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Attention Deficit Hyperactivity Disorder and Social Work Practice in Suffolk, VA.

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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2020

Abstract

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By

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MSW, Walden University, 2016

BA, University of Toledo, 2012

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Attention deficit hyperactivity disorder (ADHD) is a well-known disorder that children are increasingly diagnosed with, but the school setting is still unprepared for this disorder. Research has also shown that there is still a need for school staff be more educated and trained on this disorder so that they can see how the environment, including the school setting, plays a significant role in increasing the symptoms including adding to the stigma. The gap in literature found that the social expectations that shape the school environment can create a challenge for children with an ADHD diagnosis and contribute to the stigma and negatives experiences for children with ADHD. The purpose of the action research study was to explore how social workers in Suffolk, VA, can help improve the social and educational experiences of children with ADHD in the school setting through building on how the environment plays a role in ADHD symptoms. This issue was viewed from a systems theory perspective to help demonstrate how the environment and the systems that make up the environment affect a child with ADHD. A qualitative approach was used, and the information was gathered using focus groups composed of social workers. The data were analyzed by hand coding the data to help identify any common themes within the data. Key findings of the research showed that several precipitating factors contribute to these symptoms of ADHD from within the environment. Social implications of the results support that there is a need for change about how children with ADHD are treated in the school setting. Children with this diagnosis and the school staff may benefit from this study through training, education and dispelling the stigma attached with the disorder.

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Dedication

This is dedicated to those who have walked this journey with me and have given me endless support. I want to take this time to let you all know how much I appreciate you. I want to thank my family and my friends who have been there from the beginning. I also appreciate those that I have met along the way on this journey. Each person has inspired me differently and has left their mark on me. It is because of each of you that I was able to stick with this goal and achieve it. When things were tough, I could hear your encouraging words pushing me through and when things were good, I could always count on you all to celebrate those moments and milestones. I want to especially thank my mother Marchelle, my dad William and my brother Charles as well as Kara, Alanna, Cassandra, Valencia, Erica, Brian, Bernadette, Telita, Lacrezia, Tori, Alexis and everyone else that has been there for me. You all have been my rock and support system. I could not imagine going through this without you. I am genuinely grateful to you all. This is for you. We did it!

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I would like to acknowledge my committee members that have helped make this achievement possible. Dr. Tom McLaughlin, Dr. Lakisha Mearidy-Bell, and my URR member Dr. Cynthia Davis. Without their guidance, support, and encouragement, I might have given up on this dream. They pushed me to be a better student, a better researcher, and a better scholar. They were pushing me to reach my full potential and to go the extra mile. Their patience and efforts are much appreciated, and I am thankful that I had such a fantastic committee to see me through. I think what made our team worked well was the communication that we had. Dr. McLaughlin was always there to answer my questions, whether it be through email, text, or phone calls, and Dr. Bell did the same when she would give her feedback. I also appreciate Dr. Davis with her thorough but quick feedback especially since this was a quarter based program and time seemed to fly by.

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Section 1: Foundation of the Study and Literature Review

Attention deficit hyperactivity disorder (ADHD) is one of the top disorders diagnosed during childhood (Centers for Disease Control and Prevention, 2017). It can significantly impact on various areas of a child's life, especially in the school setting. During childhood, ch1ildren spend the majority of their day at school, where they are trying to manage the expectations of the school setting. The children that have ADHD have not only to try to meet these expectations, but they also have to work harder than other students to manage their symptoms of ADHD. These expectations can be challenging for the child, the school staff, and the parents/guardians of the children.

Finding the best way to address ADHD so that the child can better manage the symptoms and have a positive learning experience is an ongoing battle. Every child is different, and the interventions should reflect that, so it should not be assumed that the same interventions will work with all children with ADHD. There is an array of interventions that can be used to work with children with ADHD (Catala-Lopez et al., 2017). These interventions should be considered as well as looking at the child's environment.

In many instances, schools try to enforce medication management on these children as a solution to this issue (Ainsworth, 2015). Medication helps with only the biological aspect of the disorder, but the behavioral element still needs to be addressed. According to the Virginia Board of education (2018), ADHD is considered a learning disability under the "other health impairment" section, which requires the school to provide accommodations for eligible children. Identified children with ADHD are

protected under the Americans with Disabilities Act (Department of Education, 2016). Schools have a legal obligation to create a learning environment that allows children with ADHD the opportunity to succeed like their non-ADHD peers.

Schools need to be understanding of this disorder so that the disorder does not stigmatize children. The stigma that has been linked to ADHD has the potential to affect how a teacher views a child with ADHD (Lee, 2014). ADHD already may have adverse effects on the educational experience of children (Climie & Mastoras, 2015; Wiener & Daniels, 2016). The stigma held by school staff can exacerbate the negative experiences (Amiri, etal., 2017). The stigma and lack of knowledge then becomes a barrier for treatment/interventions for the students. This is an example of why the child's environment should be considered when it comes to interventions. An intervention process should include the child and those who are also involved with the child.

Problem Statement

ADHD is a growing issue for school children, so school professionals should be well informed and trained about ADHD because it is the feedback from the teachers that contribute to the diagnosing of the disorder (Amiri et al. 2017; Topkin, Roman, & Mwaba, 2015). According to the American Psychiatric Association (2013), children need to show symptoms in more than one environment for them to be diagnoses, and school counts as one of these environments. The environments in which the child has the most difficulty should be examined in more depth. Such an examination might show that it is the environments that are worsening these symptoms; it is not only a disorder in the child.

Purpose Statement

The purpose of the action research study was to explore how social workers in Suffolk, VA, can help improve the educational experiences of children with ADHD in the school setting, through building on how the social expectations of the environment plays a role on the ADHD symptoms. It is hypothesized that social workers have the potential to play a crucial role in improving the way schools work with children with ADHD. My plan was to assess how social workers can offer insights on how the environment can affect children with ADHD in a school setting.

In the city of Suffolk, VA, multiple agencies contract with schools and hire social workers to come into the school setting to help children who have behavioral issues and mental health disorders known as the therapeutic day treatment program. These social workers can interact daily with the children at the school and observe the children's interactions with those around them. Thus, this makes social workers sound sources to answer the research question about what would their perception of how they see the environment affecting children with ADHD. By gathering this information, social workers can use it to provide support on how the environment plays a role in the child's behaviors, especially those with ADHD.

Nature of the Doctoral Project

The intention of using an action research study is for the participants to gain more of an understanding of how the environment can have a significant impact on children with ADHD. The research focused on specific areas of the environment, such as stigma, teacher's knowledge and training, and intervention strategies, and how social workers can help improve the way ADHD is treated in the school setting. I have seen first-hand how

school staff have interacted with children when they suspected or knew a child had ADHD versus them interacting with a child without ADHD. Not only was medication one of the first things school staff pushed for, but they were also quick to label the child a "bad child" and have less patience with them when the child was struggling to handle their behaviors. Action research provides a way for information to be collected and analyzed by those who are directly impacted by the identified issue (Stringer, 2014). Action research is a collaborative process between the researcher and those directly involved in the topic (Stringer, 2014). In this study, social workers that work in the school setting have first-hand information about how children with ADHD are treated in the school setting, how the environment contributes to their behaviors, and what could be done to make it better. I used focus groups to the information that they shared, and I categorized and analyzed their answers to identify themes in their responses.

Significance of the Study

In this study, I examined how the traditional expectations of the school environment can be cause problems for a child with ADHD in Suffolk, VA., as school staff tend to be less knowledgeable about this disorder (Amiri, et al., 2017). This lack of knowledge leads to children being labeled and stigmatized for their behaviors (Bussing & Mehta, 2013). This can then create an environment that is not helpful for these children because they are being required to meet these social demands that are not understanding of their individual differences. It also does not help that there are professionals that believe that ADHD is not a real disorder (Gwernan-Jones et al., 2016). This lack of

awareness then provides support for schools to continue to ignore the needs of children with ADHD.

Children with ADHD might need additional supports in the classroom to help them focus and be less hyper, because ADHD is considered an impairment (Virginia Board of Education, 2018). If teachers are not willing to employ these interventions because they have their own bias and think a child is just "acting out," then the ADHD symptoms will continue to be a challenge for children in the classroom. As a result, I aimed to address this lack of awareness through providing education and research evidence to show how aspects of the environment can increase the presence of ADHD symptoms.

This study helps show that the environment can contribute to the symptoms of ADHD (Gwernan-Jones et al. 2016). It expands the knowledge about ADHD for school staff and methods to assist children with this disorder. This study gauged what is already known about ADHD, how ADHD is perceived and treated in the school setting, which will help with filling in the gaps between these perceptions and the role the environment plays on the ADHD symptoms.

The participants were social workers with a bachelor's or master's degree in social work who have worked in the school setting and with children that have or were suspected of having ADHD. Their insight sought to help improve how schools are viewing children with ADHD and help the school staff understand that ADHD is not only an internal issue of the child, but it has an external component that needs to be considered.

Theoretical/Conceptual Framework

The theory used in this study is systems theory. Systems theory acknowledges that individuals are surrounded by systems and that these are systems are interconnected, so they influence each other (Walsh, 2013). In the case of children with ADHD, their systems in a school setting are the school staff, their families, their peers, their teachers, the school, and the education system. Each of these systems can influence how a child behaves while they are in school (Rayburn, Winek, & Anderson, 2016).

Michailakis and Schirmer (2014) highlighted that social problems need to be viewed from more than one perspective and that social issues are affected by other areas surrounding the individual. For example, on a micro level, a child is diagnosed with ADHD, and they are the center of their system. On the mezzo level, it would include all that are around the child, such as their peers, teachers, and family. Most complaints about a child with ADHD are about how the child is disrupting others or the environment around them. But what is not being looked at is how that environment has an impact on the child. Each level of the system has a bidirectional effect on the next level. This example shows that there are layers to problems and that these layers have a bi-directional effect on the individual, as the individual influences those around them.

The systems theory helped inform this study by demonstrating that when working with a child with ADHD, all parties need to be included in the intervention process and that the child's environment also needs to be considered, not just the individual child. Social workers are known for their work with individuals but also for their ability to assess how external factors are influencing the individual and vice versa (National

Association of Social Workers, 2018). Systems theory is supported by social work practice and promotes the ethical standards of the profession.

Ethics and Values

The social work ethical standard that supports this research is the "social justice" principal. The goal of this principle is for social workers to help defend those who cannot help themselves (NASW, 2018). In my research, those individuals are the children that have or are suspected of having an ADHD diagnosis. These children tend to struggle more in their school environment than their peers without ADHD, and this leads to teachers jumping to label them as "bad" children that need to be medicated (Ainsworth, 2015).

I applied the ethical standard of privacy and confidentiality to this research study. As the participates in my research are protected by confidentiality, and their identity is not revealed. The names of the participant's names are not used in the study so that anything they say cannot not be used against them at any point in time. I applied the standard of "self -determination" from the NASW Code of Ethics (2018). The participants were also protected by having the choice of participating in the research and knowing that they can decline or decide they no longer want to participate in any point in time. Informed consent will be another standard that applied from the NASW Code of ethics (2018) as the participants were fully informed of the reason and purpose of the study and their participation. I also applied the ethical standard of "Evaluation and Research" to my research as I plan to add to the knowledge of the social work field through my research, and I also applied and received approval from the IRB for my

research project. My IRB approval number is through the Walden University 09-23-19-0453653.

Literature Review

Attention Deficit Hyperactivity Disorder

Research has been expansive when it comes to studying school-age children with ADHD and the environment. The environment includes not only the identified child but their family, home setting, their friends, school, the teacher and staff within the school, the educational systems, and the society. Harold et al. (2013) is just one group of researchers that agree that there are factors in the environment that can influence ADHD symptoms.

One aspect that has been researched is how the family environment plays a role in ADHD symptoms. In one research study by Storebø, Rasmussen, and Simonsen (2016), they investigated how attachments styles are associated with ADHD, specifically insecure attachment styles. The study showed that the type of attachment style between a child and their mother could be linked to ADHD symptoms, for example, children with ADHD appear to have insecure attachments styles (Storebø, et al., 2016). The study also showed that children with disorganized attachment styles issues with attention and demonstrate externalizing behaviors and suggested that treatment should include working on attachment styles.

Within the home environment, electronics have now become a significant contributor to a child's daily life. Since the early 1990s, the use of electronics and media

has grown substantially (Rideout, Foehr, & Roberts, 2010). There are no recommendations as to how long a child should be able to use them because they are spending hours of their day on them (Gentile, Nathanson, Rasmussen, Reimer, & Walsh, 2012). Whether it is for educational or recreational use, constant exposure to electronics has been linked to behavioral and sleep problems in children (Mistry, Minkovitz, Strobino, & Borzekowski, 2007). It should be noted that these interactions in the home can also contribute to the behaviors that teachers see in school.

Researchers have continued to show support for the fact that ADHD is a common disorder that has been increasingly diagnosed in children. Researchers have also shown that when children have this disorder, they struggle in the educational setting and in other areas of their lives (Mulholland, Cumming, & Jung, 2015). ADHD can have long-term effects that can last until or throughout adulthood, making employment and higher education more difficult for some (Anderson, 2016; Lasky et al., 2016). Strengths include that research has continued to spread awareness for this disorder and acknowledge that various factors play a role in influencing the symptoms of this disorder (Brady, 2014; Kofler, Raiker, Sarver, Wells, & Soto, 2016)). They also have continued to acknowledge that there is a stigma that exists related to this disorder, and it can affect how people treat individuals that have or are suspected of having ADHD (Ohan, Visser, Moss, & Allen, 2014). A weakness in the literature is that they have yet to address how normal expectations do not coincide with children that have ADHD since society has changed, especially with the heavy use of electronics.

Social researchers have explored various ways to address students with ADHD. They have used qualitative research, quantitative, longitudinal, meta-analyses and narrative to obtain insight on how to best help children with ADHD in the school setting. Interventions have included a variety of behavioral techniques that can be used in the classroom and outside the classroom as an intervention to help with managing ADHD symptoms. Training teachers and other school staff on different ways to manage their class has been one type of intervention (Fabiano, Schatz, Aloe, Chacko, & Chronis-Tuscano, 2015). Among those interventions that have been used inside the classroom was mindfulness. Lee, et al., (2017), found that mindfulness was a prevalent technique used inside the classroom with children that have ADHD. Upon the use of focused groups, researchers found other ways that teachers try to help children with ADHD in the classroom, such as using small groups, tailoring to the student's strengths, giving them breaks outside the classroom, and continuous feedback (Einarsdottir, 2008). A Collaboration approach between school and family was also suggested (Power, Mautone, Soffer, et al. 2012).

ADHD Over Time

Attention deficit hyperactivity disorder is not a new disorder, and there has been evidence throughout the history of mental health research that has pointed to this disorder (Lange, Reichl, Lange, Tucha, & Tucha, 2010). Since approximately 1798, the behaviors that are most descriptive of ADHD have been described by many medical professionals and was listed by various names (Lange et al., 2010). Symptoms of ADHD have been

observed mostly in children and has evolved to now be understood as a childhood disorder that can last into adulthood.

Initially, the focus was on the inattention aspect of the disorder that brought it to the attention of medical professionals such as Sir Alexander Crichton in 1798 and Adam Weikard (Lange et al. 2010). In the late half of the 17th century, each of these historical figures published the first texts that described attention disorders (Martinez-Badía & Martinez-Raga, 2015). Even during this time there was back and forth discussions about the cause of ADHD being either biological or environmental. Some believed it was due to parenting or the child and others thought it was biological and caused by other mental conditions (Baumeister, Henderson, Pow, & Advokat, 2012; Martinez-Badía & Martinez-Raga, 2015). In the 18th century, there were many well-known physicians and psychiatrists that also included descriptions of attention difficulties among individuals they have encountered.

 As time progressed into the 19th century, the idea of biological causes gained more support from researchers. In the early 1900's the cause of the ADHD symptoms was surmised to be linked to one area of the brain or disease, but it was the work of Kahn and Cohen in 1934 that expanded this notion to provide support that there could be more than one cause for the disorder (Baumeister et al., 2012). This concept is supported today as there is still not one specific cause that has been linked to ADHD, but there are many possible causes and risk factors that have been found.

Since the discovery of ADHD symptoms, it has become a heavy, researched disorder. This research has led to the discovery that there is more than one type of

disorder, which now includes inattention, hyperactivity, and both. Further research of this disorder has shown that it is a complex disorder that can be the result of a range of factors which then lead to altering the brain activity causing it to be classified as a neurobiological disorder (Daly, Hildenbrand, & Brown, 2016; CDC, 2018; Child and Adults with Attention-Deficit/Hyperactivity Disorder, 2018). ADHD has grown to be a commonly known disorder around the world, and research is continuing to be done on this disorder as there is still uncertainty about all the possible causes (CDC, 2018).

Stigma of ADHD

Stigma is an unfortunate outcome that sometimes occurs when a mental health diagnosis has been given or has been suspected. Individuals with a mental health diagnosis tend to suffer from the misconceptions and stigma that others have about mental health disorders (Corrigan & Watson, 2002). In the United States, it is very common for people to fear those with mental health disorders. This stigma is, at times held by professionals as well as in those who are untrained in the mental health field (Corrigan & Watson, 2002).

There are levels to the type of stigma that can be experienced. Stigma can have a public, a personal, and a perceived affect (Kaushik, Kostaki, & Kyriakopoulos, 2016). Each type of stigma can cause a person that is being stigmatized to feel isolated or for people to distance themselves from those who have a mental health illness. The effects of the stigma do not only reach the individual, but they can also make friends or family members of the person with the disorder, which is known as courtesy stigma (Mikami, Chong, Saporito, & Na, 2015).

Whereas the previous types of stigma focus on the individual, courtesy stigma looks at how people who are around the individual (Mikami et al., 2015). For example, a parent of a child with a disorder might believe that they are looked at in a negative way because they have a child with a disorder. When the parent begins to internalize these negative ideas, it can lead them to feel self-blame which turns into a form of personal stigma because now the parent is the direct target of the stigma (Francis, 2012). Society will blame various circumstances where the stigma becomes affiliated to anyone connected to the individual that is experiencing the issue. Mental health is an area where these various levels of stigma are experienced at significant rates (Bos, Pryor, Reeder, & Stutterheim, 2013). The stigma has a ripple effect on the individual and those around them.

One of those disorders that carry many misconceptions and is stigmatized by others is attention deficit hyperactivity disorder. Attention deficit hyperactivity disorder has come a long way with being recognized as a mental health disorder and included in the Diagnostic and Statistical Manual of Mental Disorders (DSM). In this guide, the definition and criteria are listed for Attention deficit hyperactivity disorder. However, subsequently, there are still debates on the realness of this disorder by professionals and non-professionals (Gwernan-Jones et al., 2016). In the article by Lee and Neuharth☐ Pritchett (2008), they describe how there are debates between the different types of research orientations that focus on only the biological aspect of the disorder. Then there are orientations focus on the social aspects and dismiss the biological component. These debates do not help the stigma that has been surrounding this disorder because if the

researchers cannot agree on this disorder, then it is no surprise that teachers, parents, or even children do not have a good perception of this disorder.

Often when a child acts out or are struggling with controlling themselves, they are believed to be doing so purposefully (Bussing & Mehta, 2013). The belief that children are intentionally acting out is one of the major misconceptions of this disorder. As a result, children are then treated negatively by their peers, teachers, and others that are around them (Lee & Neuharth☐Pritchett, 2008). Bussing and Mehta (2013) described research that has shown support that adults and peers of children with a mental health diagnosis such as ADHD are viewed in a negative light, and others would prefer not to have them around because of the misconceptions that have about mental health overall.

Teachers Knowledge of ADHD

Teachers play a significant role when it comes to identifying and helping children with ADHD because they are with the children most of the day. Usually, it is not until children begin school that the symptoms of ADHD begin to cause an issue for the child (Daly, Hildenbrand, & Brown, 2016). Teachers are also usually the one that initiates the referral process for a child to be evaluated for ADHD (Tompkin, Roman, & Mwaba, 2015). Teachers are included in determining a diagnosis as they are given a rating scale to provide their feedback of the child (Daly, Hildenbrand, & Brown, 2016). Based on the teacher's answers and as well as the answers from the parent, the professional will either give or decline an ADHD diagnosis because the ADHD symptoms must be present in two or more settings (APA, 2013). If teachers are going to be a part of this process, then it would be beneficial if the teachers were informed and knowledgeable about this disorder.

Research has shown that many teachers have not had training on this disorder and have a lack of knowledge of how to provide interventions for children with ADHD (Tompkin, Roman, & Mwaba, 2015). If this is the case, then how can teachers be expected to provide accurate information and know-how to manage these children in the classroom setting. When teachers are not knowledgeable about this disorder, they tend to blame the child or the parents for the child's behaviors (Bradshaw & Kamal, 2013). As ADHD continues to be diagnosed in children, teachers need to be more aware of the symptoms and interventions that could help these children so that they can create an environment that is conducive to their learning. Tompkin, Roman, and Mwaba (2015) encourage that teachers have trainings about ADHD and classroom management techniques to assist children with this disorder better.

Teachers that are uninformed and unprepared to work with children with ADHD tend to become easily frustrated, and as a result, they might take their anger out on the student with ADHD (Bradshaw & Kamal, 2013). When this happens, and the child can begin to internalize the adverse reactions of the teachers and their peers, which can then make them believe they are bad and lower their self-esteem (Bell, Long, Garvan, & Bussing, 2011). The teacher ends up doing more harm than good for the child even if it is unintentional. Teachers have an essential responsibility to the students that they teach, and having children with ADHD in the classroom might it challenging. Still, it is imperative they create a positive learning environment for all their children and seek assistance when they cannot.

Environment and ADHD

Attention deficit hyperactivity disorder is now one of the most common disorders diagnosed in children and adolescence (CDC, 2018; CHAAD, 2018). When it comes to trying to determine a cause of the symptoms people, have many different sources that they look toward, such as the child, the parents, their diet, among many others. These factors might add to the increase in symptoms, but they are not the sole cause (CHADD, 2018). In the school setting, school staff tend to view the child or their family as the issue without considering the classroom setting along with other external and societal factors that also should be considered.

A third societal factor that has made a considerable affect on the environments of children and adults would be electronics. Society has evolved to the point that electronics are a major resource in a person's everyday life (Radesky, Eisenburg, Kistin, Gross, Block, Zuckerman, & Silverstein, 2016). Of course, electronics were made so that people could get multiple jobs done quicker and more efficiently. With such importance placed on using electronics, it is almost creating a societal type of ADHD because people are still required to do more while only supplying short amounts of attention to one task. Research has shown that the more screen time parents spend then the more screen time their children will spend (Schoeppe et al. 2016). Therefore, children are learning from what they see around them.

Many parents are continually using their phones to multi-task and balance their personal, family, and work lives, which takes their attention away from their families (Kildare & Middlemiss, 2017). Children enjoy attention, but it seems that mobile devices have become another obstacle that children must compete with to get that attention.

These children then learn that acting out is how to get attention, which then becomes a problem for teachers because these children do the same negative behaviors in the classroom to get their attention.

It has become common in a child's life to have access to electronics, and they are often raised with electronics at their disposal (American Academy of Pediatrics, 2016). Children are spending a lot of time in front of a screen, either on their tablets, watching tv, or play on their or their parent's phones, but by doing so, it can also negatively affect their behaviors (Séguin & Klimek, 2016). Increased screen time has been shown to cause sleep disturbances in children, which then leads to them struggling with managing their behaviors during the day (Séguin & Klimek, 2016). The rise in children's screen time has also been associated with hindering a child's development in some areas and causing them to struggle with meeting a significant milestone (Rowan, 2010). This research provides support that before teachers label a child for acting out that they should try to understand the possible source and not just label them as ADHD because it is a more comfortable option.

Due to the increasing use in electronics, school staff should be more cognizant of the type of influence they can have on children. In addition to this, it would be helpful also to consider the home environments children are growing up in and compare that to a classroom setting (Fleer, 2011) because their classroom expectations might not be aligned with what children are used to doing. Electronics have been shown to have some positive effects on learning (American Academy of Pediatrics, 2016). Subsequently, when children are placed in a classroom that is less stimulating than what they are used to, then

it should not be surprising that children are experiencing an increase in symptoms when they are in the classroom.

As the diagnosis of ADHD continues to rise in children, school staff need to start being prepared for these children that might require extra assistance. The environment should not only focus on the child but also utilize that systems perspective and look at all the systems that are interacting with one another regarding that child. If a child does have difficulty in the classroom, the teacher's response to the child can add to those symptoms and create an environment that is not conducive to the students (Bell et al., 2011). When looking at the child's behaviors in the classroom setting, the stigma of mental health, and the thoughts that teachers have about ADHD should also be considered.

In addition to stigma, the classroom size can be a factor. Classroom sizes are growing, and that can create a distraction for any child, especially a child who struggles with focusing and is easily distracted (Brennan & Parsons, 2014). There are more factors that should be considered when trying to identify the source of the child's maladaptive behaviors other than jumping into a diagnosis or labeling the child as "bad." The child might affect the teacher and the classroom setting and their peers, but those same systems influence the child.

For a child, their two primary environments are home and school, and they each play a vital role in the child's life. A child with ADHD should be able to transition from one environment to the other without feeling isolated, stigmatized, or that they are bad children because they have a disorder that is not their fault. The stigma of mental health and the misconceptions of ADHD, as well as the teacher's knowledge and beliefs about

ADHD, along with the home environment, can all contribute to the way a child behaves. Instead of placing blame, school staff should be working with the child and their parents to help them be successful in the school setting. Education and training for all those involved with the child might be needed to create a more favorable environment for them.

Successful Treatments

The diagnosis of Attention Deficit Hyperactivity disorder has evolved, and so has the treatment options for this disorder. Currently, there are different options when it comes to treating ADHD a few options include medication management, therapy, education on the disorder, parenting training, and a combination of these interventions (Daly, Hildenbrand, & Brown, 2016). Depending on the age of the child, that will also affect the recommended treatment for them (Hulkower, Kelley, Cloud, & Visser, 2017). These are also interventions that can be used within the school setting to assist teachers and school staff in helping children with ADHD.

Behavioral therapy is one of the interventions that is supported by research to help children, their parents, and their teacher manage their symptoms of ADHD (Hulkower et al., 2017). In many cases, this is the first intervention that is suggested when a child has been diagnosed with ADHD (Hulkower et al., 2017). This intervention can be used to help train parents and teachers as well as provide them education on the disorder. This intervention is also helpful because it can address components of the disorder that accompany an ADHD diagnosis that cannot be helped with another form of treatment, such as medication management (Daly, Hildenbrand, & Brown, 2016). ADHD is a

neurological disorder that affects the child in ways that medication cannot change but that teaching through behavior therapy can.

Medication management has also been a helpful intervention when addressing ADHD in children. There are two common classes of medication that can be used to treat ADHD and the medication can have different effects on the child (Daly, Hildenbrand, & Brown, 2016). Although behavioral therapy is usually the first recommended treatment, there are times when medication is encouraged over other treatments (Ainsworth, 2015). Hulkower et al. (2017) provides support for this claim by pointing out that research shows that medication is being prescribed more often than behavioral therapy or other interventions. Consequently, insurance providers have implemented rules to help limit the prescribing of ADHD medications to promote the use of different options before medication is used (Hulkower et al. 2017).

Gap in Literature

There is a plethora of research that addresses attention-deficit hyperactivity disorder and the environment, with many researchers focusing on the school setting. With this research, there has been much feedback on how the environment that a child is in does affect a child's ADHD symptoms (Livingston et al. 2016). The research has looked at the teacher's reactions to the students, their expectations, and the way they manage their classrooms and the interventions they use or do not use (Moore, Russel, Arnell, & Ford, 2017; Tompkin, Roman, & Mwaba, 2015).

But what appears to be missing is how the social expectations that shape the school environment can create a challenge for children with an ADHD diagnosis. In a

classroom setting, the expectations that teachers have of their students might not apply to all students as they are all different, including those with ADHD. This research tied in how the pressure to achieve these social norms also contributes to stigma and misconceptions that are held by teachers that also create a less productive learning environment for students with ADHD from a systems perspective.

Teachers are expecting children to fit the social and developmental norms that have been created to describe a child of a certain age. But what happens when these norms do not account for children who might require additional assistance to meet these norms, such as children with ADHD. For some children, their normal might not be society's normal, and that should not cause them to be seen as troubled or bad kids. When teachers place these demands on students with ADHD, it can add more friction to an already stressful situation.

In the United States, children are taught at a young age the being independent and productive is what they should strive for as they grow older (Adams, Blumenfeld, Castaneda, Hackman, Peters, & Zuniga, 2013). Needing help or not being "perfect" or "normal" is seen as a weakness. In this construction of social norms, ableism was created. Ableism is the discrimination of anyone with a disability, whether it is physical or mental (Adams et al. 2013). Therefore, a child that has ADHD would not fit into the expectations of society and would require extra assistance to keep up, which could then lead to them being discriminated against or stereotyped.

American society places high importance on productivity as well as independence (Wendell, 1996), and a child with ADHD might struggle with keeping up with their peers

and completing their work. But as mental health issues, including ADHD, become more common in children, then these social expectations need to be adjusted or more flexible so that they do not discriminate against those that do have difficulty. It does not mean that they cannot achieve their goals, but it just might mean that they need more time and assistance.

Summary

ADHD is a disorder that is a growing concern that continues to affect children and their performance in the school setting. The purpose of the research is to look at how social workers can help improve the educational experiences of children with ADHD in the school setting while considering how the social expectations of the environment play a role in the ADHD symptoms. I used a systems perspective to show how the various systems in a child's life interact and contribute to the symptoms. Focus groups were composed of social workers that completed the interviews for the research. Once the interviews have been completed, I collected and analyzed the data.

The literature review has provided some critical information about children who have ADHD and how their environment plays a role in the symptoms. The literature review also shed some light on an area that requires further investigation, which was for the researchers to look into how social norms of society and within a classroom can contribute to the struggle that children with ADHD are already facing. These expectations by the teacher can cause some tension as a student with ADHD is unable to "fit the mold" of an ideal student. As a result, they might get labeled as a bad child or become targeted.

Therefore, the goal of this research was to complete a focus group with social workers that have worked with children with ADHD and try to raise awareness about this issue while also obtaining feedback on ways that could help improve the school experience of children with ADHD. In the following section, the ways in which this topic will be researched are explored. The research design and the data collection methods will be outlined to show how social workers perceive the gap that is how the social expectations within the environment can impact children with ADHD.

Section 2: Research Design and Data Collection

ADHD is a common and increasing diagnosis being given to children, but schools still seem unprepared to accommodate these children. Further, schools should be looking more at how the environment plays a role in heightening the symptoms of ADHD. In this section, I will explore the research methods and design of the project, including the instruments, the participants, and recruitment efforts. In this section, I will also cover potential ethical concerns. My research question was: What are the perspectives of social workers on how the environment affects children with ADHD in a school setting?

Research Methods

The research design was a qualitative method that consisted of using focus groups to gather information for the study. During the focus group, I asked social workers about their perspectives about how the environment can impact the behaviors of children with ADHD. The focus group brought participants with similar interests together to discuss this common issue (Yin, 2016). The participants of the focused group were six social workers with either a bachelor's or master's degree in social work that has worked in the school setting and with children that have or were suspected of having ADHD. Additionally, the use of the focus group provided an opportunity for the participants to describe their experiences in their own words (Yin, 2016).

Snowball sampling was used to recruit the participants of the focused group. Snowball sampling provides a way for the selection of specific individuals to participate in the research (Yegidis, Weinbach, & Myers, 2012). In this type of sampling, the participants have been chosen based on their experience with working with children that

have or have been suspected of having ADHD and who have worked with school staff. The sampling process can be time-consuming; therefore, snowball sampling helped narrow down the focus of the participants and helped find those who were most useful to the research.

A flyer about the project was created that could be shared easily to help with recruitment(Appendix A). From there, I identified people that were able to ask to participate. Contact information of others that could also participate in the research was provided by the initial group of participants. This approach helped save time and only focused on those who would meet the criteria for the project.

Instruments

Kendal, Milnes, Welsby, and Pryjmachuk (2017) utilized a focused group of adolescents to gather information about their insight on their mental health needs. Similar to their research, the questions were developed to provide to the focus group participants, and the participants were social workers (Appendix C). The questions focused on the experiences of the social workers that have worked with children with ADHD, their thoughts on ADHD, the stigma surrounding mental health, and how the environment can cause the symptoms of ADHD. The questions also looked at treatment options for the children. The purpose was to get insight from those who have experience in the mental health field and that have worked with children with ADHD (Yin, 2016).

Data Collection

The interviews were recorded to collect the data. Before participating, the participants were asked if they give consent for the sessions to be recorded. During the focused groups, I used rephrasing and active listening skills to ensure understanding and clarity of the information being presented (Kirst-Ashman & Hull, 2012). These efforts were to ensure that the insights from the participants were accurately recorded in the interviews, and the participants could elaborate on their thoughts. I transcribed their responses so that I could identify any themes within the data. The participant got to review their responses to ensure that they agreed with the information and in case they had any additional information to add.

Data Analysis

Analyzing the data of a qualitative study involves finding reoccurring themes or commonalities among the information that is provided by the participants (McNiff, 2016). The process of analyzing the data encourages the researcher to look for data that is relevant to the research question (McNiff, 2016). Analysis of the data began after the recorded information was transcribed. From this point, the transcriptions were read over, and keywords were identified to create a database of essential terms. Yin (2016) suggested organizing the data in such a way that allows the researcher to become familiar with their data by creating a database and coding the information.

While analyzing the data, it is understood that reflexivity can play a part in the information that is gathered. Reflexivity refers to the affect that the researchers can have on the results of the findings (Jootun, McGhee, & Marland, 2009). The researcher makes efforts to keep their biases out of the research findings, which promotes rigor in the

research (Rettke, Pretto, Spichiger, Frei, & Spirig, 2018). Efforts included constant self-reflection so that the researcher was aware of their stance on the issue being addressed. The researcher continuously critiqued their involvement with the research to keep from influencing the results (Rettke et al., 2018). By controlling for researcher bias, it made the research more credible and transparent.

Ethical Procedures

In order to begin the data collection process, an application was submitted to the IRB to gain approval for this project. After the IRB reviewed the application, the data collection process for this project could commence and was given the approval number 09-23-19-0453653. Reports coming out of this study do not share the identities of individual participants. Details that might identify participants, such as the location of the study, also were not shared. I did not use any personal information for any purpose outside of this research project. Data is kept secure by password protection on the computer that has the information and recordings on it. In the place of names, a number was assigned to each participant to protect their privacy. Consents forms with names were scanned into the computer and kept in a locked file. Data will be held for at least 5 years, as required by the university. A sample of the consent forms can be found in Appendix B.

In conclusion, a total of six social workers participated in the focus groups. Snowball sampling was used to help recruit the participants. A set of questions were read to the social workers for them to answer (Appendix C). Recruitment occurred by distributing a flyer (Appendix A). Once the participants have been identified, consent

forms were provided for them and signed (Appendix B). Each participant was given a number to protect their confidentiality and the session were recorded. Once the focus groups were completed, to identify themes within the responses provided the information was transcribed. I actively worked to keep their personal bias out of the research so that it could remain credible and trustworthy. In the following section, the results of the study will be presented in more detail.

Section 3: Presentation of Findings

The purpose of this research study was to look at how children with ADHD are treated within the school setting and how social workers in Suffolk, VA, can assist with improving the treatment of these children. This research study was also focusing on how the environment can influence ADHD symptoms. The research question that this the focus of this project is as follows: What are the perspectives of social workers on how the environment affects children with ADHD in a school setting?

To answer this research question, I used qualitative analysis in the form of focused groups of social workers. Snowball sampling was used to recruit participants. The social workers then participated in a focus group with other social workers and answered the identified questions that were created to help answer this research question. I used this research design so that social workers could offer their insights as they interact with these children daily. Using focus groups allowed me to gain more insight from these social workers about their ideas on the research question. It also allowed for the social workers to have an open dialogue about the problem and share their perceptions and thoughts.

My role as the researcher was to facilitate the discussion and ensure that it focused on the questions being asked, that the participants were respectful to one another, and that confidentiality was maintained. In the facilitator role, I described the boundaries and limits of the group while also being present to provide support for any participant that might need as a result of participation in the group. I read the questions to the group and encouraged the group members to answer. In this section, I will cover how the data

was collected, and the process of how it was analyzed, and the results of that analysis process will be explained.

Data Analysis Techniques

Once the IRB approved the research with the approval number of 09-23-19-0453653, I began to recruit participants then began. It took approximately 4 weeks to recruit, and it took an additional two weeks to schedule and complete the focus groups. After each group, the video was used so that the responses could be typed out in a word document. To ensure that I accurately transcribe the responses, and no information was missed the video was reviewed at least twice on different days for each group. The responses of each participant were transcribed and shown to the participants so that they could see what I transcribed from the video. Each time, the participants had no additional information to add and approved the information.

Data analysis procedures for the project include using hand-coding to ensure the trustworthiness of the data. I manually coded the data, and to help organize the data Microsoft Excel was used in the process. The focus group questions were typed into the first column of the excel document. Next to each research question, the assigned number of each responder was placed there, and their responses were placed in the following row next to their name. From there, I used descriptive and In vivo coding to identify key phrases or words that represented each response and were also relevant to the research question.

For the initial coding cycle, I used In vivo coding, which allowed me to use keywords or phrases that were used verbatim by the participants (Saldaña, 2015). I went

through each response and repeated this process. From there, the codes were placed in the next row by the responses. I repeated this process a second time on a different day just so that I could look at the data set with new eyes. I looked for any additional words or phrases that I might have missed on the first cycle and added them in with the initial set. I then went through the second cycle of coding. I used descriptive coding to help pick out any similarities among the initial responses that could be used to create categories and themes for the codes that pertained to the research question. I repeated this process for the third round of coding as well. Descriptive coding is when a researcher picks a code based on the topic of the data (Saldaña, 2015). A sample of how this process was done can be viewed below in Table 1. During the three coding cycles, this process was used to condense the codes into categories, and that helped to identify themes that are listed next section in Table 2.

Table 1

Sample of the Coding Process in Excel

Research question	Responders number	Response	First coding cycle	Second coding cycle	Third coding cycle
What are your experiences working with children with ADHD?	75	Children that are rightfully diagnosed with ADHD often have trouble focusing on topics, and their speech is pressured. Symptoms are required to be displayed within three locations within the child's life. Patience is demanded when working with this population, as it can be challenging to stay on topic.	"rightfully diagnosed," "trouble focusing," "pressured speech," "displayed within three locations within the child's life," "patience"	ADHD symptoms and criteria, correct diagnosis requires patience	Education on ADHD, diagnosing, teacher training

My transcription and the use of the video recording allows for the accuracy of what is being transcribed and ensured that the transcript truly reflected the focus group sessions (Moser & Korstjens, 2018). To ensure the accuracy of the transcripts, the videos were reviewed more than once on different days. After the responses had been transcribed, I used a form of member checking and allowed the participants to review their responses as another way to check for accuracy and validation of the information provide (Creswell & Creswell, 2018). I met with the participants again or emailed them a copy of their responses that I typed up so that they could review their responses and edits their responses if they wanted to.

The recording and the transcription of the data also helps ensure the reliability of the data by again ensuring the what was said is correct and that the information such as the questions were consistent when read to the participants (Creswell & Creswell, 2018). I used triangulation as another form of validation by completing two focused groups at different items during the data collection process. Triangulation allowed different data sources such as the two groups to share their responses at different times, which produced support in the themes that were identified (Creswell & Creswell, 2018). The group members were in different groups but still had similar answers which supports the credibility and trustworthiness to the research data.

During the initial coding process, I used an inductive coding scheme to allow any emerging themes to represent what was found within the data and not what I wanted (Moser & Korstjens, 2018). It allowed for a more unbiased approach while I hand-coded the data set. Once the initial themes were identified, I then compared those to the themes

that were discussed previously in the research and considered their relevance to the

research question. I recoded the themes three times to try and narrow down the list and to

ensure they were correct. I then checked the frequency to see how many times the

identified themes appeared throughout the data, and also made a note of the new

information that emerged. To enhance viewability, the frequency of each theme was then

recorded and placed into a table. For example, I noticed that the issues of stigma kept

being stated by the participants. Thus, I then counted how many times it occurred within

the recorded responses and created the theme due to its relevance to the research

question.

My validation procedures included actively working to remain unbiased during

the focus group discussion by using self-reflection so that the research would not impact

the results or findings (Rettke et al., 2018). One way I achieved validation was by being

acutely aware of my verbal and nonverbal communication and body language. I made

sure to keep my actions neutral as much as I could so that it would not have any impact

on the responses of the participants and increase the rigor of the research findings.

Another validation measure that was used during the focus groups was rephasing

and clarification to ensure that I understood what the participant was trying to convey. I

went back after the information was transcribed to show participants what I typed from

the videos. This was a way to decrease researcher bias and making sure that the responses

were that of the participants with no input from the researcher (Birt, Scott, Cavers,

Campbell, & Walter, 2018). This form of member checking provides transparency to the

participants that their responses were recorded accurately and that it gives them a chance to add any additional information if they chose.

Problems that were encountered were participants canceling when it was time to do the focus groups. Another issue was that participants would agree to participate. Still, when the researcher reached out to them to get their availability and give them dates for the focus groups, they would not reply. A final issue that was encountered was when the initial participants were unable to provide referrals for other possible participants.

Findings

The sample was composed of six social workers. Of the six social workers, three of them had only their master's degree', one of them only had their bachelor's degree, and two of them had both a master's and bachelor's in social work. Three of them currently work in a school setting, and three had previously worked in a school setting. Only one social worker in the group had over five years of experience, while the other five had less than five years of experience.

Several themes were identified within the data set. Several of them were themes that the researcher had identified before the research, and there several other themes were discovered from completing the research. The themes provided support to the research question and described various areas of a child's environment that could affect their behaviors in a school setting.

The themes that appeared to reoccur the most within the data set were the need for appropriate interventions, issues with diagnosing that have led to an increase in the

ADHD diagnosis, stigma, teacher education/training, parent education, parent influence, negative experiences of a child with ADHD, adverse childhood experience such as trauma, abuse, and neglect, home environment, classroom setting, competency of the clinician giving the diagnosis, socioeconomic status, gender, race, diet, school location, culture and demographics of the teachers.

These findings shed light on the multiple factors that are found within a child's environment that can influence their behaviors. Based on this list, the environmental influences are diverse and are located within the school, their home, their classroom, and their neighbor. Below in Table 1, the list of reoccurring themes and their frequency are presented.

Table 2

Occurring Themes and Frequency

Theme	Frequency		
Need for appropriate interventions	25		
Issues with diagnosis	20		
Teacher education/training on ADHD	20		
Stigma	17		
Negative experiences of a child with ADHD	16		
Parent education on ADHD	12		
Adverse childhood experiences	7		
Diet	7		
Classroom setting	5		
Home environment	5		
Untrained clinicians	5		
Socioeconomic status	4		

Gender	3
School location	2
Race	2
Parent mental health	2
Parental Influence	2
Demographics of the teacher	2
Culture	1
Lack of school resources	1

Lack of Appropriate Interventions and Resources

One of the most frequent themes that were discussed throughout the research groups involves the participants discussing how teachers lack the training to provide appropriate interventions, so it is up to them to deliver these interventions. One participant expressed that "I also noticed that teachers aren't taking the time to break up their work, and so they throw everything at them at once, and they get overwhelmed so they push the work away or say "I can't do this." The participants expressed how they are the ones that are providing the interventions throughout the day to help the children manage their behaviors. Participant 21 stated, "I like to use bilateral stimulation to get the right and left brains working together so I might have them do jumping jacks, push-ups, or have them walk around their desk, do squats." Participant 52 expressed that "I have used giving encouragement, giving them time to prepare for tasks, helping them focus on their tasks, give them time limits and breaks." Participant 7 stated, "I also use meditation or take them for a walk to help them regain their focus and to process what they're thinking or feeling." These are just a few of the interventions that the participants have

described using with children with ADHD when they are in school. These findings provide support for the need for social workers in the school setting but also that there is a lack of involvement when it comes to teachers providing these interventions.

Lack of Teacher Education on ADHD

The lack of appropriate interventions is also linked to the lack of education and training that teachers and school staff have when it comes to working with children with ADHD. This was another high-frequency theme that was discussed through the discussions. Participant 7 described their experiences as "I hear teachers say, "little Johnny is jumping off the walls, and then they say how they can't do their jobs, and they want us to come get them because they won't, or they can't work with them." Participants 52 states, "teachers will kick kids out of the room," and Participant 7 stated something similar "the teachers don't want the children in the classroom." This shows that some teachers are not prepared to work with a specific child; it seems as though they want the child out of the classroom instead of trying to work with them. When children are kicked out of the classroom, then they miss out on work. They have idle time where they can get into more trouble if they are just sent to sit in the hallway, and it reinforces that stigma about mental health.

Stigma

The stigma of mental health and ADHD then follows when there is a lack of education and training. The participants reported various occurrences where children were labeled and stigmatized because of their behaviors. Participant 21 said, "Many of the older children I see in the schools are typecasted as defiant or lazy because they have

made it to middle or high school without a formal diagnosis due to lack of education around ADHD." Participant 2 stated, "Kids are bullied, they are labeled as being bad, and the teachers help spread that notion of the kids" and Participant 52 expressed "I want to say they get treated unfairly to some degree because in a school setting teachers and staff are not educated."

As the discussions went on, the notion that there is a negative stigma associated with the diagnosis of ADHD continued to be expressed. Another type of stigma that appeared to emerge was that participants noticed that Race and gender was a factor in the children that are labeled. One participant mentioned, "I have also noticed that race and gender play a role as well because I have noticed that more African American boys are diagnosed with ADHD and given medication than other students." A second participant, 75, expressed, "Anxiety is often mistaken as ADHD in children and more frequently in boys." Although the references to gender and race were limited, it is still worth noting as the CDC (2019) described how boys tend to be diagnosed more often than girls. Also, there is research that provides evidence that African American children have received the diagnosis more than other races (CHAAD, 2019).

School Experiences of Children with ADHD

With the stigma in mind, these children have a difficult time in the school setting. The participants then described the experiences of these children in the school setting. The participants expressed how these children are unfairly treated in school by being labeled. "The kids become victims of ridicule by their peers, given unjust labels such as being lazy" (Participant 2). This participant also mentioned, "I think they begin to

struggle with being bullied, picked on, low self-esteem or confidence, refusing to do work, begin to feel defeated" (Participant 2). Another participant described a child's experiences as "I have noticed that children with ADHD at least the older ones, they don't want to be labeled, they don't want others to know they take medications if they take it" (Participant 21). When children are stigmatized and labeled, they begin to suffer the consequences and not only have negative experiences due to others, but then they begin to internalize these ideas about themselves.

Classroom Setting

The classroom setting was another environmental factor that the focus group participants believed effected a child's behaviors. Participant 7 expressed that "I have noticed that teachers like to decorate their classrooms and so the kids are more focused on what is on the walls, and the teacher is saying that they're hyper or they are not focusing but they are distracted." Participant 52 added, "The classroom sizes, school location, teacher's age, attitude of the teacher, and the gender of the teacher" as areas of concern. Participant 21 agreed with this statement as they commented: "I think living in an area or attending school in an area where there is more available information about ADHD and how to work with children diagnosed with ADHD could also impact a child's behaviors." These comments touch on various aspects of not just the classroom, but the school environment and even the location of the school as that can be a determining factor on the amount of resources a school receives.

Home Environment

The participants of the research groups pointed out how the home environment and occurs there can transfer into the school environment and affect a child's behaviors in this setting. Within the home environment, participants looked at the socioeconomic status of families, parental education on ADHD, parental influence, adverse childhood experiences, diet, culture, and parental mental health/disabilities. Regarding these areas of concern, one participant mentioned: "A child that lives in an environment where there is a shortage of food or healthier food may present similarly as a child with ADHD." (Participant 21). Participant 75 stated, "Children are highly impressionable, and it is important to provide children with a healthy diet and routine." Participant 4 said, "I think we need to do more research into areas of malnutrition (neglect)."

While considering a child's diet, parental influences play a role in that as well as adverse childhood experiences. Participant 75 expressed how kids learn from their parents, and participant 2 expressed that if a parent is dismissive of their child's disorder, then the child is not going to get the needed treatment. Participants 4 and 21 both described how childhood trauma could influence a child's behaviors. "We need to look at exposure to trauma and how that affects a child with ADHD symptoms." (Participant 4). "I think diet, socioeconomic status, parent education, generational trauma" (Participant 21). Participant 2 expressed, "Deficit social skills, trauma exposure, and these children are more vulnerable to paternal abuse and neglect because of their challenging behaviors, also, socio-economic backgrounds most commonly associated with ADHD."

Another factor that is linked to these themes, especially the trauma, is parental mental health and disabilities. Participant 2 made this point by saying "I also think that

many students are from families where the parents have their own mental health illnesses, or they themselves have a learning disability and so it is hard for them to be concerned about their child's mental health when they are dealing with their own issues." I think this is a significant factor that should be explored. Many adults with mental health issues or intellectual disabilities are struggling with maintaining themselves, so it would not be surprising if their child is not getting the needed attention and treatment that they deserve.

Issues with Diagnosis and Untrained Clinicians

In this section, the theme that was brought up by the research participants were the different issues with diagnosis. When the participants were asked about trends they noticed with the ADHD diagnosis and what are their thoughts about why children are given the diagnosis, they responded, such as the misdiagnosing of children as well as clinicians giving inaccurate diagnoses. Participant 21 stated, "I see many youths that are diagnosed with ADHD because it is more familiar and easier to diagnose a child struggling to focus with ADHD as opposed to unpacking trauma and telling a parent their child has PTSD." This same participant also mentioned, "I think that people do not take the time to dig deeper about what's going on with that child or family. At my agency, you have LE's completing assessment, and they are fresh out of school, and I think for them, it is easier to give a kid an ADHD diagnosis."

Participant 4 stated, "I think some people give the diagnosis based on lack of knowledge and understanding about the individual. Sometimes the diagnosis is giving based on the lack of education the professional has about ADHD. Some professionals diagnose based on being afraid to give other diagnoses. The lack of knowledge the

practitioner has affects the diagnosis being given or not". Participant 7 reported, "I think doctors are giving this diagnosis so they can prescribe more medication and get more money from the pharmaceutical companies" as a reason, there has been an increase in the diagnosis. Participant 75 also expressed a similar concern about the increase in diagnosing of this disorder "Children are often diagnosed with ADHD if they present with hyperactivity. An increase in diagnosing ADHD is a concern because the majority of children present with high energy, especially if they are younger and have been provided with a diet to include high sugar." These responses show that there is an increase in the diagnosis and show some insight as to why this diagnosis might be given frequently. The participants also suggested that clinicians and professionals need more training on the diagnosis, as a few responses in this section have touched on. The responses speak to lack of training for a clinician, lack of knowledge of the diagnosis, it being an easier diagnosis to give over others, while also mentioning a potential money incentive to provide the diagnosis as a way to increase prescribing of medications.

One unexpected finding was to hear more than one social worker's state how some people are giving this diagnosis because it is easier to give over other diagnoses. The participants stated that they think that newer clinicians felt more comfortable telling a parent or caregiver that a child has ADHD versus saying that they have Autism, ODD, or conduct disorder. It was also mentioned that giving a child an ADHD diagnosis is more comfortable because it is a more common disorder or buzz word that more people have heard previously. A second unexpected finding was that there is a potential money

incentive to give this diagnosis and prescribe more medication by psychiatrists and doctors.

A third unexpected finding was how socioeconomic status plays a role in a child's environment and contributes to the type of school a child attends, the type of neighborhood they grow up in, the kind of home environment that they have, and their exposure to any number of adverse childhood experiences. This is an unexpected finding because I think it is an overlooked one. A fourth surprising finding was that parental mental health/ or parental disabilities were only mentioned twice within the focus groups. This appears to significant factor because, according to the National Alliance on Mental Illness (2019), 1 in 5 adults in America can experience a mental illness. Ultimately, there is a strong chance that the children who are dealing with ADHD also have a parent that is dealing with their mental health issues.

The findings of this action research provide support that the environment is a significant factor that affects a child's behaviors, especially in a school setting. The results pointed out the various areas of a child's environment that could cause them to have behavioral issues at school. It also addressed how some children are wrongfully diagnosed or labeled by their teachers, parents, and clinicians and which could add to why there has been a rise in the diagnosis. The findings support that there is a need for more education and awareness needed on all fronts to include school staff, the child's family or caregivers, and the clinicians that are working with them and the child themselves. As a result of these findings, more research, education, advocacy, and

collaboration efforts need to be made to help children with ADHD in the school setting, and it appears that social workers could play an important role in making it happen.

The findings of this research have provided support and uncovered some new information about this issue. Children with ADHD are struggling, but it also appears that those who should be helping them are struggling as well because there is not enough education or training being provided. In the next section, I will describe the various recommendations that could aid in improving this issue and how the information learned from this research can be applied to social work practice.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of the project is to investigate how social workers can improve the school experiences of children with Attention Deficit Hyperactivity Disorder. Research has shown how there are various aspects of a child's environment, including within the school setting, that can affect a child's ADHD symptoms. The nature of the study was qualitative, where action research was used to enlist social workers that have worked within the schools and have worked with children with ADHD.

Key findings include that there was a strong consensus among the participants that there is a significant need for education and training about ADHD to be provided to teachers at elementary, middle, and high school levels. This finding is supported as the literature has shown that there is a need for more teacher training and education on ADHD (Tompkin, Roman, & Mwaba, 2015). Another key finding that the social workers agreed on was that ADHD is a diagnosis that is given too often. Research by Davidovitch, Koren, Fund, Shrem, & Porath (2017), finds that the diagnosis of ADHD has been steadily increasing over the years. The social workers pointed out that this could be due to it being an easier diagnosis to give from providers, lack of training by the clinicians that are diagnosing, and because there might be a monetary gain for doctors if they give more diagnosis and push for medication route. Misdiagnosing might be another reason that has led to the increase in children receiving this diagnosis. The participants believed that misdiagnosing also occurs because clinicians or doctors are not spending enough time or looking beyond the surface and mistaken the ADHD symptoms for another diagnosis.

A third key finding was how children are stigmatized for having this diagnosis or these symptoms of ADHD by their teachers, their peers, and their parents. As one participant stated, "It (ADHD) has become a buzzword." People hear the term so often but are not truly informed about what it means, so they continue to label and make assumptions about children with this diagnosis or those they believe in having this diagnosis. This lack of understanding and education continues to reinforce the stigma that has been linked to mental health disorders such as Attention Deficit Hyperactivity Disorder. There has been a constant trend of individuals stigmatizing children with ADHD, and this stigma has been linked to have some significant effects on the child, especially in the school setting (Climie & Mastoras, 2015; Wiener & Daniels, 2016).

Lastly, classroom sizes are a significant factor that have been found to influence a child's behaviors. The participants identified that schools and classrooms are overcrowded and that this can cause a child to be overstimulated and demonstrate the classic signs of ADHD, such as inattention, hyper activeness, and impulsiveness. The increasing classroom sizes have been proven to have an effect on children with ADHD (Brennan & Parsons, 2014). Another aspect related to classroom sizes that was mentioned was how socioeconomic status plays a role in the type of school environment a child has and the resources that are offered. Barkan (2018) described how the socioeconomic status of a family could influence the kind of academic support and quality of education that a child receives. This same researcher described that there had been a long history of government trying to move away from public education and restricting or cutting funding to these schools to provide more support for private education (Barkan, 2018). This is an

important finding because it offered support that depending on the level of income their parents gain; it can determine the quality of a child's education. In addition to school struggling with providing basic school resources, it is not surprising that schools lack mental health resources.

These insights demonstrate that social workers have an opportunity to improve these experiences because they have been able to identify areas that are an unmet need. These insights show that not only do school staff need more training and education, but so do clinicians that are doing assessments and giving diagnoses. This information sheds light on how ADHD is being diagnosed more frequently. Still, there is a chance that it is possibly being given inaccurately or for the wrong intentions. Social workers can advocate and to continue to research these matters to bring light to these issues. Social workers can help bridge this gap by bringing their knowledge, experiences, and research to help improve the lives of these children. Social workers can also promote that doctors and clinicians use a more systems perspective to gather information about a child's behaviors before giving them a diagnosis.

Concerning these findings, they demonstrate the need for social justice as children are struggling to have a proper educational experience. Children are being stigmatized and treated poorly due to their diagnosis and are in school settings with teachers that are untrained and uneducated. The findings provide support that advocacy is needed to help improve the school system. By advocating and being involved with stakeholders, social workers can work collaboratively to help bring more resources to the school. With more

funding, then more mental health and educational resources can be provided to the schools, as well as current and ongoing trainings for the teachers and school staff.

The findings of this research contribute to the discipline of social work by taking a look within the school setting and using social workers that have worked directly with these children. These research findings have shown that clinicians (social workers and counselors) need to make sure that they are upholding the code of ethics by ensuring that they are giving an appropriate diagnosis and not one that is easier or more convenient. But it also shows that there is a strong need for school staff to be educated and to continue to be educated about ADHD. Social workers can read these findings and see that there is a need for social workers to work not just on the micro level but also on the mezzo and macro level and look into policy changes. These findings also encouraged social workers to look more closely at a child that has been given an ADHD diagnosis because there is a chance that it is misdiagnosed or that other mental health diagnoses might also be present.

In the following section, I will share insights on how the research finding can be applied to social work practice and explore possible solutions that can be used based on the feedback given form the focus groups. The section will expand on how the research findings can be used within social work practice while also upholding the NASW Code of ethics. This section will also offer recommendations for clinical social work practice.

Application for Professional Ethics in Social Work Practice

One initial social work principle that came to mind when completing this research and hearing the responses of the participants was competency. This research highlighted

that it is not just the teacher and school staff that need training and education, but so do the social work clinicians that in clinical practice. The purpose of the competency principle is that social workers continue to build their knowledge so that they can provide the best quality of service that they can (NASW, 2019). If social workers are giving diagnosis of ADHD only because it is easier than giving them a less known diagnosis or if they are not taking the time needed to see if any other diagnoses might be appropriate, then these social workers are not practicing clinical practice competently. If social workers are not appropriately diagnosing, then they are not upholding this principle of competency.

Social Justice is another social work principle that I applied to this research. Social Justice promotes the fighting against social injustice (NASW, 2019). When there are social workers and other mental health professionals not providing appropriate diagnoses, then social workers should be working to correct this injustice. Social workers are supposed to protect and help vulnerable populations such as children with mental health so that they are not treated unfairly or unjustly. The research findings how provided support that children are being subjected to being stigmatized by school staff, their peers, families, and they are being misdiagnosed and overly diagnosed in the mental health field.

Interdisciplinary collaboration is a standard that I would also apply to this research. This standard promotes the collaboration efforts between social workers and other professionals that they work within regard to a client (NASW, 2019). In this respect, this standard is encouraged and recommended throughout the research as social

workers should be collaborating with the school staff, caregivers, and other services providers that are involved with the children that they serve. It is suggested that if there is more collaboration, then it could increase education for teachers and caregivers, while also helping service providers have another aspect to consider when working with a child. Collaboration efforts support the systems approach by bringing the different systems involved with a child's care together to discuss the child and create an opportunity for the providers to have a complete picture of the child.

The NASW guides clinical social work practice by promoting that social workers practice within their professional limits or expertise. It also encourages social workers to collaborate with other service providers to ensure that quality care is being provided. Regarding working with children with ADHD, the NASW guides the clinical practice of these social workers by encouraging social workers to advocate for these children, be educated in the areas of the diagnosis, and to provide clinical services that are appropriate and individualized for the clients. The NASW Code of Ethics offers support in the area of diagnosing. Clinical social workers will be able to assess and give diagnoses to children. Thus the Code of ethics will help social workers ensure that they are taking the needed steps to provide an appropriate diagnosis.

One way that these findings will influence social work practice is by demonstrating that there is a need for social workers to become involved in the school setting. By doing so, social workers can help advocate and collaborate with the school staff to improve the school experiences of these children. Secondly, it will encourage social workers to become more educated and informed themselves about the diagnosis so

that they can help with training the school staff. These findings also encourage social workers to do their due diligence and provide services in a professional manner that promotes the client's well-being above their own.

<p style="text-align:center">Recommendations for Social Workers</p>

Action steps for clinical social work practitioners to focus on would be clinical practice, as well as research and policy change. As a way to help implement these changes, I would want to provide annual training to clinicians and school staff. I would also attend community events that are held within the area throughout the year to help share the need for more improvement in the areas of clinical practice, research, and policy change when it comes to working with children with ADHD.

Clinical social workers are at the forefront when it comes to working with children with ADHD and diagnosing them. Clinical social workers should ensure that they are doing everything that they can so that they can provide quality services to their clients. Clinicians are required to complete continuing education training while also any additional trainings that could enhance their practical skills. It would be recommended that clinician social workers continue to be knowledgeable of the diagnosis, the DSM, and any new research that has come out on the disorders.

Since social workers are working directly with clients and their caregivers, they can identify any gaps in services or unmet needs. They would be an integral part of the research process, which could help them improve practice and services for children with ADHD. There is such a strong push for social workers to focus on the clinical aspect of the field that less are involved in the research and policy practice. Based on these

findings, it is recommended that more clinical social workers engage in research and policy practice. These efforts could improve the clinical aspect because not only are they able to identify and understand the problems, but they can then implement the information into their practice.

These findings will encourage me to continue to remain abreast of the research and new information that arises about this diagnosis so that I can make an appropriate diagnosis when working with children. As a social worker, it is a part of my responsibility to advocate, educate, and be competent in my work. These findings will allow me to educate people around me about the needs that have been identified and provide education on the matter. As I continue to pursue my license in clinical social work, I will ensure that I am applying what I have learned from this research to the children that I will work with in the future and currently. I will be more knowledgeable about the diagnosis and some of the struggles that these children face when managing this diagnosis or even being suspected of having it.

I will provide education to the children about their diagnosis and their families/caregivers. I will work to address any stigma or inaccurate information that I might hear from other providers, parents, or school staff. I will also make sure that I am using a systems approach when working with children. I will consider all the factors that surround the child that could be affecting their behaviors and not rush to judgment about what diagnosis they might have without trying to get the full picture or as much of it as I can.

The finding of this research will be able to transfer into clinical social work practice because it deals with diagnosing and potential interventions that could be used to help the clinician social workers that will be working with children with ADHD. It again encourages them to stay up to date about any new trends and research on the ADHD diagnosis. The findings allow for clinical social workers to look beyond what they see and get to know the child. This research highlights gaps in helping a child manage these symptoms so a clinician can help the child and the caregivers to learn ways to manage the symptoms. The clinician can also provide education on the diagnosis to the child and caregiver while also educating them on the various treatment options.

Regarding the broader field of social work practice, these findings can encourage the stakeholders involved to look at making policy changes. Mental health disorders such as ADHD are continuing to rise, so there should be more policies within the school system that helps address their student's mental health. Hopefully, these findings will encourage social workers to get involved in the policy changes since they are the ones that are experiencing and seeing these deficits first-hand. These findings could also support more research to be done about children that are dealing with mental health issues within the school setting and investigate what children feel would make the school setting better for them. This, in turn, would influence the practice of social workers and, as they could help advocate, collaborate, educate, and train school staff and caregivers on this diagnosis.

Limitations of this study in regards to transferability would stem from it being an action research study that is qualitative. This puts limits on the generalizability of the

study since the sample was a nonprobability sample that sought out specific participants for the study instead of using random sampling. So, this would allow the researchers to intentionally exclude participants who might have been included in a random sample, which would have increased the sample representativeness of the study (Yegidis et al. 2012). Although qualitative samples described a specific population or group of people which could limit its transferability, there is still the possibility that this information can be used an applied elsewhere (Stringer, 2014). It allows the readers to make the decision based on the events described as to whether this study can be applied to their situation (Stringer, 2014).

The strengths of this study would include using participants with direct knowledge of the problem. Another advantage would be that it promotes social change and encourages social workers to be more active in their practice. A third strength was that by doing a focus group, it allowed the participants to share with fellow professionals and see that they are facing similar issues but also to develop some new ideas that they could take back with them when they left the group. Based on these strengths, recommendations for further research should be done in how more social workers can be incorporated within the school setting. In this area of Suffolk, the school social workers are split between schools, so they might only spend one a day a week at the school. Having social workers from the mental health arena work in the schools, along with the school social workers, would be a benefit. Based on this research, all the participants were social workers from outside agencies that worked within the school, and these social workers were educating, advocating, and providing the interventions for the children.

One limitation was that this research focused specifically on social workers, but when it comes to working with children in the school setting, many players are involved. It could be helpful to have more research done about this issue of ADHD, and the study allowed more diversity within the sample to include other professionals and non-professionals that have worked within the school setting and have worked with a child with ADHD. If this study was done, there is a possibility that more awareness of the issue could be provided as well as more insights about the problems and possible solutions.

One way that this information of this project could be disseminated would be through the internet and social media as one participant shared "Social media because we are in a digital age," and it does appear that way. Technology is everywhere, so why not embrace that and help spread the word about the issue and discoveries made with this research. Sharing through media forms would allow the information to reach more people and in different areas. Examples of platforms could be a blog, Facebook page, Instagram, news articles, a website page, or an electronic school newsletter. A second way to disseminate this information could be through attending community events and giving presentations through the area and city. These community events could include school conferences, school events, and mental health events. Numerous events are held around the area and so working collaboratively with another agency or group would help gain support and spread awareness.

Implications for Social Change

The goal is for this research to inspire social change to where it has a ripple effect on the different levels of social work. On the microlevel, this research can help improve

the ways that children are treated, provide more appropriate interventions, appropriate diagnosis, and help the child and their family understand the diagnosis. On this level, it is encouraged that social workers prepare and educate themselves as clinicians so that they are more competent when working with children with ADHD. When they become more knowledgeable about this disorder and the affect that it can have on a child, then hopefully, it will no longer be given so quickly or as a default diagnosis. On this level, it can help improve the practice efforts of social workers in their clinical skills.

On the mezzo level, this research could help encourage that school staff are provided with more education and training when it comes to working with children who mental health disorders. As more education and awareness if provided, then it could decrease the stigma that has been associated with this diagnosis. On the mezzo, it could open the conversation up about clinicians needing more time to meet with clients so that they can get a better idea of their needs.

As for the macro level, this research could promote positive social change by creating policies and procedures that would intertwine the mental health and educational systems. At this time, it appears that the school system and the mental health system are still being seen as separate entities that, on occasion, cross paths or overlap. But in reality, these are systems that should be working together and understand that they each have an effect on the other. For example, in earlier years, it was believed that mental and physical had no connection, and one did not affect the other, but as more research was done, it was proved to be not true. In a similar aspect, continuing to use research could help support that these two systems are also connected. With this research, it has the

chance to stimulate change on all levels of social work practice and help make the school experience for a child with ADHD a more positive one.

Summary

This research aimed to gain insights from social work clinicians about how the environment can influence children with ADHD. Through this research, that point was supported by the feedback from the participants. This research also highlighted the notion that the school system and the mental health system seem to be working in parallel with each other with the occasion intersections. In the systems perspective, all systems are related and connected, but yet this idea has not been strongly supported as it should be when it comes to school and mental health. The education system is starting to make an effort to address mental health issues in their schools, evidenced by them having mental health social workers from outside agencies coming into their schools. Based on the feedback from the participants, it seems that the efforts are only being made to focus on the child as if they are solely the problem. The need for teacher education and training was one of the most recurring statements made by the focus group member. Furthermore, previous research, which can be found in the literature review section, also acknowledges that there is a lack of teacher education. Again, schools are making strives to address mental health disorders such as ADHD, but they also need to consider how those within that child's environments could be affecting their behaviors.

Children are with their teachers for the majority of the day, so if they are struggling, then the teachers or school staff will most times notice. If teachers were more educated about this diagnosis, along with the children's families and caregivers, then it

could potentially make the school setting better for both the child and the teachers. It would help those around the child have a better understanding of what that child is going through.

A child who comes from an unstable home environment could present with symptoms of ADHD. A child that has a high sugar diet could present with symptoms of ADHD. A child that has witnessed a traumatic experience, or has been bullied or is a classroom that is overcrowded and poorly managed could present with symptoms of ADHD. I say this to say, let's look at what is going on around the child before we target the child and start labeling them and try to understand the child. The school system and mental health system are not separate from each other; they are closely related, and it would be a benefit to the children and school staff to understand that.

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Appendix A: Recruitment Flyer

Let's Make A Change

Attention Social Workers

Are you interested in participating in an action research focus group?

If so, you are invited to participate in an action research study designed to look at how social workers can help children with ADHD in the school setting. While also considering how the environment plays a role on these symptoms. You will participate in focus groups that will discuss your experiences with working with children with ADHD, what you think are important environmental factors to consider when trying to identify interventions, and ways to help share this information with educators and other social workers. Your voluntary input could help improve the experiences that children with ADHD have in a school setting while also helping teachers and other professionals enhance their perspectives on the ADHD disorder.

If you are a…
- Social worker with bachelors or master's degree
- Social worker that have worked with children that have an ADHD diagnosis
- Social worker that have worked in the school setting

Please contact Porcha Porter by email to obtain more information about this free and confidential opportunity. Your help would be greatly appreciated.

Appendix B: Consent forms

CONSENT FORM

You are invited to take part in a research study about finding ways to help children with Attention Deficit Hyperactivity Disorder in the school setting while also considering how the environment can have an influence on a child's behaviors. The researcher is inviting social workers with bachelor's or master's degrees that have worked with children with an ADHD diagnosis or who have worked in a school setting to be in the study. I obtained your name/contact info via your fellow acquaintance. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher Porcha Porter who is a doctoral student at Walden University. You might already know the researcher as a Clinician at WTCSB, but this study is separate from that role.

Background Information:
The purpose of this study is to explore how social workers in Suffolk, VA can help improve the educational experiences of children with ADHD in the school setting, while also looking at how the social expectations of the environment plays a role on the ADHD symptoms.

Procedures:
If you agree to be in this study, you will be asked to:
- You will be asked to meet with the researcher and a few other participants to answer some questions.
- You will be asked to provide feedback on the questions being asked.
- You will be asked to complete a series of three sets of questions, and it should take about 2 hours each session.
- You will be asked to have your responses recorder for data collection purposes

Here are some sample questions: Can you share with the group your professional background and current profession?
- What are your experiences working with children with ADHD?
- What are your thoughts about how social workers can help assist with this social change to help improve the treatment of children with ADHD in the school setting?

Voluntary Nature of the Study:
This study is voluntary. You are free to accept or turn down the invitation. No one at Walden University or Western Tidewater Community Services Board will treat you

differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as frustration or being upset and stressed. Being in this study would not pose risk to your safety or wellbeing.

The potential benefits of participating in the study would be sharing more insight about ways to help children with ADHD, improve the school environment for children with ADHD and helping educators be more prepared to work with children that have a diagnosis of ADHD.

Payment:
A thank you gift will be given in the form of a $5 gift card. It will be given to the participants once all interviews have been completed.

Privacy:
Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by password protection on the computer that has the information and recordings on it. In the place of names, a number will be assigned to each participant to protect your privacy. Consents forms with names will be scanned into the computer and kept in a locked file. Data will be kept for a period of at least 5 years, as required by the university. The limits to this privacy aspect would include if there are any reports of criminal activity or if there are any reports of child/elder abuse then a report would have to completed.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone or email. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date.**

The researcher will give you a copy of this form to keep.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by singing below:

Printed Name of Participant

Date of consent

                             _____

Participant's Signature

                             _____

Researcher's Signature

                             _____

                             _____

Appendix C: Research Questions

Focus Group Questions

Background Questions

1. Can you share with the group your professional background and current

    profession?

2. How long have you been a social worker?

3. Can you share your education level BSW or MSW?

4. Can you share what is your reasons for participating in the study?

Problem Questions

1. Can you please state what you know about ADHD?

2. Can you also share your feelings/thoughts on how children with ADHD are

    treated within your community?

3. What are your thoughts or opinions about reasons that children are given an

    ADHD diagnosis?

4. What are your experiences working with children with ADHD?

5. What are your thoughts about the environment and how it contributes to children

    with ADHD?

6. What are your opinions/thoughts about key factors within in the environment that

    might influence ADHD symptoms?

7. Can you share your knowledge about any stigma associated with an ADHD diagnosis and any experienced that you have had personally or have witnessed in your profession?

Solution Questions

1. What are some interventions that have you have use to help a child with ADHD?

2. What resources in your community for children with ADHD?

3. What would you like to contribute to the social change when it comes to helping children with ADHD?

4. What are some possible interventions for social work practice in the Suffolk area?

5. What are some ways that information about these interventions can be shared with the community?

6. What are your thoughts about how social workers can help assist with this social change to help improve the treatment of children with ADHD in the school setting?

7. In your opinion, who do you believe would be key stakeholders that could also help contribute to the research about this issue?