in certain areas. Therefore it is vital to train educators with appropriate skills. Lopes, et al. (2014) state that educators reckoned that they need assistance in dealing with ADHD learners in the classrooms. They therefore made recommendations to assist educators to teach their learners effectively. The recommendations were related to the findings of the study.

- **Training programme**

Training programmes such as workshops and seminars were recommended as one of the best ways to assist educators to effectively deal with ADHD learners in their classrooms. Yousef, et al. (2015) suggest that apart from periodical professional development, there are no official training programmes provided for teachers in order for them to deal with learners with ADHD.

- **Classroom management**

For educators to work effectively they need to be able to create conducive environments for all learners in the classroom. It is important that educators give instructions in the classroom to accommodate all learners, and understand that

ADHD learners require close supervision. Educators need to be trained to do all this. According to Soroa, et al.(2014), educators do not receive much instruction about ADHD or how to manage the symptoms of this disorder. Receiving some training in both special and regular education is important for educators as many learners with ADHD are in regular education classrooms rather than isolated ones for special education.

- **Developing positive attitudes towards ADHD learners**

Educators' attitudes towards ADHD learners in the classroom may affect their relationships, and how they deal with them. Lopes, et al.(2014) state that attitudes of educators towards learners with ADHD may influence whether and how they support such learners in classroom settings. It has been established that educators' tolerance of ADHD learners' behaviour will affect how a learner is perceived and treated in the classroom.

- **Parental involvement**

Parents must be encouraged to be actively involved in their children's education. They must be involved by helping them with their homework and checking their academic progress. Parents must also be encouraged to communicate with the educators at all times.

- **Involvement of psychologists and other specialists**

Working closely with psychologists and other specialists would assist educators in the identification and management of learners with ADHD. According to DuPaul, et al. (2014), getting learners with ADHD involved in the organisation and management of their classroom will help them improve their behavior.

#### **5.4 Limitations of the study**

The first limitation of the study was the sample size, with only 10 participants from three schools. If the sample was large the picture would be clear about the experiences of educators teaching learners with ADHD. The sample was also restricted to KwaZulu-Natal and one circuit, which was uMtunzini. The sample could have been extended to schools in urban areas as well. Educators from different cultural groups would give different views on their experiences with ADHD learners in their classrooms. Data collection relied only on one method, which was an interview. Literature within the South African context pertaining to similar research was very limited. There is still a great need for future research to be done in this field.

#### **5.5 Avenues for future research**

- Although it is clear that educators play an important part in the initial screening of ADHD, very little has been done in the way of scholarly publication to ensure that educators are knowledgeable about the disorder and its management.
- There is a great need to conduct a similar study in all regions of KZN that will include educators from different cultural groups.
- Studies are needed to investigate collaboration between educators and parents of learners with ADHD.

#### **5.6 Conclusion**

This study has shown that educators' experiences in teaching learners with ADHD were not good. Educators perceived themselves to know significantly little about ADHD and its management, and to be in need of assistance. It is the responsibility of an educator to stay informed on current research because their role in the initial screening of ADHD is very important. However, the results from this study show that



educators lack information on teaching ADHD learners. Training programmes are urgent so that a referral will always result in diagnosis and intervention strategies for each learner with ADHD. To ensure that only a suitable population of children is identified with ADHD, continuous training for educators should provide information on possible intervention strategies. Educators should remember that there is no substitute for a well-conceived educational programme that will address learners' complete academic and social needs.

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## ANNEXURE A



### UNIVERSITY OF ZULULAND RESEARCH ETHICS COMMITTEE (UZREC) ETHICAL CLEARANCE APPLICATION COVER SHEET (2015)

<b>Project Title</b>	EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN MTUNZINI CIRCUIT.									
<b>Principal Researcher(s)</b>	GRATITUDE MAXABISO SIKOTANE									
<b>Email Address</b>	<a href="mailto:maxabisosikotane@gmail.com">maxabisosikotane@gmail.com</a>									
<b>Supervisor and Co-supervisor</b>	PROFESSOR D.R. NZIMA									
<b>Department</b>	EDUCATIONAL PSYCHOLOGY AND SPECIAL EDUCATION									
<b>Nature of Project</b>	Honours/4 <sup>th</sup> Year		Master's Mini-dissertation	X	Master's Full dissertation		Doctoral		Departmental	
<b>Research involves</b>	Human Health		Animals		Human Health and Animals		Data collection from people		X	
Children (Non-	Children		Other		Special health and safety		Desktop, field			

therapeutic research)	(Therapeutic research)	vulnerable persons	considerations	work or laboratory research only	
Environmental hazards/ pollution	Interference with nature	Intellectual Property (IP)	Possible conflict of interests (researcher, funder or participants)	Benefits from this research	
<b>Risk Classification</b>	Low Risk	X	Medium Risk	High Risk	Other

<b>Documents submitted for ethical clearance consideration</b>	Project proposal	X	Participant Informed Consent	
	Survey Instrument/Questionnaire	X	Translation (where appropriate)	
	Translation (where appropriate)		Guardian Informed Consent	
	Open-ended question sheet		Translation (where appropriate)	
	Translation (where appropriate)		Letter requesting access to sites/ information/ participants	X
	Observation sheet		Letter granting access approval	
	Research instrument permission		<u>Other documentation:</u>	
	Copyright permission			
<b>Faculty comments, e.g.:</b>	<b>REC</b>			
<ul style="list-style-type: none"> <li>• Reasons for recommendation to the UZREC</li> <li>• Why/how the benefits outweigh the risks associated with the research</li> </ul>				

<ul style="list-style-type: none"> <li>• Special conditions to be attached to the approval</li> </ul>		
<b>Faculty</b> <b>REC</b> <b>Chairperson's</b> <b>Signature</b>		<b>Date</b>
<b>Print Name</b>		

## **ANNEXURE B**

### **A letter to request permission to conduct the study**

University of Zululand

PO Box X 1001

KwaDlangezwa

3886

Tel: .....

Email:

[maxabisosikotane@gmail.com](mailto:maxabisosikotane@gmail.com)

10 July 2015

The Director: Research Strategy Development and ECMIS

KZN-Department of Education

Private Bag X 9137

PETERMARITZBURG

3200

Dear Sir/Madam

### **A REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH EDUCATORS AS SUBJECTS**

I am conducting research for M.ED Degree in the faculty of Education at the University of Zululand. I am writing this letter to request permission to conduct

research with educators in three different schools at KwaDlangezwa in uMtunzini Circuit.

My research interest is on the experiences of educators teaching learners with Attention Deficit Hyperactivity Disorder.

The aims of the study are:

1. To explore the experiences of educators who teach learners with ADHD.
2. To determine whether or not there is adequate training provided for educators to teach learners with ADHD.
3. To establish if there are intervention strategies teachers use to teach ADHD learners.

Your consideration of this letter and granting of permission to do research will be greatly appreciated.

Yours Faithful

---

Gratitude M. Sikotane

---

Supervisor: Prof D.R. Nzima  
University of Zululand



education

Department:  
Education  
**PROVINCE OF KWAZULU-NATAL**

Enquiries: Nomangisi Ngubane Tel: 033 392 1004 Ref.: 2/4/8/520

Miss G M Sikotane

PO Box 12205  
EMPANGENI  
3880

Dear Miss Sikotane

### **PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS**

Your application to conduct research entitled: **“EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN MTUNZINI CIRCUIT”**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 September 2015 to 30 September 2016.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Mtunzini Circuit

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**Nkosinathi S.P. Sishi, PhD**  
**Head of Department: Education**  
**Date: 24 August 2015**

**KWAZULU-NATAL DEPARTMENT OF EDUCATION**

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa

PHYSICAL:247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004  
EMAIL ADDRESS: [kehologile.connie@kzndoe.gov.za](mailto:kehologile.connie@kzndoe.gov.za) / [Nomangisi.Ngubane@kzndoe.gov.za](mailto:Nomangisi.Ngubane@kzndoe.gov.za)  
CALL CENTRE: 0860 596 363; Fax: 033 392 1203 WEBSITE: [WWW.kzndoe.gov.za](http://WWW.kzndoe.gov.za)

A handwritten signature in black ink, consisting of a stylized capital 'A' followed by a long horizontal stroke.



## **ANNEXURE D**

### **Access letter requesting permission to conduct research**

University of Zululand

PO Box X 1001

KwaDlangezwa

3886

Tel: .....

Email:

[maxabisosikotane@gmail.com](mailto:maxabisosikotane@gmail.com)

10 July 2015

The Principal

.....

.....

.....

Dear Ms/Mr.

### **REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

I am a registered Master's student in the Department of Educational Psychology and Special Education at the University of Zululand. My supervisor is Professor D.R. Nzima.

The proposed topic of my research is: EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN MTUNZINI CIRCUIT.

The objectives of my study are:

- 1) To explore the experiences of educators who teach learners with ADHD.
- 2) To determine whether or not there is adequate training provided for educators to teach learners with ADHD.
- 3) To establish if there are intervention strategies teachers use to teach ADHD learners.

I am hereby seeking your consent to a research project.

To assist you in reaching a decision, I have attached to this letter:

- a) A copy of an ethical clearance certificate issued by the University
- b) A copy of a research instrument which I intend using in my research

Should you request any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

Miss G.M. Sikotane: [maxabisosikotane@gmail.com](mailto:maxabisosikotane@gmail.com) Cell: 0729297278

Professor D.R. Nzima: [NzimaD@unizulu.ac.za](mailto:NzimaD@unizulu.ac.za)

Upon completion of this study, I undertake to provide you with a bound copy of this mini dissertation.

Your permission to conduct this study will be greatly appreciated.

Yours sincerely

**Signature** \_\_\_\_\_

**Name** Maxabiso Sikotane

## ANNEXURE E

### Researcher's declaration

I Gratitude Maxabiso Sikotane declare that: I explained the information in this document to.....

- Requested him/her to ask questions if anything was unclear and I have answered them as best as I can.
- I am satisfied that s/he sufficiently understands all aspects of the research so as to make an informed decision on whether or not to participate.
- The conversation took place in isiZulu.
- I did not use an interpreter.

.....

Researcher's signature

.....

Date

## **ANNEXURE F**

### **Participant informed consent declaration**

**PROJECT TITLE: EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN MTUNZINI DISTRICT.**

Gratitude Maxabiso Sikotane from the Department of Educational Psychology and Special Education, University of Zululand has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to explore experiences of educators teaching learners with Attention Deficit Hyperactivity Disorder.
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project I will be contributing towards providing information that will contribute to the body of knowledge in the area of educational psychology and special education.
4. I will participate in the project by completing the questionnaire as honest as possible.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be refunded.

7. There are no risks associated with my participation in the project. I am aware that:
8. The researcher intends publishing the research results in the form of a scientific journal publication. However, confidentiality and anonymity of records will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.
9. I will not receive feedback in the form of report regarding the results obtained during the study.
10. Any further questions that I might have concerning the research or my participation will be answered by Gratitude Maxabiso Sikotane ([maxabisosikotane@gmail.com](mailto:maxabisosikotane@gmail.com)), Prof D.R. Nzima ([NzimaD@unizulu.ac.za](mailto:NzimaD@unizulu.ac.za)) Private Bag X10001 KwaDlangezwa 3886.
11. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies.
12. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I, .....have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....

.....

**Participant's signature**

**Date**

## ANNEXURE G

### Interview schedule for educators

SITE						
DATE						
QUESTIONNAIRE NUMBER						

**TITLE: EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN MTUNZINI CIRCUIT.**

### **SECTION A: BIOGRAPHICAL DATA (Question 1 to 8).**

Please indicate by means of a tick in the box applicable to you.

1. What is your gender? **FEMALE** ☐ **MALE** ☐

2. How old are you? **21 – 30** ☐ **31 – 40** ☐ **41 – 50** ☐  
**51 – 60** ☐ **61 and above** ☐

3. How many years have you been an educator?  
**0 – 3** ☐ **4 – 6** ☐ **7 – 9** ☐ **10 and above** ☐

4. In which racial group do you belong?  
**AFRICAN** ☐ **WHITE** ☐ **INDIAN** ☐ **COLOURED** ☐

5. What is your marital status?  
**MARRIED** ☐ **SINGLE** ☐ **DIVORCED** ☐ **WIDOWED** ☐

6. Do you have any disability?

YES ☐ NO ☐

7. What is your highest academic education?

Matric	College Certificate	College Diploma	University Diploma	Junior Degree	Postgraduate qualification

8. Do you hold a qualification or experience in Special Education? **YES / NO**. If the answer is **YES**, please state your qualification.

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**SECTION B: PLEASE EXPLAIN THE FOLLOWING:**

<b>Topic: EXPERIENCES OF EDUCATORS TEACHING LEARNERS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN MTUNZINI CIRCUIT</b>
<b>Date of interview:</b>
<b>Length of interview:</b>
<b>Name of interviewee:</b>
<b>School:</b>
<b>Grade:</b>
<b>Number of learners in class:</b>
<b>What are your experiences on working with learners with ADHD?</b>
<b>How has the experience of educating learners with ADHD influenced or affected you as an</b>



<b>educator?</b>
<b>Do you think educators are treating learners with ADHD the same way they do to those without?</b>
<b>How do you as an educator manage ADHD learners in a classroom context?</b>
<b>Do you feel that the school is providing adequate training programs for you to teach learners</b>

<b>with ADHD?</b>
<b>What form of intervention strategies do you use to teach learners with ADHD?</b>
<b>Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?</b>

## ANNEXURE H

### Participants' responses

#### Participant 1

##### Questions

##### Responses

1. What are your experiences on working with learners with ADHD?	I have experienced many problems with this ADHD. They lack concentration. They don't finish tasks.
2. How has the experience of educating learners with ADHD affected or not affected you as an educator?	It has affected me very bad, because I couldn't help as should be expected. I don't know what to do with them.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	No, because learners with ADHD are different and behave different and they need more attention.
4. How do you as an educator manage ADHD learners in a classroom context?	I usually give them extra work or extra activities in order to adapt with their attention.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	No, I do not get appropriate training.
6. What form of intervention strategies do you use to teach learners with ADHD?	I involve class educators, HODs principal and parents.

7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	Who are relevant people or aspects who can assist on this matter?
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The participant reported that she has experienced many problems with learners who may have ADHD. They lack concentration. Educating learners with ADHD has affected her. She reported that she doesn't know what to do with them. She thinks that those learners with ADHD are treated differently, they need more attention. The participant usually gives them extra activities to keep them focussed.

## Participant 2

### Questions

### Responses

1.What are your experiences on working with learners with ADHD?	It is quite difficult and brings about a number of challenges but at last patience and tolerance has to be exercised.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	It sometimes make one seem to be short tempered.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	Yes they do yet there are those times you tend to lose temper.

4. How do you as an educator manage ADHD learners in a classroom context?	I call an individual portraying that kind of behaviour and discipline him aside.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	Not at all, there is no training provided.
6. What form of intervention strategies do you use to teach learners with ADHD?	I somehow treat them in seclusion.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	No.

The participant reported that he experience a number of challenges with ADHD learners and tolerance has to be exercised as it sometimes make one seem to be short tempered. Participant reported that there is no training provided for educators to be able to teach ADHD learners.

### Participant 3

#### Questions

#### Responses

1.What are your experiences on working with learners with ADHD?	I would say, I experienced working with learners with ADHD in most cases and it is so challenging. It is so not simple because as an educator I focus more on the contact time, so it becomes difficult to pay attention to learners like this.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	It has affected me in many ways actually, because I ended up not having ample time to help learners with ADHD.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	In fact, I cannot say yes or no because we have different skills of teaching, attending matters, etc. Therefore, it depends on the individual.
4. How do you as an educator manage ADHD learners in a classroom context?	I always try to involve them in different activities but they like the most or should I say involve them in more activities/ lessons that they have interest on.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	No, I feel that the school is not providing appropriate training programs for me to teach learners

	with ADHD.
6. What form of intervention strategies do you use to teach learners with ADHD?	In most cases I involve teachers who have done practice in child development. At times, university of Zululand students assist me.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	I am very concerned about what we can really do to have a proper training for each year so that I can manage to help these young people. Moreover, who can help me to do all this?

The participant reported that it is challenging and not simple to teach learners with ADHD. It becomes difficult to pay attention on them. The participant seems to rely on other teacher's who have more knowledge for assistance. The participant feels that the school has not provided adequate training on ADHD.

## Participant 4

### Questions

### Responses

1.What are your experiences on working with learners with ADHD?	It is not easy as they are interrupting other learners during the teaching and learning process. Moving up and down, aggressive to others, talk non-stop, beating others, unfinished class/homework, laziness in writing classwork and tell more lies.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	More time and attention is needed and also tolerance. I need to apply strategies to teach them.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	In fact, yes, but it is difficult because they are chaotic and naughty. In the case of teaching, it is mostly the same but they are handful.
4. How do you as an educator manage ADHD learners in a classroom context?	Once you identify them, it is where a teacher changes his/her teaching strategies that will suit their ability.
5. Do you feel that the school is providing adequate training programs for you to teach	I can say that the school and the department should work



learners with ADHD?	hard on this matter since there is less information about it. Only these teachers that has done Special Education as an elective in honours level.
6. What form of intervention strategies do you use to teach learners with ADHD?	Communication with parents is important. Adoption of teaching strategies if the one I'm using is not working.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	No.

The participant reported that it is not easy to work with learners with ADHD. More time, attention and tolerance is needed. The teacher has to change his teaching strategy in order to accommodate them. The participant feels that educators are treating learners with ADHD the same way they do with those without. The participant also reported that the school and the department have to do something since there is insufficient information given to them about ADHD.

## Participant 5

Questions	Responses
1.What are your experiences on working with learners with ADHD?	These types of learners are not easily well-focused, for me as an educator it gives me more challenge because I'm able to work hard to give them more work so as to keep them busy at all times. I applied an in-loco-parentis strategy.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	It always gives me a challenge of organising some extra lessons and extra classes and as well as to challenge me to develop myself academically and to do some research in order to gain more skills and knowledge.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	No, they are not treating them equally, instead they just leave those who are mentally and physically retarded aside and focus to ADHD learners.
4. How do you as an educator manage ADHD learners in a classroom context?	I work with them to design an independent project that would be interesting for them. By involving them in academic competitions in my area. I can also create assignments which have different expectations, and give the tasks for research just to stretch their minds.
5. Do you feel that the school is providing adequate training programs	No, as far as I am concerned as an educator, the school has no adequate facilities to provide these learners and the

for you to teach learners with ADHD?	department is failing to assist them and fulfil the school needs.
6. What form of intervention strategies do you use to teach learners with ADHD?	These kinds of learners need stimulating curriculum and without it they can tune out and lose interest in school.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	Yes, as educators we need to pay more attention to these learners because they fear failure and are able to become frustrated with inactivity and lack of challenge and show isolation and lastly, may end up committing suicide.

The participant reported that it gives challenges to work with ADHD learners. She gives them more work to keep them busy. Her experience on teaching learners with ADHD has challenged her to develop herself academically and do more research on ADHD in order to gain more skills and knowledge. The participant feels that educators are not treating learners with ADHD the same way as they do to those without. The participant seemed to have different strategies to educate ADHD learners. She feels that the school has no adequate facilities to provide and the department is failing to assist them.

## Participant 6

### Questions

### Responses

1.What are your experiences on working with learners with ADHD?	Not finishing their school work, easily distracted and hyperactive.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	It has affected me on my teaching time, because I have to split my teaching period for the normal learners and for the learners with barriers.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	Yes, in most cases they do because they do not have any special training on ADHD learners.
4. How do you as an educator manage ADHD learners in a classroom context?	I have created a quiet area in the classroom with less distraction for these learners. Reduce his/her work because they cannot concentrate for long periods. I usually assess the learner orally.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	No adequate training has been provided for the teacher to teach ADHD learners.
6. What form of intervention strategies do you use	Since they fail to finish their

to teach learners with ADHD?	schoolwork on time, I usually give a learner extra time to finish his/ her work/task.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	No.

The participant reported that learners with ADHD are easily distracted, hyperactive and do not finish their school work. Working with them has affected him because he has to split the periods to accommodate all learners. Participant thinks that educators are treating learners with ADHD the same way as they do to those without because they do have special training on ADHD. He also feels that there is no training provided for teachers to teach these learners so he created his own strategies to manage them.

## Participant 7

### Questions

### Responses

1.What are your experiences on working with learners with ADHD?	They are forgetful, have poor concentration, they easily get bored, they pretend to know, they copy from other pupil's work and some are very lazy and slow.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	I would like to do a course on how to handle them and their problems, how can I help them.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	Yes, they are treating them the same and they normally need extra time when writing something. They are very slow.
4. How do you as an educator manage ADHD learners in a classroom context?	I involve them in every lesson so that they may not feel discriminated. I reward everyone for participating regardless of correct or incorrect answer.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	No, there are no trainings as far as I know.

6. What form of intervention strategies do you use to teach learners with ADHD?	We have extra lessons for reading, counting and writing. Unfortunately, parents do not support learners since they do not help them with homework which is very discouraging.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	No.

The responded showed the way he experiences teaching learners with ADHD. He mentioned that he would like to do a course so he can be able to handle them in class. He thinks that teachers are treating these learners the same way though they normally need extra time. He involves them in every lesson so they may not feel discriminated. The participant also reported that they is no training provided for them as educators.

## Participant 8

### Questions

### Responses

1.What are your experiences on working with learners with ADHD?	Is that learners with ADHD, they want a parental attention.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	It experienced me how to handle learners with ADHD.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	They need their own parental attention and time.
4. How do you as an educator manage ADHD learners in a classroom context?	Learners with ADHD need more time than others.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	There are no programs in place to cater for ADHD learners.
6. What form of intervention strategies do you use to teach learners with ADHD?	We need formal workshops to deal with ADHD learners.
7. Do you have any additional information that was not asked in	No.



this questionnaire regarding your experiences with learners with ADHD?	
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The participant reported that learners with ADHD need parental attention and extra time to teach them. He also feels that there are no training provided for educators to be able to teach ADHD learners.

### Participant 9

#### Questions

#### Responses

1.What are your experiences on working with learners with ADHD?	Is to talk to them after lesson when I'm done in a class. Give him/her another chance to adopt change in the classroom.
2. How has the experience of educating learners with ADHD influenced or affected you as an educator?	Changing emotionally but as the time goes on adopt the culture of learning and teaching.
3. Do you think educators are treating learners with ADHD the same way they do to those without?	Not exactly because their attitudes are the same but we treat them equally in terms of learning and teaching.

4. How do you as an educator manage ADHD learners in a classroom context?	Give more attention in my lesson so that they will participate. If it is necessary give them a chance when they answer questions.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	Yes, by understanding that learners comes in a different background but in the school we must have our rules and principles.
6. What form of intervention strategies do you use to teach learners with ADHD?	Assist during the class and give more problems that are similar to his/her work.
7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	No.

The respondent reported how ADHD learners handle themselves and how he manages learners with ADHD in the classroom. The participant further reported that educators do not treat ADHD learners the same way as those without; they only treat them equally in terms of teaching and learning.

## Participant 10

### Questions

### Responses

1. What are your experiences on working with learners with ADHD?	We do not have any qualification in Special Education so learners with ADHD are treated as normal learners, no special attention given to them, and no separate classrooms are kept for them. Even if their parents are told about them they say they understand bit nothing can be done.
2. How has the experience educating learners with ADHD influenced or affected you as an educator?	We have a big problem because you have to treat them differently and some cannot write correctly, some cannot construct a sentence or any word cannot be written correctly, some are slow, so it gives me a problem to teach others normally. Even to punish them is very difficult. Other learners tend to copy some action from them.
3. Do you think educators are treating learners	Sometimes no because one

with ADHD the same way they do to those without?	has to deal with their unusual actions and they disturb our learners in many ways. We do not punish them the same way since some do not feel the pinch or they do not abide with the rules.
4. How do you as an educator manage ADHD learners in a classroom context?	Some of them make noise and disturb others or the whole teaching process, in that way we have to act as if there are not there or as if we do not hear or see what they are doing. Their actions as well are disturbing and they can hurt others. They are sometimes very stubborn and it is difficult to accommodate them like others.
5. Do you feel that the school is providing adequate training programs for you to teach learners with ADHD?	No, as I have mentioned we tell the parents to take them to special schools in town. We do not have training programmes for these learners.
6. What form of intervention strategies do you use to teach learners with ADHD?	In fact, we do not have any form of intervention strategies because even if we do oral work they do not comply. They leave in their own world.

7. Do you have any additional information that was not asked in this questionnaire regarding your experiences with learners with ADHD?	Yes, as a result they repeat classes until they are promoted by their age. And this does not help them. Parents need to understand them and take them to special schools. They end up leaving the school.
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The respondent reported not to have any qualification in Special Education so they is no special treatment given to learners with ADHD in the class though it is difficult to teach them. The respondent further reported that they don't know how to manage them so they sometime ignore them as also feels that parents should play their role by taking these learners to Special School. As educators they do not have any form of intervention strategies.