

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Catherine Elizabeth Loveridge

Educational Psychology Doctorate (EdPsyD)

University of East Anglia

The School of Education and Lifelong Learning

May 2026

"This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with the author and that use of any information derived therefrom must be in accordance with current UK Copyright Law.

In addition, any quotation or extract must include full attribution."

Contents

Introduction and Overview	7
Chapter 1 - Literature review	10
Organisation	10
Search process	11
<i>Definition and diagnosis</i>	12
<i>Presentation</i>	13
<i>Prevalence</i>	14
<i>Gender differences</i>	14
<i>Behavioural and Cognitive Impacts</i>	15
<i>Aetiology</i>	16
<i>Awareness & Misconceptions</i>	17
<i>Diagnostic Services</i>	18
<i>ADHD in the school environment</i>	19
<i>Support and Intervention</i>	22
<i>Summary</i>	24
Section 2 – Existing Research - Teachers' Views and Experiences	25
<i>Constructions of Aetiology of ADHD</i>	25
<i>Helping and hindering factors in managing students with ADHD</i>	27
<i>Home-based Environmental impacts on ADHD symptoms</i>	30
<i>Knowledge and attitudes towards students with ADHD</i>	31
<i>Exploring Primary School Teachers' Perspectives</i>	33
<i>Parent, CYP Lived Experiences</i>	35
<i>SENCO constructions of ADHD</i>	36
<i>International research</i>	37
<i>Summary</i>	38
Chapter 2: Empirical Paper	42
Abstract	42
Introduction	43
<i>Relevant Psychological Theories</i>	44
<i>Research Gap and Context</i>	45
<i>Relevance to Educational Psychology</i>	46
Research Aims	47
<i>Research Objectives</i>	47
<i>Research Questions</i>	48

Methodology.....	48
<i>Philosophical Position</i>	48
<i>Research Design.....</i>	49
<i>Participants and Sampling</i>	50
<i>Data Collection Methods</i>	51
<i>Data Analysis Procedures.....</i>	52
<i>Ethical Considerations</i>	53
Findings	57
<i>Introduction.....</i>	57
<i>Theme 1: Interpreting Disruption.....</i>	59
<i>Theme 2: Interacting Responsibilities</i>	75
<i>Theme 3: Influential Experiences</i>	91
Discussion.....	104
<i>Overview</i>	104
<i>Summary of key findings</i>	105
<i>Interpretation of findings.....</i>	107
Conclusion	127
<i>Research Limitations.....</i>	129
<i>Future areas of research</i>	131
<i>Implications for Educational Psychology Practice.....</i>	132
Chapter 3: Researcher reflections.....	138
Introduction	138
My professional journey.....	138
My Personal Journey & Professional Boundaries.....	139
The Research Process and Development as a Researcher.....	141
<i>Epistemological and Ontological Position</i>	141
<i>Recruitment.....</i>	142
<i>Interview skills</i>	142
<i>Reflexive Thematic Analysis</i>	144
<i>Reflective Summary</i>	145
<i>Dissemination of Findings</i>	146
Conclusion	147
Appendices.....	149
Appendix 1: University Ethical approval letter	149
Appendix 2: Research advert	151
Appendix 3: Pilot information sheet	152

Appendix 4: Participant information sheet.....	159
Appendix 5: Anonymised Consent Form Examples.....	165
Appendix 6: Demographic data questionnaire	168
Appendix 7: Example semi-structured interview questions	170
Appendix 8: Post-interview/de-brief letter	171
Appendix 9: Reflexive Thematic Analysis 6-phase framework	173
Appendix 10: Word cloud familiarisation	174
Appendix 11: Coding example.....	175
Appendix 12: Familiarisation with transcripts visualisation	177
Appendix 13: Emerging themes	180
Appendix 14: Final Themes	182
Appendix 15: Demographic criteria overview	183
References.....	186

List of Diagrams

Figure 1: Research map	41
Figure 2: Thematic map	58
Figure 3: Interpreting Disruption coding map	60
Figure 4: Interacting Responsibility coding map	77
Figure 5: Influential Experiences coding map	92
Figure 6: Findings PPCT Framework	110

Access Condition and Agreement

Each deposit in UEA Digital Repository is protected by copyright and other intellectual property rights, and duplication or sale of all or part of any of the Data Collections is not permitted, except that material may be duplicated by you for your research use or for educational purposes in electronic or print form. You must obtain permission from the copyright holder, usually the author, for any other use. Exceptions only apply where a deposit may be explicitly provided under a stated licence, such as a Creative Commons licence or Open Government licence.

Electronic or print copies may not be offered, whether for sale or otherwise to anyone, unless explicitly stated under a Creative Commons or Open Government license. Unauthorised reproduction, editing or reformatting for resale purposes is explicitly prohibited (except where approved by the copyright holder themselves) and UEA reserves the right to take immediate 'take down' action on behalf of the copyright and/or rights holder if this Access condition of the UEA Digital Repository is breached. Any material in this database has been supplied on the understanding that it is copyright material and that no quotation from the material may be published without proper acknowledgement.

Acknowledgements

Firstly, I would like to thank my wonderful family and friends who have motivated, supported, and believed in me throughout this journey of the Educational Psychology Doctorate and research process.

I would like to specifically thank my fantastic children, who have waited patiently while I have been spending “just another 5 minutes” writing for the last three years. They have been patient, supportive, kind and resilient.

To my Mum, who taught me to believe “you can do anything you set your mind to.” This phrase became my affirmation throughout this process, guiding me through the hard times. Thank you for consistently providing both practical and emotional support, without which this doctorate would not have been possible.

I would like to acknowledge my Research Supervisor, University Tutor, Placement Supervisor and Principal Educational Psychologist, who were all great sources of encouragement and guidance throughout my research journey.

I would also like to acknowledge the children and young people with whom I have worked over the years, who have inspired me to embark on this journey. You are strong and resilient, and I wish you the best of luck for the future.

Thank you to the many inspiring teachers, support staff, parents, and carers I have worked with throughout my years in the education system. With a special thanks to my former colleagues who listened to me talk about one day becoming an Educational Psychologist as if it were an unachievable dream, but you encouraged me to apply and cheered me on from the sidelines.

Thank you to my wonderful participants who took time from their incredibly busy schedules to talk to me and share their passion and their stories.

Introduction and Overview

Our understanding of Attention Deficit Hyperactivity Disorder (ADHD) has evolved over time. The current diagnostic criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR; APA, 2022) identify ADHD as a single diagnosis with three possible presentations: predominantly inattentive, predominantly hyperactive-impulsive, and combined presentation. ADHD is now diagnosed as a lifelong neurodevelopmental condition, with presentations and experiences differing between individuals. This doctoral research focuses on the current diagnostic definition of ADHD while recognising the potential influence of biological, psychological and social factors on how ADHD may be experienced and understood.

Previous research proposes that ADHD-related difficulties may impact students' engagement with learning, relationships and emotional wellbeing and that teachers are well placed to recognise students' needs and make adaptations to provide support within the classroom.

ADHD has been the focus of research over recent decades, with lengthy diagnostic and support waiting lists alongside increased awareness and demand for assessment and support. Existing research has predominantly explored the attitudes, understanding, and experiences of primary school teachers and other educational professionals. Existing research proposed the importance of teacher understanding, training and positive teacher-student relationships in supporting students with ADHD. It also suggests that where students feel misunderstood or negatively perceived, this may affect their relationships with teachers, self-esteem, attendance and engagement. In contrast, understanding individual needs and adapting the environment may support more positive experiences and outcomes.

However, research specifically exploring secondary school teachers' views and experiences of working with students with ADHD within England was limited within the literature identified for this review. Secondary school environments may present additional challenges for teachers and students, with increased expectations for sustained attention, organisation, sitting still, listening, and independent working. Therefore, there is a gap in research considering how teachers interpret ADHD-related behaviours and what may influence the responses they adopt within their individual school contexts.

This research seeks to explore the views and experiences of secondary school teachers working with students with ADHD, considering the factors that may shape their

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

interpretations of need and responses in practice. Underpinned by a critical realist approach, this research recognises ADHD as a neurodiverse condition with biological foundations while also considering the social, cultural and personal factors that may influence how it is understood and experienced. This research seeks to develop a deeper understanding of how teachers may construct meaning around behaviours associated with ADHD and how this may inform their classroom practice and responses. Educational Psychologists work alongside teachers to support the development of inclusive practice, therefore, gaining this insight aims to strengthen responsive support through findings which provide useful starting points for interpreting teachers', schools' and students' potential needs.

Five secondary school teachers participated in semi-structured interviews exploring their views and experiences of working with students with ADHD. Data were analysed using Reflexive Thematic Analysis (RTA) to identify key themes.

As a researcher with lived experience and a diagnosis of ADHD, I acknowledge that my experiences, beliefs and assumptions may shape how I engage with participants and interpret the findings. RTA acknowledges the strengths of researcher interpretations whilst also recognising the key role of reflexivity throughout the research process. Reflexivity throughout this research process included engaging in regular reflexive supervision sessions and journaling to critically examine how my experiences and views may influence decisions, interactions and interpretations. This ongoing reflection supports the credibility and ethical integrity of the research while keeping participants' voices and experiences central to the analysis. It is important to ensure that my perspective is not assumed to be representative of others with ADHD, and that findings from this research are considered to suggest part of the picture, being transferable where appropriate to other settings and professionals, rather than assumed to be generalisable for all teachers within all settings.

The thesis is structured into three chapters. Chapter One is a literature review split into two sections. The first explores ADHD as a diagnosable condition, its prevalence, and the evolution of understanding, including its differing presentations, aetiological explanations, and impact within school contexts. The second critically examines research into teachers' views and experiences of working with students with ADHD, predominantly within educational settings in England, with international research included to broaden the research base. This chapter identifies key themes and gaps within the existing literature and informs the rationale and design of the research project.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Chapter Two presents the empirical research, including the researcher's ontological and epistemological position, methodology, data collection and analysis. The findings are presented and discussed in relation to relevant literature and theoretical frameworks. The limitations of the research, recommendations for future research and implications for Educational Psychology practice are also considered.

Chapter Three provides a critically reflexive account of the research journey, including the challenges encountered, progression in learning and skill development, and plans for disseminating the findings to promote understanding and inclusive practice.

Chapter 1 - Literature review

Organisation

A literature review aims to explore and evaluate existing research that is relevant to a chosen topic. It is used to identify and explore key themes, theoretical perspectives, and gaps that would be beneficial for further research (Ridley, 2012; Hart, 2018).

Although Attention Deficit Hyperactivity Disorder (ADHD) has been the focus topic of many research studies over the last few decades, studies specifically relating to secondary school teachers' views and experiences of ADHD in England were limited. Therefore, a Narrative approach was used to explore the available research in depth. Narrative reviews are particularly useful for examining lesser-researched areas through a more flexible, interpretive synthesis of a broad range of literature (Grant & Booth, 2009).

This review aims to analyse and interpret existing literature to develop an understanding of how teachers have previously reported perceiving and responding to ADHD within their secondary school contexts, to identify key theories and gaps for further research.

Narrative reviews explicitly incorporate the researcher's interpretative role, in contrast to systematic approaches (Grant & Booth, 2009). This is viewed as a strength of narrative literature reviews within a critical realist framework, as it allows for deeper theoretical engagement and for researchers' interpretations of potential implicit mechanisms underlying research outcomes, rather than just explicitly reporting outcomes. This is particularly relevant to this research as it adopts a critical realist approach to explore underlying mechanisms that may impact secondary school teachers' views and experiences of working with students with ADHD.

While systematic reviews follow a more structured process, explicitly defining search terms and clear inclusion and exclusion criteria, narrative reviews are less structured and more flexible. A systematic review aims to minimise bias and ensure replicability (Siddaway et al., 2019), which is particularly useful when a topic has already been heavily researched.

This literature review is organised into two sections. The first section explores the prevalence of ADHD, possible reasons for this, and its potential impact on individuals. There is a particular focus on different presentations, including internalised and externalised responses, behavioural interpretations and emotional regulation throughout. It also examines

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

diagnostic processes and the associated challenges in the current climate, including assessment pathways within a national context. Current legislation and potential future developments, which are informed by recent proposed government initiatives, are also examined.

The second section critically examines existing research on teachers' views and experiences of working with students with ADHD. Due to the limited research within this focus topic, literature including additional educational professionals alongside teachers are also included. Key theoretical perspectives are outlined to interpret patterns within and across the literature and identify gaps in understanding to inform the rationale for the current study.

Search process

Electronic searches were conducted using the University library system across multiple academic databases, including Scopus, APA PsycInfo, MEDLINE Ultimate, Academic Search Ultimate, and Child Development and Adolescent Studies. These were selected to ensure coverage of psychological, developmental, medical and educational research relevant to ADHD. Search terms were developed from key concepts aligned with the review's focus. The initial search terms were 'teachers or educators or school staff' AND 'views or opinions or thoughts or experiences or attitudes or perceptions or beliefs' AND 'ADHD or Attention Deficit Hyperactivity Disorder'. Searches were flexible and iteratively refined throughout the process to increase the relevance of items produced and expand coverage around the topic as new information was explored.

In the second section of this literature review, to ensure credibility of sources, the following inclusion and exclusion criteria were considered: peer-reviewed journal articles or doctoral theses, published in English, focused on ADHD in children or young people. Studies that focused on adults, medicalised treatment, lacked psychological or developmental relevance, included severe neurological conditions, other mental health conditions, or lacked relevance to ADHD were not included within the review. In later stages of the review, due to the limited volume of relevant research in England, international studies were included if they were considered relevant to exploring teachers' views and experiences of ADHD. This addition was included to broaden the research base, incorporate diverse perspectives, and address potential factors that may not have been explored in research conducted in England.

The screening process consisted of three stages to identify relevant literature. The first stage involved screening titles, then abstracts, and then the full texts to remove irrelevant items

and further explore relevant ones. I also used the snowballing technique to explore additional literature included within the existing reference lists.

Alongside academic literature, further searches were conducted in grey literature to provide contextual information on ADHD diagnostic processes, the prevalence of ADHD, and local and national policy and provision. This included online materials from charities, national health guidance, local authority, health care documentation and national education policy. This literature was rigorously evaluated with consideration of the quality and reputability of the sources.

The findings were then presented narratively, identifying key themes, areas of convergence and divergence across the literature.

Section 1: What is ADHD?

Definition and diagnosis

The definition of ADHD and the associated presenting symptoms have dramatically changed over time. This literature review provides an overview of recent developments rather than a detailed account of past diagnostic criteria.

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; APA, 1980), the term Attention Deficit Disorder (ADD) was introduced to identify children with a diagnosis of ADD with hyperactivity or ADD without hyperactivity. Within these diagnostic criteria, it aimed to separate inattentive and hyperactive behaviours. In the revised DSM-III-R (1987), it was renamed ADHD, with the word 'hyperactivity' added to reflect the presenting symptom of hyperactivity within the disorder. This revision introduced a list of 14 symptoms, 8 of which must have been present over the last six months and must have onset before age seven (APA, 1987).

Understanding of ADHD continued to evolve through further research, with its definition and diagnostic criteria developing alongside this. In the DSM-IV (APA, 2000), ADHD was classified within two symptom domains, including inattention and hyperactivity-impulsivity, with three subtype classifications: predominantly inattentive, predominantly hyperactive-impulsive, and combined type.

ADHD was originally diagnosed as a childhood disorder. A study by Agnew-Blais et al. (2016) provided evidence to suggest that ADHD is not only a childhood disability. For many

people, symptoms were recognised as continuing to significantly affect their lives into adulthood. This research also found that 67.5% of adults who were not diagnosed in childhood would now meet criteria for diagnosis, which has implications that there could be many adults with ADHD-related needs who did not seek diagnosis in childhood. This research also highlighted that adults who now meet criteria were more likely to have a higher IQ at age 18 than those diagnosed in childhood, raising questions about which students were referred for diagnosis in childhood and the reasons for this. This indicates that those who were able to engage academically may have been less likely to be identified and diagnosed (Agnew-Blais et al., 2016).

Current diagnostic criteria through the DSM-5-TR (APA, 2022) identify ADHD as a single diagnosis with three possible presentations. These presentations are predominantly inattentive, predominantly hyperactive-impulsive, and combined presentations. These symptoms are required to be present across multiple settings, such as home, school, and social contexts. To receive a diagnosis, children must display six or more ADHD symptoms for a period of over six months. Adults must exhibit five or more symptoms to obtain a diagnosis. A significant evolution within ADHD diagnoses is that the condition is now recognised as a lifelong condition with many adults now seeking diagnosis, suggesting lifelong implications for support.

Presentation

The main inattentive presentations shared through the NHS website (2024) include:

- “Having a short attention span and being easily distracted
- Making careless mistakes, for example, in schoolwork
- Appearing forgetful or losing things
- Being unable to stick to tasks that are tedious or time-consuming
- Appearing to be unable to listen to or carry out instructions
- Constantly changing activity or task
- Having difficulty organising tasks”

The main hyperactive and impulsive presentations shared through the NHS website (2024) include:

- “Being unable to sit still, especially in calm or quiet surroundings
- Constantly fidgeting
- Being unable to concentrate on tasks
- Excessive physical movement

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Excessive talking
- Being unable to wait their turn
- Acting without thinking
- Interrupting conversations
- Little or no sense of danger”

ADHD symptoms impact those with the diagnosis and those around them. Hyperactivity was previously recognised as persistent physical movement, but due to ongoing research, different presentations are becoming increasingly understood (Block et al., 2024).

Internalised emotional responses can present when hyperactivity is processed more internally within the brain, such as when multiple tasks are attempted simultaneously, potentially causing emotional overwhelm (Mowlem et al., 2019).

ADHD symptoms also include impulsivity, which can impact cognitive functions, such as difficulty inhibiting thoughts and responses. It can also be expressed behaviourally, including more overt forms of physical impulsivity and movement (APA, 2022).

Prevalence

Around 3-7% of children in the United Kingdom have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), with another 5% being just below the threshold for diagnosis (Sayal et al., 2018). NICE (2025) suggests the global prevalence is around 5% of the population, with estimates of 20-30% classified as inattentive, 15% as hyperactive-impulsive, and 50-75% as combined presentation cases. Over the last few decades, some researchers have suggested that ADHD diagnoses have continued to rise globally (Kazda et al., 2024). Prevalence figures highlight a significant percentage of the population presenting with ADHD related challenges, with many potentially having their needs unrecognised due to falling just below diagnostic thresholds. However, this does not eliminate their difficulties and potential barriers, but it may limit their recognition and access to support.

Gender differences

Boys are up to five times more likely to be diagnosed with ADHD than girls (Mowlem et al., 2019). It has been recognised in recent years that neurodivergent girls may present their symptoms differently from boys. Girls with ADHD generally display less visible, more internalised inattentive symptoms than boys, who are more likely to experience visible, more outwardly hyperactive and impulsive symptoms (Quinn, 2008; Quinn & Madhoo, 2014). The

National Institute for Health Care and Excellence [NICE] (2025) estimates that between 2 and 5 boys are being diagnosed per girl globally. ADHDDUK (2021) states that ADHD is under-recognised within the female population due to the more frequent prevalence of inattentive symptoms and less overt hyperactivity and impulsivity demonstrated, and therefore less disruption observed within the classroom, leading to fewer referrals for assessment. This indicates that girls' needs are often not recognised and therefore may not have access to appropriate support.

Girls who display behavioural challenges through externalised presentations are more likely to seek a diagnosis than those who manage their behaviour successfully, which could be due to the more stereotypical presentation of their difficulties and the impact this may have on others and not just themselves (Martin et al., 2018). This suggests the need to develop professionals' awareness of differing presentations through Equality, Diversity, and Inclusion (EDI) training to highlight these differences and improve the equity of diagnosis (National Health Service [NHS], 2025). Although it is argued that diagnostic criteria are still aimed at the typical male externalised presentation of ADHD, continued research is starting to increase awareness around alternative presentations, including those most commonly associated with females (Mowlem et al., 2019).

Behavioural and Cognitive Impacts

Impulsivity may also manifest in behaviours such as impulsive decision-making or increased risk-taking with social, financial, or legal consequences. This is shown through adaptations in the current diagnostic process, with assessments also reviewing persistent patterns of impaired self-regulation that may have functional or social consequences (APA, 2022).

Impulsiveness is also suggested to increase the likelihood of dependencies in adulthood, such as gambling, alcohol and substance abuse (Mind, 2024). There is a proposed link between ADHD and obsessive-compulsive disorder, and an increased risk of self-harm behaviours (Austgulen et al., 2024). ADHDDUK (2021) suggest that ADHD is more likely to be diagnosed within adolescence and adulthood as psychiatric difficulties, particularly in females. This proposes potential lifelong implications for those whose needs are left unsupported.

ADHD is also linked to executive functioning challenges, including planning and organising tasks to achieve goals, working memory, emotional regulation, sustained attention, time management, flexibility, and metacognitive skills (Diamond, 2013). Individuals with ADHD

may be unable to differentiate between important and unimportant stimuli, making prioritising tasks challenging. Therefore, they may be unable to complete tasks set by others, or even important everyday tasks such as cleaning or shopping, in adulthood, with the same rigour and routine as those without these neurodiverse traits. This may come across as difficulty processing information, as they are trying to process multiple stimuli at once rather than prioritising them. Although everyone struggles with these things at times to a certain extent, the difference and the diagnostic criteria are that those with ADHD struggle to an extent that may significantly affect their lives (APA, 2022). This highlights how some difficulties may be misinterpreted as learning difficulties in childhood, where students need significantly more support to complete learning tasks.

Aetiology

There is much debate around the aetiology of ADHD, with the main possibilities involving inherited physiological causes or whether it is a learned response.

There is a physiological explanation that suggests people with ADHD have abnormalities in the neurotransmission of dopamine and noradrenaline. This could mean that variations in the brain are shared genetically. Dopaminergic pathway genes, including the dopamine D4 receptor and the catechol-O-methyltransferase gene, have been investigated in relation to the risk of ADHD and symptom expression; differences were found in these areas (Mill et al., 2001; Pekcanlar Akay et al., 2018). This highlights a physiological aspect, which may be more likely to be considered from a medicalised perspective.

Agnew-Blais et al. (2022) proposed that 50% of parents with ADHD also have a child with ADHD. This suggests that there are genetic aetiological implications. Parents with an ADHD diagnosis may be able to identify signs and symptoms of ADHD more easily and may therefore be more likely to seek a diagnosis for their children. However, environmental factors may also contribute (Agnew-Blais et al., 2022).

Tarver et al. (2014) suggest that the environment can support or exacerbate symptoms of ADHD and effectively support individuals, highlighting the key role of the environment surrounding individuals with ADHD. This links ADHD to the age-old 'nature–nurture' debate, which highlights the interaction between biological predispositions and environmental influences. (Rutter et al., 2006).

Other potential causes have been explored, including early brain trauma caused by head injury, exposure to substances in utero, or other events that may be considered physically traumatic (Block et al., 2024). It is also suggested that symptoms of ADHD can mirror those of people who have experienced emotional trauma (Bombèr, 2020). Therefore, it is imperative that in-depth developmental histories are gathered to accurately diagnose ADHD and create effective support plans. Assessors should rule out alternative explanations for symptoms, including learning disabilities, sensory impairments, neurological conditions, other physical and mental health problems, and consider other possible coexisting conditions (NICE, 2018). Anxiety and depression may present similar symptoms to ADHD, which can increase the risk of misdiagnosis, especially in females, where ADHD commonly presents with internalised presentations impacting emotional regulation (Block et al., 2024).

ADHD is now widely interpreted as a multifactorial condition which is influenced by interactions between biological, psychological, and social factors. The biopsychosocial model is commonly used by professionals to understand individual differences and to inform personalised treatment planning, taking all factors into account (Cao et al., 2025).

Awareness & Misconceptions

ADHD has historically been misunderstood, where social constructions of the presenting challenges have created stigma, labelling those with ADHD as the 'naughty kids', as in children, especially, the challenges can manifest as disruptive or challenging behaviours (Anderson et al., 2017). This may be due to children not yet having developed strategies to manage and support their difficulties. As well as increasing general awareness and recognition of ADHD presentations, many professionals, social media influencers, and charities aim to reduce this stigma and to support approaches to life and learning (Climie & Mastoras, 2015).

However, there are concerns regarding misinformation shared on social media platforms. Branigan (2026) explored ADHD related content on social media to examine its accuracy and potential influence on public understanding. This research found significant levels of misinformation within social media materials, which could potentially contribute to people inaccurately identifying as having ADHD or creating further misconceptions. Branigan proposed recommendations for educational psychologists (EP) to support digital literacy and address misconceptions, improving public knowledge and reducing the impact of social media misinformation.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

With general awareness of ADHD increasing, people may be more able to recognise symptoms of ADHD, such as inattention, hyperactivity and impulsivity. This improved public mental health literacy likely contributes towards the rising number of individuals seeking diagnosis and requesting additional support (Wei et al., 2015). French et al. (2020) further acknowledge that improvements in public understanding of mental health promote earlier identification of symptoms, encouraging individuals to seek professional support. Therefore, low public awareness potentially creates a key barrier to diagnosis and accessing support.

Diagnostic Services

Due to lengthy waiting lists for assessment and diagnosis, a 'Right to Choose' NHS-funded initiative was developed in 2014 to reduce waiting lists from years to 12 weeks, enabling faster access to post-diagnostic support. This initiative involves General Practitioners referring patients to private companies to complete assessments. (NHS Digital, 2024).

During the COVID-19 pandemic, ADHD UK (2021) suggested that the rate of diagnosis was affected by the closure of many services, which had the potential to heavily impact students' access to effective support in education and healthcare systems. Following the pandemic, there was a substantial increase in referrals for ADHD assessment and requests for support managing symptoms. With already lengthy waiting lists, this influx of referrals has further impacted waiting times. The Office of the Children's Commissioner (2024) states that children in England are waiting for longer than a year post-referral for initial appointments. There are also similar waiting lists for other related or coexisting neurodevelopmental conditions. NHS Digital (2024) data showed extended delays between referral and contact with professionals for children's mental health services.

The post-pandemic increase in referrals may be due to parents gaining greater insight into their children's learning behaviours while providing home schooling for the first time. School closures led to home schooling, which increased parental involvement in children's academic engagement and may have provided parents with opportunities to gain greater insight into behavioural and executive functioning difficulties through home learning tasks (Merrill et al., 2023; Becker et al., 2020).

NHS England commissioned an ADHD Taskforce in 2024 to review national concerns around ADHD. These concerns included public access to diagnostic services, the quality of care being received, and overall support for individuals with ADHD. The taskforce aimed to take a systemic approach, increasing collaboration with health, education, and social care

services. This task force recognised the possibility of current national underdiagnosis and potential limitations in current support systems. Aiming to explore ways to reduce assessment waiting times and improve post-diagnostic support, which is reported to currently rely on specialist services, creating long waiting lists for individuals and having negative implications on national finances (NHS, 2025). This initiative also highlights the importance of early identification of challenges, areas for improvement in professional training, such as teacher training, and support that is based on individual needs rather than reliant on formal diagnosis. This highlights ongoing national challenges within the diagnostic process and indicates that many people's ADHD-related needs may remain unrecognised and unsupported.

As the number of ADHD diagnoses has increased, so have concerns about the quality and consistency of some assessment processes, particularly within private company assessments through alternative pathways such as 'Right to Choose'. To mitigate these problems, more rigorous processes were introduced for approving providers, but ongoing concerns remain regarding variability in assessment standards and the potential for misdiagnosis (NHS England, 2024; Campbell, 2026). This indicates that there may be reduced public confidence in the accuracy of diagnoses, with implications for how diagnoses are interpreted, needs are recognised, and support is implemented.

ADHD in the school environment

Academic Impact

As stated previously, inattentive and hyperactive ADHD presentations impact executive functioning skills. Inattention reportedly impacts academic attainment more significantly than hyperactivity, as it impacts sustained attention, planning and organisational skills, working memory and task completion, whereas hyperactivity is more closely linked with externalised behavioural presentations (Pingault et al., 2011). Corder et al. (2015) suggest that ADHD-related needs may have a significant impact on academic performance for students.

Inattentive presentations are less frequently recognised by teachers than hyperactive presentations, and combined presentations, as externalised hyperactive behaviours, tend to be more visible in classroom environments, requiring immediate support and attention from teachers, which makes them more identifiable as ADHD. Inattentive presentations may be more subtle, hindering engagement with learning tasks and making them difficult to access. This may increase the likelihood of misinterpretations of a lack of effort or learning difficulties. This raises questions about teachers' understanding in terms of internalised

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

hyperactivity and inattentive presentations, as misinterpretations may increase delays in diagnosis and limit the relevant support available to students (Alloway et al., 2010).

Teacher and staff training improvements have been highlighted as priorities in promoting understanding of the aetiology of ADHD, the symptoms, and how these are displayed and can be supported in the classroom (Greenway & Edwards, 2020; NHS Digital, 2024). Early recognition and support can support academic attainment (Loe & Feldman, 2007). Schools are legally required to identify children and young people with SEND and make reasonable adjustments to reduce barriers to learning for all children and young people (DFE, 2014). This includes supporting students with ADHD by making adaptations to meet their specific needs. The Office for Standards in Education [Ofsted] (2022) agrees that Inclusion involves identifying individuals who may be disadvantaged, so that adjustments can be made to meet their needs and support them in engaging positively with the curriculum to achieve positive outcomes.

Inattention, hyperactivity and impulsivity can impact students' ability to follow school expectations. Secondary school expectations raise the requirements for silent working, sitting still, and listening, which impacts engagement and task completion (Kendall, 2016; Kos et al., 2006). Early intervention addressing these challenges and developing strategies could be key to supporting children and young people to reduce these challenges.

Impact on Mental Health

People with ADHD are likely to have comorbidities with mental illnesses, too, which may increase the likelihood of feeling out of control, isolated, or depressed (Young Minds, 2021).

Anxiety, depression, sleep challenges, conduct disorders, and substance abuse are more common in those with ADHD (Mind, 2024; Faraone et al., 2015). These mental health challenges can contribute to low self-esteem, which may increase worrying excessively and a constant need for reassurance (Wehmeier et al., 2008).

Beheshti et al. (2020) found that seventy percent of adult participants with ADHD displayed emotional dysregulation, feeling both positive and negative emotions deeply, increasing emotional hyperactivity. This research suggested that early identification of needs is important to increase support so students can develop lifelong emotional regulation strategies within childhood.

Krtek et al. (2022) highlight how some students, struggling to meet the social norms and school expectations, can harm their sense of self. This has implications for students' confidence and self-esteem, with Clancy et al. (2023) suggesting that early identification and support can reduce the likelihood of long-term mental illnesses. Raising confidence and emotional regulation can also improve students' school attendance (May et al., 2021).

Relationships

Strong student-teacher relationships are key to implementing effective strategies in school environments (Houghton et al., 2006; Moore et al., 2017). In some studies, students with ADHD have reported that they do not feel a bond with their teachers as those without ADHD do (Ewe, 2019). Executive functioning skills, such as concentration and impulse control, can disrupt classroom environments, potentially straining peer and teacher-student relationships (Gwernan-Jones et al., 2015). Ewe (2019) suggested that those with ADHD are more likely to have strained relationships with their teachers, which may increase the likelihood of students feeling 'rejected' by teachers, affecting their self-esteem, social relationships and academic achievement, which can result in students' lower attendance rates (Parker et al., 2015; May et al., 2021).

Non-compliance and impulsive behaviours related to ADHD presentations can increase levels of stress among teachers, which in turn can cause emotional challenges and affect classroom environments (Greene et al., 2002). This disconnect may be due to there still being a lack of understanding of ADHD among educational professionals and the stigma and stereotypes related to diagnosis (Hapsari et al., 2020).

Eisenberg & Schneider (2007) suggest that students may interpret others' negative perceptions relating to diagnosis. This can make people feel labelled (Wiener et al., 2012) and adapt behaviours to fit other people's expectations (Bailey & Thompson, 2009), creating further disruptive behaviours (Pianta, 1999) and impacting relationships.

The Nuffield Trust (2024) proposed that increasing awareness of ADHD, reducing the stereotypes and stigma previously associated with it, may improve pupil-teacher relationships, reduce teacher and student stressors, and may improve emotional wellbeing and increased positive behaviours, which would positively impact future outcomes.

Persistent Disruptive Behaviours

Students with Special Educational Needs and Disabilities (SEND) across primary and secondary school settings are proposed to be up to seven times more likely to be excluded

from school between the ages of five and sixteen years old (Timpson, 2019; Parker et al., 2015; Department for Education [DFE], 2018).

In academic year 2022/2023, 38.5% of permanent exclusions and 48% of suspensions were due to persistent disruptive behaviours (DFE, 2024). Although these figures do not directly reference students with ADHD diagnoses, they remain relevant due to the prevalence of disruptive behaviours identified within students across different presentations of ADHD, especially those displaying hyperactivity (Pingault et al., 2011). These presentations, alongside lengthy waiting lists for diagnosis, suggest that some students within this dataset may have had unmet needs that contributed towards their presentations of persistent disruptive behaviours. Lawson et al. (2022) identified a pattern between potentially unidentified neurodevelopmental and mental health disorder symptoms and secondary school students at risk of permanent exclusion following two fixed-term exclusions.

Ford et al. (2018) propose that mental health challenges could be impacting students' behaviours in school in a 'bidirectional' manner, with students' mental health contributing to exclusions and exclusions contributing to students' mental health difficulties. This highlights the need to put effective support strategies in place promptly to support students to successfully access the school environment (Lawson et al., 2022).

Support and Intervention

Diagnosis & support

There is continued debate over the need for the diagnosis of ADHD. For some, a diagnosis is reported to help people accept and understand themselves (ADHD UK, 2024). It can also help others begin to understand their needs and provide a starting point for creating a support path for them (Block et al., 2024). Others suggest that many strategies to support people with possible ADHD can be accessed without a diagnosis, and a diagnosis may lead to further challenges, such as stigmatisation, and limit others' expectations of individuals (Anderson et al., 2017).

Pharmacological support

Paediatricians consider individual presentations, and for some people, medications can be used to treat ADHD symptoms. In the UK, there are two types of medications, stimulant and non-stimulant, which are used to support concentration and impulse control (NHS, 2024). Medications are considered supportive to increase concentration and reduce impulsive behaviours in school settings for some people; side effects of these medications can range

from nausea to feelings of aggression, anxiety, depression, and increased risk of heart problems (Levy, 2013; Vance & Luk, 2000). NICE guidelines recommend that non-pharmacological strategies are implemented before medication (2018).

Non-pharmacological support

Other strategies recommended to support emotional wellbeing include Cognitive Behavioural Therapy (CBT) and psychotherapy (PT) (Mind, 2024). These therapies help individuals to identify negative thought patterns, which often manifest in physical ways for people and can impact behavioural outcomes. When in a heightened state, this triggers a fear response, which affects the central nervous system, triggering a shift from the parasympathetic to the sympathetic nervous system. This can influence fight, flight or freeze responses (Bombèr, 2020). There is a need to find alternative treatments to support emotional regulation for those with ADHD, which can be delivered in schools rather than children needing to wait for already stretched NHS services. The type of intervention should be determined by the student's individual needs.

DuPaul et al. (2012) conducted a meta-analysis of 60 studies examining school-based interventions for students with ADHD. Findings proposed positive effects on behavioural and academic outcomes, although the strength and significance of effects varied across research designs. Three broad approaches were identified: contingency management, academic interventions and cognitive-behavioural interventions. Contingency management involved reinforcement, feedback and structured consequences to encourage positive behaviours and reduce behaviours that may hinder learning. Academic interventions focused on adapting instruction, providing academic materials and supporting organisational skills. Cognitive-behavioural interventions aimed to develop self-regulation, self-monitoring and problem-solving skills. These findings suggest that school-based interventions may be supportive of both behavioural and academic difficulties associated with ADHD, rather than focusing solely on reducing the core symptoms (DuPaul et al., 2012).

Hill et al. (2022) provide guidance for educational professionals, emphasising that non-pharmacological support should consider the individual child, their strengths and needs in the context where these difficulties occur. Recommended approaches included adaptations to the classroom environment, teaching and learning, behavioural support and opportunities to develop self-regulation. Environmental adaptations included ensuring appropriate seating, reducing distractions and providing predictable routines and clear expectations. Teaching approaches included giving clear and concise instructions for students to follow, checking their understanding, breaking tasks into manageable chunks and using visual prompts and

reminders to maintain attention and support organisational skills. Providing positive reinforcement, giving specific feedback and ensuring consistent responses were also proposed to encourage positive classroom behaviours and support learning. Further recommendations included opportunities for movement where possible and teaching strategies for students to develop their self-regulation and independence skills. Hill et al. (2022) emphasised that approaches should be adapted to students' individual needs through collaboration with children, families, school staff, and other professionals. Effective support strategies should be embedded within everyday educational practice. This research suggests the importance of considering both the individual student and the classroom environment when developing support for students with ADHD.

Putting the right support in place is key for children and young people to recognise individual barriers and develop strategies to manage them. If a school is not supportive, this can be detrimental to students' academic progress and wellbeing (ADHD UK, 2021). Poor outcomes are more likely for those who are diagnosed late or have no formal diagnosis (Merrell et al., 2017). Teachers are well placed to identify students who are not developing or performing in line with age-related expectations, to communicate with parents, and to create consistent plans to support students. Therefore, playing a key role in the referral process for diagnoses (Phillips, 2006).

Summary

This section highlights the evolution of ADHD with current diagnostic criteria identifying ADHD as a single diagnosis with three possible presentations: predominantly inattentive, predominantly hyperactive-impulsive, and combined presentation (APA, 2022). This research draws on the current diagnostic criteria.

As presentations vary with individual differences and gender, impacting students' externalised and internalised responses (Martin et al., 2018; Mowlem et al., 2019; Quinn, 2008; NICE, 2025), this highlights the importance of increased awareness and understanding of different presentations. Teachers are well placed to recognise needs and plan support to overcome barriers within classrooms (French et al., 2020).

With global prevalence of around 5% (NICE, 2025) and long waiting lists for assessments (NHS Digital, 2024) it is important to recognise that many students with ADHD may not be formally identified, but support should be implemented on a needs basis in order to develop positive relationships (Houghton et al., 2006; Moore et al., 2017), increase emotional

wellbeing (Austgulen et al., 2024; Mind, 2024) and effectively engage in learning tasks (Diamond, 2003; Pingault et al., 2011; Corder et al., 2015). As when needs are unidentified and support is not implemented, this may impact attainment, attendance, relationships and may ultimately influence higher rates of exclusion and mental health difficulties (Mind, 2024).

Section 2 – Existing Research - Teachers' Views and Experiences

The purpose of this section of the literature review was to examine existing research on how teachers view, understand and respond to students with ADHD.

Due to the rise in diagnoses post-COVID-19 (Khan & Hasan, 2025), the increased social media presence boosting public awareness (Kazda et al., 2024), and the ever-evolving information surrounding ADHD presentations, this review focused on research published in the last five years to gain an understanding of teachers' views initially. There was limited research within this time frame, so it was expanded to include research from the last ten years. This explores the evolution of research within this time scale and ensures the discussion reflects the most up-to-date educational context. This review also focuses on teachers' views, training, and the influences that shape classroom practices. Research is explored in chronological order to propose the development of understandings over time, highlighting how these changes inform and contextualise this study by positioning teachers' current perceptions and practices within broader ADHD literature.

Constructions of Aetiology of ADHD

Russell, Moore & Ford (2016) explored practitioners' beliefs and conceptualisations regarding the aetiology of ADHD through semi-structured interviews. Practitioners included teachers and support staff roles across primary, secondary, and alternative provision settings in nine schools in the southwest of England.

This research was crucial given the fact that educational professionals are heavily involved in students' diagnostic processes, often monitoring and supporting the completion of referrals. Therefore, their beliefs can directly influence the referral process (Hillman, 2011). Interactions between parents and teachers play a key role in interpreting behaviours and recognising when referrals for assessment may be appropriate (Lee, 2008). When school support plans align with teachers' perspectives, they are more likely to be implemented effectively (Eckert & Hintze, 2000), whereas when teachers' beliefs conflict with

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

recommended school-based interventions, this can negatively impact both the student's well-being and their academic achievement (Moore et al., 2015).

This study identified six themes across two research questions. For the first question, "What do educational practitioners believe are the causes of ADHD symptoms?", two themes emerged: biological and environmental causes. Biological causes included beliefs about brain differences and a genetic influence contributing to ADHD. While participants often lacked detailed knowledge, they were aware of hereditary factors and neurological differences associated with ADHD. Professionals' awareness of environmental causes was mostly linked to home or parenting influences of symptoms, such as parenting style or diet, rather than school-related factors. These findings aligned with Hillman's (2011) categorisation of ADHD into medical and non-medical causes.

For the second question, "How do educational practitioners conceptualise these causes?", four themes were identified. The first was 'True' ADHD, which attributed ADHD solely to biological factors and held that students lacked control over their symptoms. Participants reported that this type was rarely observed in their experience and believed it required medication to support.

The second theme was 'Environmental' ADHD, which was seen as 'misdiagnosed' ADHD, where behaviours were predominantly influenced by environmental factors in the home. This was the most common type of ADHD reported to be observed in the participants' schools.

The third theme was 'Biology exacerbated by environment', which was where ADHD was predominantly biological but could be worsened by environmental factors, mostly within the home.

The fourth theme was 'Environment becoming biology', which was where early negative home experiences were believed to become biologically entrenched, resulting in ADHD traits.

This research was among the first in the UK to use qualitative methods to explore professionals' (including teachers') views, whereas prior research had mainly focused on parental perspectives or used quantitative approaches to examine professionals' perspectives. This research encouraged a deeper exploration of participants' experiences. A key finding from this research was the emphasis on the impact of home environments as contributing factors for students with ADHD. Parenting styles and students' diet were

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

considered important factors that contribute to ADHD symptoms, but very few participants considered the school environment as exacerbating ADHD traits. Gwernan-Jones et al. (2015) found similar results, suggesting that teachers' immersion in the school context may influence them to view environmental impacts as either typical school experiences or fixed conditions. Considering the prevalence of ADHD diagnoses in socio-economically disadvantaged families (Russell et al., 2015), this could be a factor contributing towards teachers' perceptions of home environments exacerbating ADHD symptoms. Lee's (2008) study in Iceland proposed that teachers sometimes recognised compliant students with inattentive ADHD symptoms as actually having ADHD, whereas non-compliant students were simply considered "badly behaved" with participants rejecting ADHD diagnoses. This appears consistent with Russell et al. (2016) research, where True ADHD was considered from biological aetiology, and environmental ADHD as misdiagnosed ADHD attributed to challenging home environments, with few recognising the impact of school-based environmental factors. Relating this to Attribution Theory (AT) (Weiner, 1985), highlighting how professionals' attributions may influence referral processes within their schools and, in turn, support plans and, consequently, academic outcomes for students.

Eckert & Hintze (2000) suggest that when teachers' beliefs and recommended treatment plans align, teachers are more likely to implement them. Therefore, highlighting challenges for students who were likely not receiving consistent or appropriate support to access the school environment due to misaligned teacher beliefs.

The study concluded with an interest in further research to determine whether teachers' beliefs about the causes of ADHD influence the support they provide to students within educational settings. This research provides an interesting insight into professionals' views at the time; however, it was conducted in a small area of England in 2016. Since this time, there has been an increase in diagnoses and more readily available information regarding ADHD aetiology and presentation, suggesting that this research may be outdated and require an updated exploration to understand professionals' views.

Helping and hindering factors in managing students with ADHD

Moore, Russell and Ford (2017) continued their research to explore practitioners' experiences of managing students with ADHD. Focus groups and individual semi-structured interviews were used to understand the factors that 'helped and hindered' these professionals supporting students with ADHD in educational settings. Moore et al. (2017) highlighted six themes. These were broad strategies, student-centred, inclusive strategies,

labelling, medication and relationships. The study presents findings relating to the participants' subjective experiences within their specific school contexts, which should be considered when interpreting them.

Participants stated that they were using a wide range of '*broad strategies*' to support students with ADHD in their settings. Interestingly, the participants appeared to prioritise managing classroom behaviours through broad strategies rather than directly addressing challenges specific to students with ADHD, reflecting the high expectations of school systems to focus on behavioural regulation. These strategies were applied flexibly to support both students with and without an ADHD diagnosis on an individual's needs basis. Participants were unaware of the research base for the strategies they were using, suggesting a potential lack of motivation towards implementation if the purpose was unclear. Multiple participants mentioned movement breaks as particularly supportive for their students. This was interesting and would be useful to know whether their acknowledgement of movement breaks as supportive strategies increased their consistency in using them in their classrooms to support students with ADHD.

The theme '*student-centred*' approaches highlighted the need for flexibility within the implementation of strategies, dependent on individual need. The use of reward systems to support appropriate classroom behaviours was found to be inconsistent. The effectiveness was perceived to depend on students' individual past experiences of rewards. Some professionals perceived that rewards used inconsistently in students' home environments were less effective in the school setting. Instead highlighting a need to adapt strategies to suit individual students' interests. This attribution places external factors in the home as responsible for the effectiveness of strategies, without clear evidence that school-based implementation was itself consistent or well-adapted. This also raises questions around whether these perceived limitations reflect the intervention itself or variability in its application. However, again, it would be useful to know whether these participants adapted their practice to incorporate students' interests and how consistently rewards were used in the school settings prior to deciding that these were less effective for those students.

'*Inclusive strategies*' were considered important by the professionals in this research to enable students to access learning in the classroom, rather than exclusive strategies that removed students from the classroom, supporting earlier research by Hillman (2011). This aligns with a key change in the government guidance, through the SEND Code of Practice, which entitles all students to access mainstream education settings and places responsibilities on schools to make adaptations to remove barriers to their learning (DfE,

2014). This guidance was put in place two years prior to this piece of research. While this suggests professional alignment with government policy and guidance, the study does not critically examine the extent to which inclusive strategies are effectively implemented or whether they adequately meet the needs of students with more complex presentations of ADHD.

A diagnosis of ADHD was considered both a supporting and problematic factor for students. While a diagnosis could be considered helpful for students to gain access to additional support, it was considered stigmatising among peers in relation to other diagnoses. Participants reported that diagnostic labels reinforce or 'validate' negative behavioural expectations (Bailey & Thompson, 2009), which led to the theme '*labelling*'. This raises concerns about self-fulfilling prophecies, in which behaviours are interpreted through the lens of students' diagnoses, potentially limiting professionals' understanding of individual needs rather than developing a more holistic understanding.

'*Medication*' was generally considered supportive by participants, particularly in enabling students to access classroom adaptations more effectively. However, ADHD medication was also suggested to have 'adverse effects' on students, such as reducing their enthusiasm and changing their personalities. This was considered a hindrance to students' classroom management, highlighting tensions between positive behaviour management strategies and those supporting student wellbeing. This relies on practitioner perceptions rather than capturing students' experiences of medication, which would be interesting to compare.

Participants identified '*Relationships*' as a key component of effective support, highlighting strong teacher–student relationships as facilitators of student engagement and effective classroom management. Peer relationships were described as challenging for students with ADHD, having a negative impact on their self-esteem. Social skill interventions were considered supportive in helping students develop peer relationships, increase self-esteem, and create more successful learning environments. Increasing empathy towards students was also highlighted as an important part of classroom management. The research does not evaluate the effectiveness of social skill interventions, which limits it to professionals' views rather than the interventions themselves.

Moore et al. (2017) provided an in-depth exploration of factors that help and hinder educational professionals from supporting students with ADHD. The use of the term "managing students" rather than "supporting students" in the research is interesting. This may reflect the underlying belief that managing behaviour is a priority within settings at the

time. This aligns with their prior research on teachers' focus on behavioural regulation in students with externalised hyperactive presentations. A key strength of this research was the inclusion of a diverse range of school professionals, which enabled classroom management and support strategies to be explored through multiple perspectives. It was interesting to build on how the environment can impact ADHD symptoms. The study built on their previous research, which had not considered the participants' individual school contexts. It highlights a gap in further research into the mechanisms that facilitate the effective implementation of support strategies within schools, including the roles of school policies, procedures, academic expectations, and support from senior leadership.

Home-based Environmental impacts on ADHD symptoms

Following on from their 2016 research exploring professionals' aetiological perspectives, Russell, Ford and Moore (2019) explored educational practitioners' perceptions of the home lives of children with ADHD. This research was supported by prior findings, which had suggested that parents of children with ADHD experience high levels of stress (Corcoran, 2016) and may feel blamed by professionals for their child's behaviour (Corcoran et al., 2017). This was particularly relevant when considered alongside Russell et al. (2016), research in which the participants' previous home environments were considered highly influential in contributing to ADHD symptoms. Although not explicitly stated, it would be interesting to know whether the same professionals participated in both studies to gain deeper insight informing their views of the 2016 research. Regardless, these findings helped develop an insight into professionals' interpretations. Positive relationships between parents and school staff have been associated with improved behavioural outcomes for students (Kim et al., 2013), so considering these relationships and professionals' perceptions is a valuable insight.

Three themes and six subthemes were identified. The first theme, '*perceived inconsistency*', reflects the practitioners' views that some students' home environments were sometimes unstable, lacked clear boundaries, and used rewards inconsistently. The latter builds on the perception from their previous research, in which inconsistent use of rewards was considered a barrier to implementing strategies in schools. Many participants suggested that these factors contributed to behavioural difficulties in the school setting.

The second theme, '*psychosocial adversity*', included subthemes: difficulties with parent–child relationships, parental mental health challenges, and lack of a positive male role model

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

in the home, which practitioners perceived negatively influenced children's social interactions and behaviour in school.

The third theme related to '*social isolation*', where many participants believed that many children with ADHD and their parents avoid social situations due to their children's behavioural challenges, which potentially limits students' social skill development.

This research gave important insight into how professionals perceive the potential challenges within students with ADHD's home lives and how their views may be impacting parents' feelings of blame. Attributing ADHD to home environments may challenge the relationships between professionals and parents due to their feelings of blame. Therefore, impacting consistency between home and school, the sharing of information, and a supportive, cohesive link between home and school professionals.

Practitioners acknowledged having limited direct knowledge of children's home lives, meaning the views were based on staff assumptions and interpretations of experiences rather than empirical observation. This raises the potential for bias and misattribution, particularly when linking ADHD behaviours to home environments, which may inadvertently contribute to parental feelings of blame and tension in home–school relationships. Attributing ADHD-related behaviours to the home could undermine consistency between school and home, inhibit information sharing, and compromise the development of cohesive support strategies. Russell et al. (2019) themselves highlighted the implications of this limitation and potential for bias within participants' views. However, it is important to acknowledge professionals' perceptions and potential areas for improvement in the links between parents and professionals. Overall, the study emphasises the importance of developing positive home–school relationships and maintaining consistent, supportive behaviour management approaches for children with ADHD (Moore et al., 2016).

Knowledge and attitudes towards students with ADHD

Greenway and Edwards (2020) conducted a quantitative study comparing teachers' and teaching assistants' (TAs) knowledge and attitudes towards ADHD. While this research is very different in nature, exploring views through a quantitative method, it highlights important factors regarding professionals' views of ADHD. This research included 95 secondary school teachers and 70 primary school teachers, along with 80 secondary school teaching assistants and 77 primary school teaching assistants. Participants completed two online

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

surveys, including the ADHD-specific knowledge (SASK) scale and ADHD-specific attitudes (SASA) scale (Mulholland et al., 2015). The research conducted a comparative analysis, which was interesting and informative but lacked the depth and nuance of qualitative research, as responses from the professionals could not be explored beyond data analysis.

Both teachers and teaching assistants responded to the SASK scale scoring within the 'adequate' knowledge range. This was within a large margin of 50-85%. Teachers scored an average of 62% accurately, and teaching assistants scored an average of 69% accurately. Both groups of participants scored more highly within the symptoms of ADHD subscale and scored lowest when asked about the aetiology of ADHD, prevalence and assessment methods subscales. In general, it was interesting that teaching assistants scored higher overall and within subtests on knowledge of ADHD.

Many comparison scales examined links between training and professionals' perceptions of receiving support from others in school. Teaching assistants' perceptions of support from their leadership teams did not affect their knowledge scores. There was no perceived link between years of working within schools and knowledge accuracy within the scales, either. Both groups of participants had a high percentage who were interested in completing further training to learn more about ADHD and classroom interventions to support them, suggesting a desire to gain more knowledge around the topic of ADHD.

Another interesting finding was that teaching assistants, on average, agreed more with positive statements about ADHD than teachers did. A higher percentage of teachers agreed that students' "behaviours associated with ADHD are irritating in the classroom" than teaching assistants did. Greenway & Edwards suggest a potential reason for teaching assistants' strong knowledge base in ADHD is their more hands-on work with students with ADHD, a claim supported by Blatchford, Webster & Russell (2012).

When considering the studies' limitations, the relationships between professionals and students with ADHD were not discussed. This would be an important factor to consider in relation to this research's findings, allowing further exploration of how levels of understanding and attitudes towards ADHD may influence student-teacher relationships. It does, however, highlight the potential views of teachers as finding the behaviours of students with ADHD irritating and prompting further investigation into the factors that may contribute to these attitudes. In light of Russell et al. (2016, 2019) and Moore et al. (2017), it would be beneficial to explore these professionals' understandings of aetiology in comparison with their attitudes towards ADHD (Weiner, 1985).

Participants expressed interest in further training, highlighting their recognition of gaps in understanding that could potentially affect the implementation of support strategies. Drawing on Bronfenbrenner's Ecological Systems Theory [EST](1979) and later adapted bioecological model (Bronfenbrenner & Morris, 2006) may be useful to consider the multiple interacting factors that influence the development of teachers' professional knowledge and attitudes. This framework helps explore how mechanisms potentially influence participants' views and develop through their social interactions, which cannot typically be understood through the quantitative analysis measures used in this research. The framework considers contextual factors across the microsystem, mesosystem, exosystem, and macrosystem. It provides a structure for exploring how direct interactions with students and colleagues, relationships within wider school systems and communities, and broader socio-economic and political influences shape teachers' views and experiences. This framework also takes teachers' personal characteristics into account when interpreting their experiences. The chronosystem considers how these influences change over time. This framework would support interpreting the underlying complexities of teachers' experiences in context.

Exploring Primary School Teachers' Perspectives

Ward, Kovshoff, and Kreppner (2021) conducted semi-structured interviews with 19 primary school teachers in England to explore their perspectives on ADHD and identify effective strategies and training needs. Data were analysed using reflexive thematic analysis (RTA), resulting in five key themes: being equipped with knowledge, confidence, and practical strategies to meet the individual needs of children with ADHD; adopting a joined-up team approach drawing on colleagues' expertise; creating opportunities for every child to succeed; supporting all children within the classroom; and providing training and support tailored to the needs of all school staff.

Some participants were knowledgeable about ADHD, but many reported limited to no formal training, low confidence, and a reliance on teaching assistants for support. Some teachers considered their previous experiences of working with students with ADHD to be helpful and increase their confidence, while for others, past negative experiences lowered their confidence working with students with ADHD. Teachers expressed a desire to better understand the aetiology of ADHD. Some attributed behaviours to chemical imbalances, trauma, neglect, or 'bad' parenting. All participants shared a strong commitment to helping all students succeed. Teachers emphasised the importance of having a practical toolkit of

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

strategies, prioritising realistic classroom approaches over theoretical knowledge. While some teachers implemented self-regulation strategies to support students in managing their own behaviours, many reported using reactive strategies to address students' behavioural challenges in the moment.

A collaborative, whole-school approach was highlighted as important for effective support for students with ADHD. This included coordinating planning, sharing knowledge and strategies, and ensuring effective communication across school teams to increase the consistency of support. Some teachers stated they were not confident in requesting support from their senior leadership team, reinforcing the need for a systemic approach.

Teachers highlighted that consistency and predictability were essential for student success. They described the development of individual behaviour plans, often including clear scripts for staff responses to ensure fair and consistent management of behaviours. These scripts were also stated to reduce the likelihood that students would 'manipulate' other staff members into allowing adjustments that had not been agreed upon previously. Individual plans were considered positive, individualised factors that help staff provide all students with opportunities to thrive in their schools.

The study highlighted that ADHD support should be embedded in school strategies to benefit all students, depending on their needs, rather than being reliant on diagnoses. This included creating an inclusive environment in which students receive emotional and behavioural support.

Teachers reported a lack of formal ADHD training and requested more practical, actionable guidance. Many wanted structured professional development focused on classroom strategies, behaviour management, and consistent implementation, rather than purely theoretical knowledge. This could increase staff confidence, reduce reliance on teaching assistants, and better equip teachers to support students' individual needs.

Overall, Ward et al. (2021) highlight that teachers are motivated to support students with ADHD and recognise the importance of practical strategies, consistency, collaboration, and whole-school systems in creating inclusive, supportive classroom environments.

The qualitative process allowed for exploration of teachers' beliefs, clarification of meanings and a nuanced understanding of participants' views and experiences of working in schools with students with ADHD. The findings offered actionable implications for professional development and school-wide approaches to improve understanding and collaborative,

consistent support. However, the research was limited to primary school teachers' views within England, leaving the unique perspectives of secondary schools largely unexplored in this focus area.

Parent, CYP Lived Experiences

A search for ADHD related academic doctoral theses produced two relevant pieces of research. The first involved gathering parents' and students' lived experiences of ADHD. This was useful to consider alongside teachers' views to gain insight from student and parent perspectives to look for patterns linked to professionals' perspectives within other research studies (Codling, 2022).

Parents reported feeling heightened levels of stress and confusion with gaps in understanding around diagnosis and needs. They also reported feeling pressured to seek a diagnosis and medication when their children demonstrated challenging behaviours and were unable to meet the high behavioural and academic expectations in school.

Children and young people reported feeling misunderstood by teachers and peers, which led to them feeling labelled as problematic and naughty. They described difficulties with concentrating, organising and completing tasks as well as managing their emotions in school settings. Students' experiences were varied, with inconsistencies where some teachers were described as more understanding and supportive than others. Relationships were highlighted as important supportive factors increasing students' confidence and encouraging positive behaviours. Students recalled experiencing teachers noticing disruptive behaviours quickly but overlooking their inattention in lessons. Teacher responses were described as reactive rather than supportive, with students recalling being removed from lessons and having challenging interactions with teachers. The recommendations within this study highlight a need to make improvements to teacher training programmes and create holistic plans to support students in schools. This highlights a need to explore the potential underlying mechanisms which may impact teachers' views of ADHD. Codling (2022) identified potential for further research in exploring teachers' views and the mechanisms that drive these views.

SENCO constructions of ADHD

The second doctoral thesis was conducted by Howarth (2022), exploring Special Educational Needs Coordinating Officer (SENCO) constructs of ADHD. Howarth conducted the research from a social constructionist perspective to explore how SENCOs understand ADHD through their social processes, interactions with others, and language use. The results of this research suggested that ADHD is not only viewed through diagnostic criteria but is also a socially mediated concept which is shaped by individual institutional norms, the classroom expectations, and SENCO professional experience. The SENCOs within this research acknowledged the tensions between the medical definitions and their practical classroom strategies. Behaviours observed within the school settings were interpreted relationally and situationally.

By adopting a critical realist perspective to explore these findings, this highlights the influence of school ethos, wider staff understanding, and student-teacher relationships in shaping teachers' perceptions of students' needs and consequently the support they implement in their practice.

Findings highlighted that further exploration is needed to understand the underlying mechanisms and the social and contextual factors shaping secondary school teachers' perspectives. ADHD is a diagnosable neurodevelopmental condition. However, it is heavily influenced by social and contextual factors at all levels of the school system. Support strategies rely not only on diagnosis but also on teachers' interpretations of a diagnosis, their aetiological beliefs, each school's available resources, and relational dynamics, highlighting the importance of reflective, context-sensitive practice and professional development. The small sample in this research provided insight into their constructions of ADHD from a specialist-trained SENCO perspective, supporting an interpretation of potential systemic attitudes towards ADHD, but recommendations for future research included exploring teachers' perspectives alongside these. Exploring these perspectives may provide insight into their views, how training impacts their understanding and perspectives, and their experiences, as well as the implications for educational psychologists in further supporting them.

International research

When the search was expanded to include international studies, the studies had a narrower, more focused research agenda, largely focusing on the views of primary school teachers in international contexts, with very limited research with secondary school teachers specifically.

Bölte et al. (2021) used a 61-item questionnaire completed by 4,778 school staff in Sweden to explore the quality of inclusive practice. This research was conducted in the context of a government initiative that increased expectations for mainstream schools to provide an inclusive curriculum to support students with neurodevelopmental disorders. Results revealed significant inconsistencies between policy expectations and the practical implementation of inclusive strategies. Adaptations to the learning environments that were appropriate and supportive of their needs, rather than just being in the room, were considered "far from being a reality" (p. 13). Despite government shifts and expectations of schools, teachers reported feeling unprepared to apply supportive strategies and a lack of personalisation in those that could be implemented. This highlighted an ongoing mismatch despite increased expectations. Although this research was conducted in Sweden rather than England, the challenges faced by teachers are comparable to those reported in existing research in England. This suggests the importance of exploring teachers' current views in this economic climate, prior to the proposed white paper (DfE, 2026), to make recommendations to support educational professionals going forward.

Edin (2022) conducted semi-structured interviews in Sweden and used critical discourse analysis to examine how teachers and pupil assistants view their roles, how they construct their own roles, and how neurodiverse pupils' identities are constructed. They found that teachers were often more focused on academic needs, while assistants were more focused on students' emotional well-being. However, interestingly, teaching assistants shared a medicalised view, whereas teachers' views were more strengths-based. This research proposed a need for more defined professional roles, more thorough training, and collaboration within school systems to create a shared view of students' needs. Sharing knowledge, ideas and creating consistent environments to support students' individual needs.

Kocaismail & Sorakın (2023) conducted semi-structured interviews with secondary school teachers to gather their views on ADHD in Northern Cyprus. The participants were unsure about the implications of ADHD diagnoses within the classroom, building on past research, aligning with the fact that there are significant gaps in teacher training programmes. This

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

research highlighted misconceptions consistent with those found by Ward et al. (2021), attributing ADHD to behavioural difficulties and deliberate defiance or problematic parenting styles. They found that participants viewed students with ADHD as having learning difficulties alongside emotional regulation difficulties. Many participants also suggested that students with ADHD experienced social isolation from their peers, with high instances of bullying being noted, too. Teachers generally reported feeling underprepared to address challenges effectively and support students with ADHD in their schools, as they had access to limited resources and inadequate training.

Lynch & Davison (2024) conducted a mixed-methods study in Ireland, using online questionnaires followed by semi-structured interviews to gather post-primary teachers' views on ADHD. They found that teachers acknowledged gaps in initial and continuing professional development training regarding ADHD. They acknowledged systemic conflicts between the expectations of academic policies and inclusive practices. Academic learning and behaviour policies have high expectations that students with ADHD struggle to meet, which puts pressure on teachers to engage students inclusively. Teachers lacked understanding of the symptoms of the neurodiverse profile of ADHD and appeared to lack empathy towards the students with the diagnosis. This was interesting, as it may reflect the quality of student-teacher relationships when there are concerns about non-compliance and classroom disruptions. This identifies a gap in the existing literature for a deeper exploration of the factors that encourage and discourage empathetic cultures in schools.

Carr-Fanning (2024) conducted semi-structured interviews with primary and post-primary school teachers and identified differing 'lay theories' within systems for children and young people with ADHD, thereby reducing the effectiveness of collaborative efforts. Suggesting that student well-being can be impacted by stigma and misunderstanding of ADHD. Schools must promote peer education and encourage prosocial behaviours to reduce stigma and foster empathetic classroom environments for all students to thrive. This research again highlighted the role of empathy in inclusive practices.

Summary

A range of existing literature was explored in this literature review, which was relevant to the topic of teachers' views and experiences of working with students with ADHD.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

While exploring past research through a critical realist perspective, it is important to understand that ADHD is a neurodevelopmental diagnosable condition, but its recognition and understanding by professionals varies. Teacher knowledge of aetiology appears to vary, alongside differing levels of understanding, which may impact empathetic responses towards students.

Symptom presentation varies depending on environmental influences, and the support strategies used in schools vary according to the mechanisms that interact across multiple levels, which can be interpreted through ecological systems theory (Bronfenbrenner, 1979) and the adapted bioecological model (Bronfenbrenner & Morris, 2006).

It is important to explore teachers' individual beliefs and experiences, relational factors such as in-school and home-school relationships, and systemic factors such as school and government policies, leadership support, curriculum expectations, and continued professional development. These factors are supported by prior research, but there are remaining gaps in the underlying mechanisms, which are only partially explored. Empathy was considered a fluctuating response, with professionals demonstrating varied levels of empathetic attitudes towards students with ADHD. There are links to attribution theory, with teachers attributing symptoms to behavioural challenges due to challenging home-life experiences, for example, as suggested in Russell et al.'s 2016 research, followed up in their more in-depth exploration in 2019. However, the underlying factors increasing empathetic responses remain largely unexplored, leaving questions such as: what makes some teachers more empathetic towards students' challenges with ADHD than others?

Codling (2022) more recently explored the lived experiences of children with ADHD and their parents, which suggested how levels of emotional dysregulation, impulsivity, and other ADHD-related difficulties depended on contextual factors that affected their daily functioning. Contextual factors, particularly related to the within-school environment, have been explored in existing research, including in school environments, with Ward et al. (2021) focusing on primary schools, but there remain gaps in secondary school settings.

Howarth's (2022) explored how SENCOs interpret students' ADHD-related behaviours, with findings suggesting these to be influenced relationally and situationally, mediated by institutional norms, classroom expectations, and professional experience, rather than relying solely on biomedical definitions. This illustrated how observable behaviours and experiences are dependent on social and contextual factors, which aligns with a critical realist ontology.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

The reality of ADHD as a neurodevelopmental condition and how it is recognised and responded to within school settings appears to be inconsistent and context dependent.

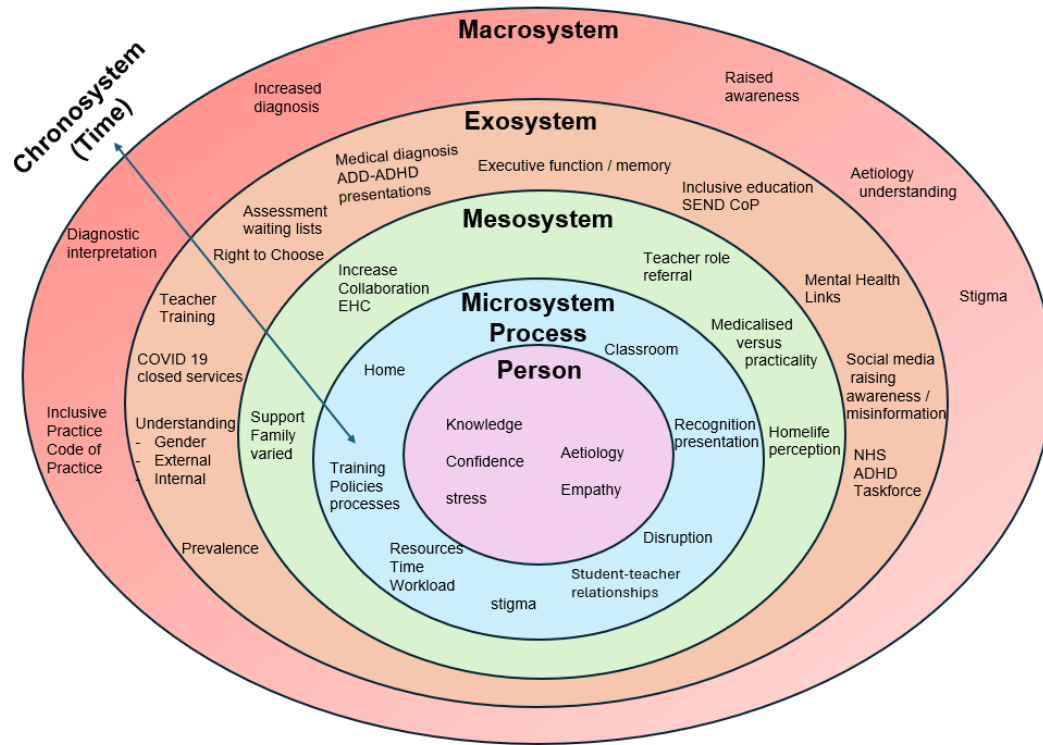
Previous research has explored teachers' perceptions of ADHD causes, their conceptualisations of student needs, and their professional roles in providing support (Russell et al., 2016; Moore et al., 2017; Russell et al., 2019). The ongoing gaps in teacher training, misconceptions, and tensions between behaviourist school expectations and inclusive practice remain evident in the international literature on Cyprus (Kocaismail & Sorakin, 2023), Ireland (Lynch & Davison, 2024), and Sweden (Bölte et al., 2021; Edin, 2022). Teachers feel unprepared, have ambiguity in role expectations, and constraints across systems, which hinder the effectiveness of classroom support and may contribute to stigma or misunderstanding of ADHD.

A consistent central theme across the literature is the mismatch between theoretical knowledge and practical application. Teachers' views and experiences often focused on behavioural management and implied, or explicitly stated, that this was linked to limited confidence or training. These studies highlight persistent gaps in teacher training, ongoing misconceptions about ADHD, and tensions between inclusive practice and behaviourist school structures. This created a disparity between their understanding of support and its implementation in practice. It highlights the need to further explore developing teacher perceptions to propose recommendations that encourage a holistic approach to understanding students' challenges, develop evidence-informed perspectives to improve individual support, and foster relational, empathetic, inclusive learning environments. The ever-evolving understanding of ADHD and its related symptoms, and increasing awareness and misinformation highlighted on social media, highlight a need to gather a more up-to-date exploration of current secondary teacher views. The research outlined in Chapter 2 aims to address gaps in existing literature by exploring secondary school teachers' perspectives in an Eastern Region of England, exploring their views and experiences of ADHD, and the interacting factors that influence these. This approach, grounded in critical realism, recognises the reality of ADHD as a neurodevelopmental disorder with varied presentations, while exploring the social and contextual mechanisms that shape how it is understood and responded to within schools, to offer a deeper, causal account of classroom practice.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Figure 1: Research Map

This map highlights the different areas of interest and themes included within current research linked across systems based on the Bioecological Model (Bronfenbrenner & Morris, 2006). This was used to identify patterns of useful information surrounding the topic and identify any gaps within existing research.



Chapter 2: Empirical Paper

Abstract

The understanding of Attention Deficit Hyperactivity Disorder (ADHD) continues to evolve. As Educational Psychologists work alongside teachers to support inclusive practice, gaining insight into teachers' perspectives can inform support that is responsive to their needs.

This research explored five secondary school teachers' views and experiences of working with students with ADHD. Underpinned by a critical realist approach, the study recognised ADHD as a neurodivergent condition with biological foundations and explored participants' interpretations alongside contextual factors. Semi-structured interviews were conducted, and data were analysed through Reflexive Thematic Analysis, resulting in the construction of one overarching theme 'Knowing what and not why' and three main themes: Interpreting Disruption, Interacting Responsibilities and Influential Experiences.

Participants described empathy towards students with ADHD, with their understanding of students' needs appearing to be shaped by varying combinations of personal and professional experiences. Behaviours associated with ADHD were frequently described as disruptive; however, participants offered different attributions for these behaviours, including ADHD-related needs, environmental factors, and deliberate choices. These interpretations appeared to be associated with different responses, ranging from supportive adaptations to behaviour management approaches.

Participants also described differing experiences of balancing interacting responsibilities while meeting high expectations for academic attainment, behaviour, and inclusive practice. Findings suggested that the clarity of systemic inclusive processes, levels of professional autonomy, and understanding of ADHD may shape whether participants experienced responsibility for recognising and responding to students' needs as shared or individual.

Participants' experiences, including familial and professional relationships with ADHD, appeared to influence their motivation to recognise and understand ADHD-related behaviours within context, as well as their responses in the classroom.

Drawing on Attribution Theory and Bronfenbrenner & Morris' Bioecological Model, this research highlights personal and contextual factors that may influence teachers' interpretations of, and responses to, ADHD-related behaviours. The findings have

implications for Educational Psychologists supporting schools to move beyond behaviour recognition towards a more contextualised understanding of the factors influencing students' presentation and teachers' responses, while addressing the structural, psychological and relational factors that shape inclusive practice.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition that is associated with inattention, hyperactivity, and impulsivity (APA, 2022). It affects approximately 3-7% of children in the UK, with an additional 5% just below the threshold for diagnosis (Sayal et al., 2018).

The symptoms have been strongly linked to challenges in executive functioning, including planning, impulse control, emotional regulation, and time management (Diamond, 2013). Despite an increased understanding of ADHD, there is still a stigma associated with it (Moore et al., 2017; Carr-Fanning, 2024). Individuals are often labelled 'naughty kids', which contributes to the creation of disruptive learning environments (Anderson et al., 2017).

Increased awareness through sources such as social media has been correlated with an increase in assessment requests over recent decades (Kazda et al., 2024). Studies propose that ADHD diagnoses and related prescriptions have surged since the COVID-19 pandemic, with Khan & Hasan (2025) reporting an 18% "annual increase in ADHD prescriptions nationwide". NHS England (2024) highlights increasing demand for neurodevelopmental assessment and support across regions, including the East of England, indicating a growing need for both diagnostic and therapeutic provision.

This increase highlights the pressures on schools and teachers to understand and make adaptations to support those with a diagnosis. Educational psychologists are often the first line of support in understanding individuals' strengths and barriers to learning; therefore, this increase also highlights the importance of educational psychologists working systemically to make neurodiversity-aware adaptations.

Teachers play a crucial role in supporting students with ADHD to feel included and reach their full potential. Their views often play a key role in identifying difficulties, completing referrals, implementing classroom strategies and supporting interactions between students, their families, and external professionals (Moore et al., 2016; Phillips, 2006).

Teachers who have positive views around ADHD can encourage inclusivity and positive student well-being, whereas teachers' misconceptions can result in stigma and punitive behaviourist practices, which can reduce successful learning (Ward et al., 2021).

Existing research highlights misconceptions among teachers, including attributing students' proposed ADHD behaviours to poor parenting skills or deliberate non-compliance rather than medical or neurodiversity explanations (Russell et al., 2016; 2019; Ward et al., 2021; Kocaismail & Sorakin, 2023). Teachers frequently reported frustration due to a lack of practical training to support pupils in real classrooms (Ward et al., 2021; Lynch & Davison, 2024).

Relevant Psychological Theories

This research draws on two psychological frameworks, attribution theory (AT), and the Bioecological Model to gain a deeper understanding of how teachers develop their beliefs about ADHD.

Attribution Theory (Weiner, 1985) is employed in this research. This seeks to explain how teachers understand students' behaviours and interpret the perceived causes of these behaviours. If teachers attribute ADHD-related behaviours to internal causes (Russell et al., 2016; Moore et al., 2017) or to environmental factors (Russell et al., 2016; 2019), which they consider controllable, this may increase the likelihood of punitive consequences (Weiner, 1985). These attributions affecting core beliefs would not only risk difficulties in interpersonal relationships but also contribute to inconsistent or potentially harmful approaches across classrooms and reduce inclusive practice. However, if behaviours are considered uncontrollable, such as due to neurodevelopmental differences, teachers may be more likely to respond with empathy and support. Therefore, identifying views and attributions of ADHD is important in recognising possible misconceptions, and understanding the underlying factors shaping views is crucial in supporting inclusive practice.

The Bioecological Model (Bronfenbrenner & Morris, 2006) can be applied to this research to interpret teachers' experiences by examining them in relation to social interactions, institutional factors, and the wider educational context across different systems using the Process, Person, Context, Time (PPCT) framework.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

The teachers' proximal processes or individual interactions are considered first through the Process element of the framework. This is followed by examining teachers' personal characteristics. The individual's Context is explored, including the Microsystem, Mesosystem, Exosystem, and Macrosystem. The microsystem consists of teachers' immediate environments, such as their homes and classrooms. The mesosystem describes communication between home and school, as well as across agencies. This explores the qualities of relationships and their influence in supporting students with ADHD. The Exosystem examines the external contexts that indirectly affect teachers' views and experiences, such as high school expectations, including educational policies. The macrosystem incorporates the impact of the broader socio-cultural, economic, and political environment. This includes the societal attitudes towards ADHD and cultural norms that shape both teacher perceptions and experiences. Time considers the impact of changes over time, including increases in diagnostic rates, the COVID-19 pandemic, shifts in the teaching career, and contextual changes. These factors interact and influence one another, providing a holistic framework for understanding how teachers' individual views and experiences are shaped by the systems and environmental factors around them, rather than singular viewpoints.

Integrating these theories into this research suggests that teachers' beliefs are interpreted through internal mental frameworks influenced by attributed causes, which are in turn shaped by external structural factors. This explores empirical, actual and real layers involved through a critical realist lens. This research will explore how teachers' experiences and attributions influence their beliefs about ADHD and how this may impact their interactions and strategies within the education system.

Educational psychologists work not only on a direct individual level with students who may have an ADHD diagnosis or traits, but they also work on a wider, more systemic level to scaffold wider support. Teacher interpretations are further influenced by systemic factors, such as school ethos, policies, and peer interactions. Exploring these offers insights into persistent misconceptions and methods to improve teacher self-efficacy in supporting students with ADHD (Bronfenbrenner & Morris, 2006; Weiner, 1985), thereby promoting inclusive practice.

Research Gap and Context

The existing academic literature in England predominantly focuses on primary education settings (Ward et al., 2021), with both primary and secondary school professionals' research

focusing on their aetiological knowledge, management of ADHD symptoms and views of home-lives of students with ADHD (Russell et al., 2016; Moore et al., 2017; Russell et al., 2019). Qualitative data explored teachers' and teaching assistants' knowledge and attitudes towards students with ADHD, and how their training experience influenced their views (Greenway & Edwards, 2000). This leaves the perspectives of secondary school teachers and the underlying mechanisms that influence these largely unexplored.

Secondary education settings pose unique challenges for students, including intensified academic and behavioural expectations (Carr-Fanning, 2024). In secondary school settings, students have multiple teachers who shape their experiences, and each teacher has their own interpretations and views; therefore, there may be an increased need for systemic collaboration.

International research highlights similar challenges, including inadequate training, misconceptions, and tensions within systems between academic policies and inclusive practice (Kocaismail & Sorakin, 2023; Lynch & Davison, 2024; Bolte et al., 2021). Few studies have examined how teachers' beliefs are shaped by both internal experiences (confidence, training, personal values) and external influences (school and government policy, the media, culture). Recent studies identify gaps in training as the primary influence of misconceptions, but rarely investigate the broader systemic and psychological processes that shape teacher beliefs.

This research aims to address these gaps by focusing on secondary school teachers in the Eastern Region of England and adopting a critical realist approach to explore teachers' views through the language they use to describe their experiences and interpretations. Gaining an understanding of their beliefs about the management of their schools and how these are shaped by wider social, cultural, and institutional influences (Bhaskar, 2013).

Relevance to Educational Psychology

For educational psychologists (EPs), understanding teachers' views and experiences of ADHD is vital. EPs regularly support students with suspected or diagnosed ADHD, encourage teachers to implement Inclusive strategies, and contribute to systemic work in schools. Stigma and misconceptions can act as barriers to inclusive practice, thereby reducing the effectiveness, interpretation, and implementation of proposed adaptations. By exploring the factors that affect teachers' understandings of ADHD, this research suggests that EPs can challenge misconceptions and promote systemic change through effective

training and modelling. Supporting teacher understanding aims to contribute to broader efforts to develop an ADHD-aware school ethos and policies that encourage inclusive environments for neurodiverse learners (DfE, 2014).

Recent developments proposed in the government White Paper, Every Child Achieving and Thriving, aim to increase early identification, whole-school approaches, and adaptive teaching to promote inclusive environments through evidence-based strategies (DFE, 2026). This proposes a potential broader shift towards more proactive, needs-led support, reducing reliance on formal diagnosis and increasing the flexibility to adapt provision for pupils presenting with ADHD-type traits. This aligns closely with EP's professional standards, which prioritise evidence-based, person-centred practice (Health and Care Professions Council [HCPC], 2023).

EPs are key agents in supporting these changes, working across education, health, and care systems to facilitate coordinated approaches, information sharing, collaborative understanding, and the implementation of research-based adaptive strategies through their practice. Understanding teachers' current views and experiences is essential to exploring how EPs can effectively support school systems in embedding inclusive practice and meeting evolving government expectations.

Research Aims

The aim of this study is to explore secondary school teachers' views of ADHD, focusing on misconceptions, the influences that shape these beliefs, and how they impact classroom practice.

Research Objectives

1. Examine secondary school teachers' beliefs and experiences of working with pupils with ADHD.
2. Explore the internal and external factors that influence these beliefs.
3. Investigate how teachers' views affect their interactions with and support for pupils with ADHD.
4. Consider implications for educational psychology practice, particularly in supporting more inclusive environments and reducing misconceptions.

Research Questions

This study is guided by the following research questions:

1. What are secondary school teachers' beliefs and experiences of working with young people with ADHD?
2. What factors influence these beliefs?
3. How do teachers' views of ADHD affect their interactions with and support for students with ADHD?

Methodology

Philosophical Position

This research adopts critical realism as its ontological and epistemological approach to explore secondary school teachers' views of ADHD. Acknowledging that while ADHD exists as a neurodiverse condition with biological foundations, its understanding and response in educational settings are affected by social, cultural, and personal influences (Bhaskar, 2013; Archer et al., 2016). This approach explores the relationship between teachers' beliefs, experiences, and systemic factors, allowing for going beyond behaviours to uncover the underlying mechanisms that shape them (Sayer, 1999), which other approaches, such as post-positivism and social constructionism, would not respond to the need to explore layered causal processes underpinning teachers' views and experiences. Adopting an abductive approach to explore these layers, this research will investigate why teachers hold their beliefs about ADHD, how these influence their classroom practices and what factors contribute to these views (Danermark et al., 2002). It aims to uncover a holistic understanding of how teachers' beliefs are constructed and expressed in the school environment by examining causal mechanisms, including social, institutional, and psychological factors. It also considers researchers' views and experiences and the influence this may have on the interpretation of the research.

As a researcher with lived experience and a diagnosis of ADHD, I acknowledge that my beliefs and assumptions may shape the way I engage with participants and analyse data. Therefore, this will require thorough reflection throughout the process to ensure the research remains ethically sound (Clegg, 2005). I will adopt a reflexive approach, including the use of a research journal and engage in regular supervision, to critically examine how my views

may influence decisions and interpretations. This will help uphold the credibility and ethical integrity of the research and ensure that participant voices are more accurately represented.

Research Design

This research is qualitative to allow for an in-depth exploration of participants' views. Quantitative data would provide basic insight into teachers' views based on my own assumptions and possible responses, whereas qualitative data, through semi-structured interviews, allows participants to share information they deem relevant to their understanding, views, and experiences of ADHD, and opportunities to ask follow-up questions that may be relevant.

Demographic data is collected through multiple-choice quantitative measures solely to characterise participants' demographics.

In line with a critical realist philosophical position, this study adopts a qualitative research design to enable a nuanced exploration of teachers' beliefs and contextual influences surrounding ADHD within their individual experiences. Gathering qualitative data helps explore the complexities of the layers that influence views and beliefs, often through implicit mechanisms rather than explicit naming of those that shape professional views and practices. These would not be captured through basic quantitative measures. Semi-structured interviews were selected as the data collection method, allowing participants to articulate their views and experiences which they consider most relevant while enabling further inquiries to expand on these to explore emergent themes and clarify meanings where needed. This method uses abductive reasoning to bridge empirical data and theoretical insights, identifying mechanisms that underpin teachers' perceptions and responses to ADHD. Reflexive Thematic Analysis (RTA) was chosen to analyse and interpret the data. RTA offers flexibility in identifying patterns across different narratives while remaining grounded in participants' lived experiences. This approach aligns with a critical realist perspective, enabling movement beyond the stories shared to theorise the social, institutional, and psychological structures that underpin them while continuously reflecting on their own role and experiences as a researcher throughout the analysis (Braun & Clarke, 2021; 2023).

Participants and Sampling

The study involved 5 secondary school teachers, including a mix of teachers of different subjects, including core and foundation subjects. These teachers were from a range of mainstream secondary schools within the Eastern Region of England. Inclusion criteria required participants to be teachers with at least one year of experience beyond the Early Career Teacher (ECT) years. Participants who did not meet the inclusion criteria met the exclusion criteria and were unable to participate in the research at this time. They were non-teaching staff and teachers with less than one year of teaching experience, and those working outside the eastern region of England. Demographic data were collected to characterise the participant sample. This research used a purposive sample to provide diversity across subject areas, teaching experience, and levels of ADHD-related training within the eastern region of England. The research was advertised on social media platforms, including Facebook and Instagram, where I served as a gatekeeper. A second gatekeeper, the Principal Educational Psychologist (PEP) from the Educational Psychology Doctoral placement, provided access to a range of schools within the Eastern Region by sharing the research advertisement with secondary schools with which they have service-level agreements. Participants were asked to make initial contact by email to express interest in participating, and a participant information sheet (PIS) was sent directly to them. This form included a consent form to return, after which a date, time, and location for the interview were arranged. Participants were asked to opt in to participate and state whether they would like to review transcripts and/or receive a copy of the findings following completion.

The first 5 participants who met the criteria and gave consent were selected for the interview. The first participant was asked to participate in the pilot study, and a specific pilot study participant information sheet was shared alongside a consent form to complete. A pilot interview provided an opportunity to explore the clarity and understanding of the questions and to refine them, ensuring they were clear, accessible, and prompted rich, relevant data. It also helped ensure that the interview time advertised was appropriate, tested the accuracy and efficiency of transcription software, and identified any other practical or technical issues. It enabled me to reflect on interview style and techniques to build rapport and improve efficiency. These insights informed any adjustments to the research procedures before formal data collection began. The pilot study successfully gathered rich, relevant data, which was used in the primary data analysis.

Data Collection Methods

Five secondary school teachers participated in this research, which aligns with Reflexive Thematic Analysis recommendations and aims to provide rich, in-depth data (Braun & Clarke, 2006; 2021). Semi-structured one-to-one interviews were conducted for approximately 60 minutes to allow in-depth exploration of participants' perspectives. Participants were offered online meetings but chose in-person meetings at their school when requested, in line with school safeguarding policies and with flexibility around participants' availability. Four participants requested an online interview, and one participant requested an in-school interview. In-person and online interviews were transcribed using Microsoft Teams software to enable my engagement in active listening skills and foster a positive research relationship with participants. Participants were offered space at the end of the interviews to share any other thoughts or information they thought was important or to ask any questions regarding the research.

Participants were encouraged to check transcripts following interviews and could request a copy by email for up to 2 weeks afterwards, before they were fully anonymised. One participant requested a review of the transcript prior to the interview, but after the interview, changed her mind, citing confidence in my interpretation as the reason. Transcripts were checked by playing recordings and making edits to ensure accuracy. I wrote journal entries following each interview to record immediate thoughts, interpretations, and reflections.

Semi-structured Interviews enabled the exploration of the language used around ADHD and emotional responses by discussing participants' interpretations of past experiences.

Participants were encouraged to provide responses that were appropriately expanded to produce nuanced, enriched data. The data were analysed using thematic analysis through a critical realist lens, which acknowledges that participants' experiences are grounded in real-life events in their school environments, and these accounts are mediated by cultural, social, and linguistic discourses. Reflexive Thematic Analysis examined what teachers say about ADHD, as well as the broader structures and discourses that shape their accounts, allowing for the identification of individual perspectives while also drawing out shared themes across participants. The pilot interview provided an opportunity to explore the clarity and understanding of the questions and to refine them, ensuring they were clear, accessible, and prompted rich, relevant data. It also helped ensure that the interview time advertised was appropriate, tested the accuracy and efficiency of transcription software, and identified any other practical or technical issues. It enabled me to reflect on interview style and techniques to build rapport and improve efficiency. These insights informed any adjustments to the

research procedures before formal data collection began. The pilot study successfully gathered rich, relevant data, which was used in the primary data analysis.

Data Analysis Procedures

The data were analysed using the six-stage process of Reflexive Thematic Analysis (Braun & Clarke, 2006) through a critical realist lens to explore semantic and latent themes. This analysis explored patterns in the data and interpreted explicit and implicit meanings (Braun & Clarke, 2021). The data were analysed using an inductive and abductive approach to examine both information shared directly through a psychological lens and information gathered from past theories, and to theorise how deeper systemic pressures affect semantic perspectives. The data were coded to identify patterns in systemic factors and underlying mechanisms influencing teacher perceptions and misconceptions of ADHD (Timimi, 2017; Goodley & Runswick-Cole, 2010; Billington, 2018). A diagram explaining the process of Reflexive Thematic Analysis based on Braun & Clarke (2023) can be seen in Appendix 9.

I initially familiarised myself with interview transcripts through reading, note-taking, and personal reflections (phase 1). A research diary was kept, noting key points, specific questions that arose as a researcher, and reflecting on any challenges. Using NVivo software, a visual representation (word cloud) was created to identify the most frequently used words across the data set, to support researcher reflection and initial coding ideas. (Appendix 10).

Transcripts were then coded by hand (phase 2), initially highlighting key information. This was performed individually for each participant and then cross-referenced across transcripts. The specific details of this process are discussed further in the reflective chapter, but it is worth noting the complexity and iterative nature of the data analytic process. A coding example can be seen in Appendix 11. Further reflections were made through reflective diary entries throughout the process. Repeated rounds of coding were conducted, paving the way for an additional abductive approach to examine how codes interact and how participants' language may imply further meaning. University-approved software, NVivo, was then used to support planning and coding of data in phases one and two, before returning to paper coding methods using mind maps, post-it notes, Microsoft Word documents, and the university's OneDrive. The data was coded and sub-coded.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Coded data was then used to identify potential themes (phase 3). These themes were to be used to tell the participants stories of their views and experiences of working with young people with ADHD through my interpretations (Appendix 13).

After this I reviewed the validity of the “quality and scope of the candidate themes” (Braun & Clarke, 2023). Whilst reviewing the themes (phase 4), the recursive process of reflexive thematic analysis became clear, leading back to phase 1, where a visual representation of the data for each participant was created to express my interpreted meanings as the familiarisation process progressed (Appendix 12). This was both useful for embedding the explicitly shared information and for helping create links and decipher further implicit meanings. This also ensured that the codes from phase two included the important data segments, and that my interpretation of their meaning linked to coding labels to ensure accuracy in telling the themes' narrative.

Theme names were refined to reflect the information within them and to tell the participants' stories through my interpretations (Phase 5) (Appendix 14). Descriptions were written to explain each theme, and the theme order was adjusted to tell the narrative.

Phase 6 involved writing the results to tell a coherent narrative about the data, using the themes and codes, and linking to existing literature.

As RTA is fundamentally interpretative, this research focuses on transparency and researcher reflexivity, which is supported through researcher practices such as reflective journaling and supervision rather than prioritising reliability in the traditional sense (Braun & Clarke, 2023).

Ethical Considerations

This research followed the ethical guidelines from the British Educational Research Association (BERA, 2018), alongside the Health and Care Professions Council (HCPC, 2023), and the British Psychological Society (BPS, 2021; 2023), who collectively emphasise the principles of respect, integrity, and social responsibility through research and EP practice. I gained ethical approval from the UEA research ethics committee in September 2025 and commenced advertising for participants on 1st October 2025.

As the research was advertised via personal social media, I was mindful that participants may feel obliged to participate because of a personal or previous professional relationship.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

They may want to support their friend or previous colleague and their proposed research. The schools being sent the advert directly may feel obliged to support their Educational Psychology company by participating in the study, as the company Principal EP is sending them an advert, or it is recommended by other professionals within the company. To mitigate this, I clearly stated that participation is entirely voluntary throughout recruitment materials, adverts and participant information sheets. This stated that choosing not to participate would have no negative consequences or impact on personal or professional relationships. The recruitment post was worded in a neutral, non-personalised manner. I did not directly tag others to avoid applying direct social pressure or implying expectations to participate. The university email address was provided for expressions of interest, allowing individuals to contact me independently and privately, reducing social obligation and ensuring privacy. The voluntary nature of the research was reiterated in the Participant Information Sheet and Consent Form, including the right to withdraw at any time without explanation or consequence. The recruitment process and materials were shared, reviewed and approved alongside the research supervisor to ensure that they adhere to ethical standards and minimise potential feelings of obligation.

The purpose of the research was clearly stated, and the interviewer worked to create a non-judgmental, open environment that encouraged honest responses (Robson, 2011). Participants' data remained confidential and anonymous, and participants were reminded of their right to withdraw from the study, allowing them to provide their voluntary, informed consent. Anonymising data protected participants' identities and encouraged open and honest responses, aimed to reduce social desirability bias, Braun & Clarke (2013), such as wanting to appear fully inclusive and adapting responses to show this. I gathered interview responses (qualitative data) through transcription on a university-approved source, Microsoft Teams, which were immediately transferred to secure password-protected files on my university OneDrive, in line with GDPR Compliance.

As participants were discussing potentially sensitive past experiences, although there was minimal risk considered, they were encouraged to take breaks as required and signposted to any external services via a debriefing document. They were consistently reassured through positive communication strategies such as expressing empathy and attunement. Participants were encouraged to seek supervision in school/contact their line management if appropriate.

The research posed minimal physical risk to participants or myself. There were potential emotional and psychological risks. Participants may have shared and reflected on challenging past experiences related to supporting students with ADHD. To minimise

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

distress, participants were informed in advance about the nature of the interview questions, their right to skip any questions, and their ability to pause or withdraw at any time. I created a respectful, non-judgmental environment to support open and comfortable discussion through skills of attunement and open listening to develop a positive research relationship. Should any emotional discomfort have arisen, participants were signposted to appropriate support services, such as their school's wellbeing lead or professional mental health resources.

To ensure physical and practical safety, online interviews were conducted via Microsoft Teams, a secure and GDPR-compliant platform, to protect participants' data and privacy. No recordings or identifying details were shared beyond the research team, and participants were reminded not to share personal contact information during the session. Online sessions were conducted in secure, private spaces and recorded only on university-approved, encrypted platforms.

For in-person interviews, venues were agreed upon in advance and held in safe, familiar, professional settings. I followed lone working and safeguarding policies, including informing a designated supervisor of the time and location. I carried a fully charged mobile phone and checked in before and after each in-person data collection session. For online interviews, Microsoft Teams was used, which presented minimal safety risk.

Wellbeing support linked to school, academy and local authority processes was discussed during debriefing if any specific situations arose. I ensured that school safety procedures (fire, evacuation, and safeguarding) were known, understood, and followed in line with the schools where in-person interviews were held. Safeguarding participants' well-being was a priority throughout this research. Although the study involved low risk, participants could disclose emotional, psychological, health, educational, or other concerns during interviews. If a disclosure had occurred, I would have responded sensitively, following ethical guidelines, school and UEA safeguarding policies. I would not offer direct advice to participants; instead, they would have listened empathetically and ensured participants were aware of support pathways through signposting, with their consent. This included their school's wellbeing team, their General Practitioner (GP), or national mental health and wellbeing organisations (e.g., Mind, Samaritans).

Although this did not occur during interviews, there was a plan in place should a safeguarding issue have been disclosed, indicating significant harm to themselves or others, to follow the safeguarding policies of the University of East Anglia (UEA), including breaking confidentiality if necessary to protect the individual or others. This included informing the

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

participant of the need to escalate the concern and reporting it to the research supervisor as soon as possible. A detailed account of the disclosure would then be written in order to follow the school and UEA policies.

A reflective journal and regular supervision meetings provided time and space to reflect on difficult disclosures or safeguarding concerns, ensuring that appropriate action was taken and ethical standards were upheld throughout the research process.

Participants were verbally debriefed. They were thanked for their participation and contribution to educational psychology research. They were reminded of their anonymity and their right to withdraw and were guided to the participant information sheet for my contact details. They were reminded that they can request a copy of the transcription over the next two weeks, before it is anonymised and stored under a pseudonym after this time.

I prioritised participants' emotional wellbeing; therefore, participants were signposted to appropriate services, such as school and local authority wellbeing services, GPs, and external mental health charities, through the debriefing document.

Due to a personal diagnosis and interest in ADHD, I was mindful of possible adaptations of participants' responses should she explicitly share this prior to conducting the research. Therefore, I did not feel it would be beneficial or necessary to share this with participants ahead of the study to ensure they felt comfortable and safe to share their views.

Research interviews followed the same pattern of responses regardless of participants' gender, ethnicity, religion, or sexual preferences.

I was also mindful of their views and biases regarding ADHD and how these may affect their interpretation of the data. I remained reflective and reflexive by keeping a research journal and seeking appropriate supervision to enhance self-awareness and help minimise potential bias in the analysis (Braun & Clarke, 2013).

Supervision meetings were held regularly to discuss any topics arising from the research. Any ethical breaches were planned to be reported immediately, although this did not occur. I hold a Disclosure and Barring Service (DBS) certificate in line with educational psychology placement and UEA procedures. There were minimal risks for myself. Potential risks linked to lone working and face-to-face meetings were mitigated through appropriate safety procedures.

Findings

Introduction

Five secondary school teachers opted to participate in semi-structured interviews to share their views and experiences of working with students with ADHD. Participants all self-classified as female and white British. They were aged between 35 and 64 years old with between 7 and 21+ years of teaching experience. Participants taught a range of subjects including mathematics, English, social sciences, language and science. Two of the participants reported teaching additional subjects, including food technology, humanities, mathematics, and languages. Three participants specified that they had not received any training within their teacher training or continuous professional development (CPD) on the topic of ADHD. One participant who had between 11 and 15 years of experience in teaching listed CPD, but when we explored this further, she stated that she had received general SEND training, which included strategies she applies to supporting students with ADHD diagnosis. One participant stated within the demographic data questionnaire that she had received training in her teacher training around ADHD and CPD. She had trained between 7 and 10 years ago. All participants self-classified as having taught pupils with ADHD before and are currently teaching pupils with ADHD.

This section presents findings from Reflexive Thematic Analysis (Braun & Clarke, 2006; 2021; 2023), underpinned by a critical realist approach, to explore the explicit and implicit meanings that may shape secondary school teachers' views and experiences of working with students with ADHD. Explicit meanings were expressed clearly and directly through the participants' verbal responses. Implicit meanings were inferred indirectly through the wider researcher–participant interactions, including facial expressions, body language, gestures, and intonation, which considered the dataset holistically to allow researcher interpretations of underlying meanings (Braun & Clarke, 2023).

The participants reflected on their views and direct experiences, but also shared their interpretations of their colleagues' views and experiences through their professional interactions with colleagues. Therefore, findings are constructed and to be interpreted with this in mind. Where participants described their own views and experiences these are interpreted as their reported experiences. When participants described the views and experiences of their colleagues, they are not direct accounts of their colleagues' beliefs and experiences and are considered participants' interpretations of these. This distinction is considered throughout the findings, analysis and discussion.

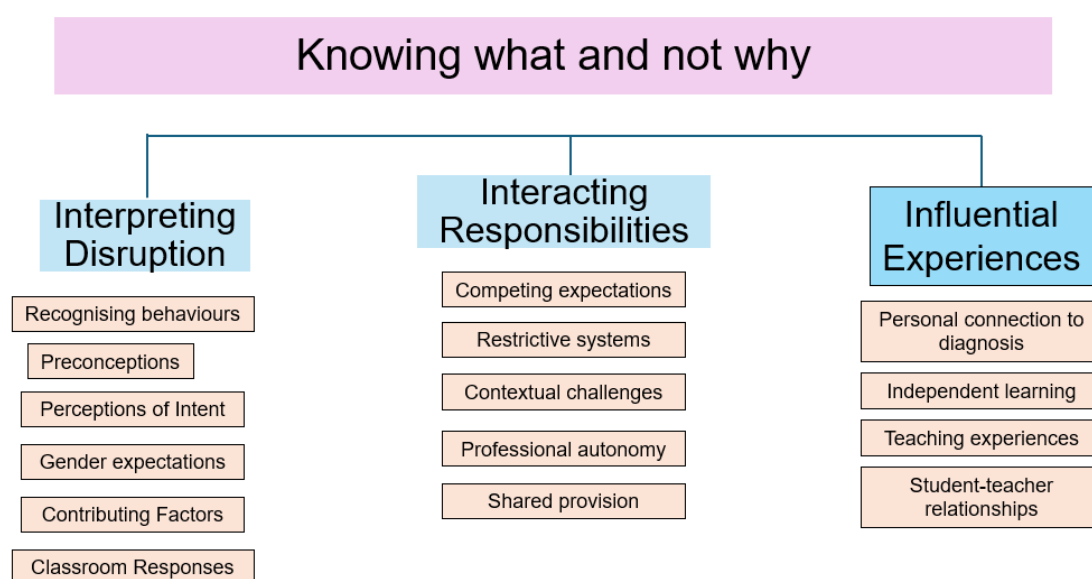
Rather than answering each research question separately, one overarching theme and three themes were developed to capture patterns in response to the following research questions:

- What are secondary school teachers' beliefs and experiences of working with young people with ADHD?
- What factors influence these beliefs and experiences?
- How do these beliefs and experiences influence teachers' interactions and support for students with ADHD?

Themes were used to capture teachers' experiences, interpretations, and the underlying mechanisms that may influence them.

The overarching theme, '*Knowing what and not why*', captures a pattern across all three themes. Participants consistently expressed confidence in recognising ADHD-related behaviours in classroom contexts and in discussions with colleagues. However, their explanations of underlying factors that may be impacting students' needs and approaches to support were varied and often appeared limited. This overarching theme was developed through interpretation of the dataset as a whole, rather than being directly derived from a set of codes and will be drawn upon throughout the following themes. Then each of the three themes describes the ideas encompassed within the subthemes. These are shown within the thematic map below.

Figure 2: Thematic Map



Theme 1: Interpreting Disruption

Overview:

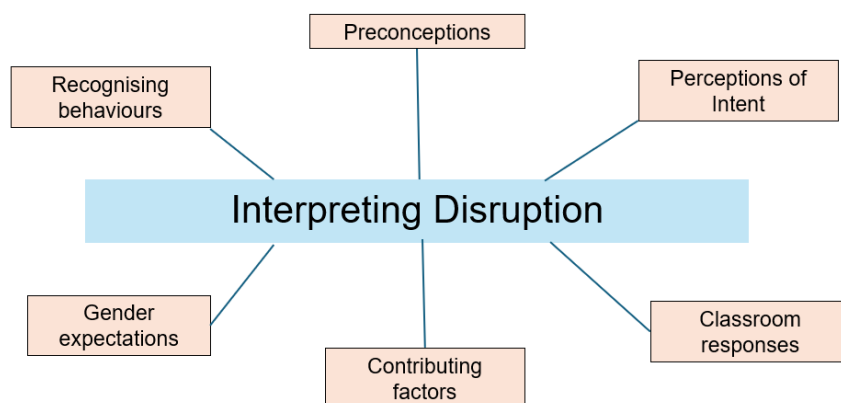
The theme 'Interpreting Disruption' suggests that ADHD may be frequently constructed in relation to participants' perceptions of its impact on classroom learning environments. During the initial phase of analysis, the term "disruption" appeared explicitly multiple times and was also implicitly interpreted through the analysis across participants' accounts of their experiences.

Participants generally appeared to accept ADHD as a diagnosis and expressed a desire to understand students' needs within classroom contexts. However, ADHD-related behaviours were repeatedly described through expectations of behavioural presentations, which appeared to be constructed as disruptive in different ways. Disruption may be interpreted as either intentional or unintentional, shaped by environmental demands, or, at times, the underpinning intent was unclear.

The overarching theme of 'Knowing what and not why' was evident throughout this analysis. Participants consistently described knowing 'what' behaviours to look out for, often identifying hyperactive and impulsive responses. However, participants' descriptions of their own and interpretations of their colleagues' understanding of 'why', including their awareness of ADHD-related needs, differing presentations and the influence of environmental factors, appeared to shape more proactive and relational responses to students.

Figure 3 maps the corresponding subthemes alongside the main theme of 'Interpreting Disruption'.

Figure 3: Interpreting Disruption code map



Recognising behaviours

Participants' responses suggested that they may have greater confidence in identifying what they considered ADHD-related behaviours in the classroom than in understanding or explaining them, reinforcing the overarching theme of '*knowing what and not why*'. Emily noted:

"I don't obviously know where it comes from or why people have it, but it's more the how it's seen in the classroom and how it affects."

Similarly, Nina reflected:

"So obviously, we're talking about ADHD in the classroom, and that's much easier."

These accounts suggest that participants have a level of confidence in recognising ADHD-related responses in the classroom, but potentially a limited understanding of underlying mechanisms, such as aetiology. This suggests that participants may construct narratives based on behaviours observed in the classroom rather than understanding ADHD-related needs more holistically.

Some participants described their perceptions of their schools prioritising the recognition of observable behaviours. Emma reflected:

"We're always told symptoms, but not actually what's going on."

Several participants used terminology that reflected ADHD diagnostic criteria. These participants referred to inattention, hyperactivity, and impulsivity, in particular. For example, Lucy shared:

"My understanding is that it's an attention and hyperactivity disorder, that we don't fully understand what causes it."

Nina highlighted:

"We've got the executive function things which comes with the inattention, the hyperactivity, the emotional dysregulation, the emotional dysregulation running into the impulsivity."

These accounts reflect a level of familiarity with diagnostic language, suggesting that some participants may hold constructions of legitimacy of the recognition of ADHD as a neurodevelopmental condition. It also highlights that some participants may have a deeper understanding that may go beyond the core symptoms to identify additional emotional regulation barriers, which may support participants' understanding of the interplay between academic and psychological needs.

Some participants described being unsure about students' needs due to a perceived lack of information sharing, which they appeared to view as a parental role in providing documentation to teachers. Claire noted:

"So, I think one of the things that's missing in terms of probably the medical side of things is information from the parents and strategies."

This suggests that participants in some schools may not always have access to information outlining students' needs, potentially reducing their deeper understanding of these needs and, in turn, their ability to recognise these behaviours.

Several participants shared their perceptions of parents receiving differing levels of support when their children are diagnosed, which they perceived to leave gaps in parental

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

knowledge and understanding of ADHD-related needs themselves, especially relating to the types of support available in schools. Claire noted:

“I think that parents of these students as well, they also don't necessarily have that knowledge. And so, when we're speaking to parents about strategies that we're using in lesson to try and help them, it would be really useful to try and explain actually. There's not really been any information given to them about things.”

These accounts suggest that some participants perceive parents as attempting to advocate for their children, but at times their own lack of understanding may impact their ability to do this effectively, through a shared, informed understanding of students' needs.

Preconceptions:

Participants shared their perceptions of their own classroom experiences and those from working alongside colleagues. Behaviours were primarily described as disruptive. Emily stated:

“I suppose because it can result in the person being disruptive. Some teachers think, Oh, it's really annoying, another ADHD person who's going to disrupt my classroom.”

Although Emily attributes this perspective to ‘some teachers’, this account suggests a potential personal familiarity with the construction of ADHD as disruptive in school contexts. This reflects how narratives appear to shape teachers' expectations of disruption and trigger emotional responses towards students.

Similarly, Emma reflected:

“There's a lot of preconceptions before they even walk in the door, as soon as you get a list of students. If there's a diagnosis next to them, they will just expect certain behaviours.”

This suggests that some participants may hold preconceptions of negative stereotyped behavioural expectations of students with an ADHD diagnosis.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participants recounted the specific expectations of disruptive behaviours in classroom contexts, including being loud and responding in socially inappropriate ways. Emma noted:

“If you have ADHD, half the stuff you do in your life is at the top of your lungs.”

And:

“Not being able to filter what they want to say like, I don't think this is appropriate for what I'm about to say, or I don't think this is an appropriate time for me to say it. They're just louder and a bit more in your face.”

These accounts suggest that participants may experience challenging impacts that behavioural presentations may have on classroom environments. These interpretations are described as repeated experiences, which participants may perceive to be expected among students with ADHD. This account also suggests that some participants seek to understand these behaviours in relation to their needs rather than purely viewing them in terms of their impact on the classroom environment.

Some participants perceived links between their perceptions of some colleagues' preconceived behavioural expectations and their attitudes towards students. Claire noted:

“I think there is still amongst some teachers, a preconception that someone who has ADHD is going to be very difficult to manage and very difficult to get focused in a lesson. So, I do think that they, not set themselves up to fail, but I do think it heavily influences how that child is taught and how they are, how they are treated in those lessons.”

This suggests that some participants perceive that when their colleagues expect students to display disruptive behaviours, this may increase negative interactions with students, contributing to further classroom disruption.

Perceptions of Intent:

Some participants described their perceptions of colleagues constructing ADHD-related behaviours as intentionally disruptive and linked to behaviour problems rather than ADHD-related needs. Lucy shared:

“I think if people don't think that it's really a valid condition, they think it's a behavioural condition.”

Emma notes:

"It's frustrating, because they mess up their lessons, as far as they are concerned."

This suggests times where participants perceive their colleagues to view students' behavioural responses as intentional choices, this may elicit emotional reactions from their colleagues and students. These emotional responses were described as increasing tension between colleagues and students, reinforcing the perception that behaviours should be rectified rather than understood and supported.

Participants describe experiences of colleagues using behaviour management strategies.

Nina reflects:

"There are teachers who don't know how to deal with it and just think you keep squashing, and they'll finally fall into line. I mean, there's a lot of standing outside rooms. We do have teachers who really swing the ledge and that's really unfair."

This suggests that when participants perceived that colleagues interpreted disruptive responses as behavioural problems, participants expected colleagues to try to reduce behaviours through sanctions, including removal from classrooms. This appeared to frustrate some participants, indicating a perceived mismatch in views among teachers.

Some participants explicitly rejected their perceptions of colleagues' constructions of behaviours as intentional behaviour problems and described alternative interpretations of behaviours. Emily reflected:

"This is not the child's being naughty, it's something else."

Claire similarly reflected:

"A lot of students who struggle with their behaviour, or whose ADHD affects their behaviour, it's not conscious, it's not chosen behaviour necessarily."

This suggests that some participants perceive disruptive responses as unintentional ADHD-related needs, highlighting potential differences in constructions and different levels of understanding around ADHD-related needs.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Several participants reference an increase in diagnoses and corresponding teacher-perceived awareness as contributing positively to teachers' understanding of ADHD-related challenges. Claire shared:

“Because in the last few years, there has just been such a massive increase in diagnosis, it's less negative and more, we're a lot more proactive with how we treat those students and the different adaptations we make for those students.”

This suggests that some participants perceive an increase in awareness of ADHD-related needs, which they view encourages them to look beyond immediate behaviours and consider classroom circumstances.

However, the challenge of long waiting lists for diagnosis was recognised as a frustration for participants, where some recognised behaviours as potential ADHD related challenges. With Nina stating:

“I know that my student, who is definitely on the pathway for, I mean, it's six years he has been waiting for a diagnosis, and it's absolutely obvious.”

This reflects potential participant frustrations with medical waiting lists, which they appear to perceive as influencing their colleagues' interpretations of difficulties as deliberate when formal diagnoses are not in place.

Teachers highlighted gaps in understanding the diagnostic process. Emma noted:

“I'd like to know the diagnosis system. Because, for me personally, I know that some children who you can see are struggling in class, then go through this diagnosis system and they go, no you've not ticked enough boxes, so therefore, no, you're not. Of course they are. They're just not ticking all the boxes.”

This account suggests that students' behaviours are sometimes interpreted by participants and their colleagues as symptoms of ADHD-related needs, with or without an accompanying diagnosis. This suggests that there may be gaps in understanding, such as the diagnostic process, with some participants placing significant responsibility for diagnoses to legitimise students' needs.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Others acknowledged that not all students that they perceive to present with ADHD-related needs have a diagnosis, yet they aim to recognise the needs of those students who may be awaiting assessment or who have decided not to seek one and put support in place. Nina noted:

“I have students in my class who, while not having a diagnosis, certainly are being supported. In fact, one of them is going in 25 minutes to see the ADHD person.”

This suggests that some participants may interpret students' behavioural responses by considering potential underlying needs rather than focusing specifically on diagnoses.

However, some participants appeared to describe students as trying to excuse their deliberate behaviours using their ADHD diagnosis at times, creating frustration among teachers within their settings. Emily reflected:

“For it not to be like an excuse, like, oh, I can't do that. I've got ADHD.”

This suggests that sometimes participants may perceive students attempting to place blame on their ADHD diagnoses rather than taking responsibility for their actions.

Some participants reflected on their experiences of parents pursuing diagnoses to explain students' struggles in school. Lucy noted:

“It's viewed as very common and something that is often sought after as a diagnosis by parents seeking an explanation for why their child is struggling in school.”

Lucy further reflected:

“Some teachers think it's being used almost as an excuse for why that child struggles in school to behave, and certainly a lot of parents seem to be quite relieved when they have ADHD as an explanation for why their child struggles in school.”

These accounts highlight the conflicting views among colleagues regarding ADHD diagnoses. With some parents being perceived to specifically pursue a diagnosis to help others understand their children's behavioural responses in relation to being unable to conform to school policies. Interpreting these accounts alongside several participants' descriptions and implicit expressions within their interviews, these participants appeared to

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

view increasing tensions within some colleagues' relationships with parents and in some cases, potentially reducing colleagues' attitudes towards accepting an ADHD diagnosis as a legitimate additional need.

Gender expectations:

Gender was identified as a factor shaping how participants recognise and interpret disruption. Claire noted:

"I think boys still get quite a bad rap with it, mainly because in boys it does come out more in a physical sense."

Nina shared:

"You don't only see boys with impulsivity; the hyperactive ones are so much easier to spot. There are lots of reasons why boys get more notice than girls, but with ADHD, they tend to have the impulsivity, and the hyperactivity on the outside."

This highlights an expectation that males may present with more visible, externalised responses, due to the disruption they create, compared to the more subtle internalised responses expected by females. It also suggests that males presenting with externalised behaviours may be likely to be viewed negatively, highlighting a potential lack of understanding of internalised presentations.

Several participants suggested that responses were not actually determined by gender. Nina reflected:

"I know girls, sometimes we get boys like that as well, but it's not gender split like that, but it's a sort of thumbnail for the ones who've got the rushing thoughts inside their heads."

This suggests that some participants may use gendered descriptions to simplify experiences and easily separate presentations into what they perceived as the more commonly recognised categories of male and female.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Some participants highlighted a difference in diagnostic prevalence depending on gender and a more negative perception of females presenting externalised disruptive behaviours. Emma noted:

“ADHD just isn't diagnosed amongst girls, hardly at all.”

And

“Girls are really good at masking it, unless they're just rude and have outbursts and they end up not diagnosed, but just in the behaviour system, being pulled out of classes all the time because they're snapping and answering back. We're just noisy, loud and rude and not very, very ladylike.”

These reflections suggest that gender differences may further shape how some participants perceive others to interpret behaviours as disruptive rather than exploring them as ADHD-related needs. This suggests that females with externalised presentations may be more likely to be perceived as deliberately disruptive rather than understood in relation to their needs.

However, some participants reflect on their gendered constructions within their practice, aiming to provide equal, consistent support. Nina reflected:

“I've got boys and girls displaying the same characteristics, and I'm much less patient with girls. So, if the girls are hyperactive, I've had to tell myself off, actually. You don't deal with it differently.”

This suggests a level of awareness of different presentations among some participants, who aim to deepen their understanding and adapt their practice to support students in their classrooms.

Contributing factors:

Participants described specific experiences of disruption within their classrooms. Several referred to classroom dynamics that impacted disruption, such as peer encouragement. Emily noted:

“There's always temptation for certain students to kind of provoke another student to doing things which they might find amusing, or they know will annoy the teacher.”

And

“The vibe in the room can really determine how well that's going to hold..... How like if someone's off sick, for example, like it's a different class or if you know two people aren't there for some reason, and you're like, oh, well, this is like a whole different world because some big personality isn't there.”

This suggests a perceived impact of peers encouraging disruption from students with ADHD-related needs and the potential impact of those students with ADHD on classroom dynamics, which may be perceived as creating further challenging learning environments for both teachers and students.

Some participants highlighted their experiences of students' eating habits and social challenges impacting students in their classrooms. Claire reflected:

“Because they had a biscuit at break time, or they had Nutella for breakfast, or something's happened with one of their friends. Or if there was a fight in the playground and that's got them really hyped up.”

Emilly noted:

“They're just talking about something that's happened outside the lesson or a break or at lunch, and then you need to kind of deal with that first.”

These accounts suggest that some participants appear to understand the influence of social and emotional factors that may be impacting students' ability to focus and seek to understand their needs in relation to these, rather than purely responding to the behaviours presented.

Lucy reflected:

“I see behaviour as a language, and so that helps me be compassionate to them.”

Emma noted:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

"You're hormonally charged or uncharged or charged or uncharged. You don't know who you are. You're trying to make friends. Your parents don't believe you're old enough to make decisions, but you've now got to make the decisions for education. And you've slapped the ADHD frustrations as an individual on top of that as well."

This highlights some participants' understanding of the potential biological and psychological complexities of hormones, as well as a lack of agency that may affect students' emotional regulation and, therefore, their classroom presentation.

Several participants referred to reasonable adjustments as being misused and creating disruption. Nina suggested:

"Fidget toys I'm aware are misused, that a lot of people have been on the bandwagon when they don't really need them and they distract others."

This highlights a perceived additional challenge for teachers when implementing strategies, which some participants described as distracting and potentially ineffective supports for students. This appeared to contribute to some participants' attitudes towards the usefulness of resources like fidget toys to support students, potentially increasing the removal of these adjustments for individual students.

Other reasonable adjustments were described as supportive for students, but participants acknowledged logistical challenges when students use them inappropriately. When discussing movement breaks as methods to reset students' concentration and reduce classroom disruption, Emily noted:

"Oh, they've found their friend in the corridor, and they're having a little chat with their friend, and that's not really what it's supposed to be for. That's very difficult to police because you're in your classroom. You don't know what they're doing... and then they don't come back, and then you have to, like, e-mail support saying, can you go find this person for me? Because I'm supposed to be in my classroom and they've disappeared.... But if you know that they need it, that they come back in a better frame of mind and they're more like, OK, I'm ready to do my work now, that's good."

This suggests that some participants may perceive strategies like movement breaks as supportive for students and as reducing immediate classroom disruption, but they can also create further challenges for staff who need to intervene when they view them as misused.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This could affect teachers' interpretations of the impact of such strategies and their likelihood of applying them as methods of support.

Classroom responses:

Some participants shared their experiences of where they perceived students to have been sanctioned in line with behaviour policies due to behaviours being interpreted by colleagues as deliberate, although an ADHD diagnosis was in place. Lucy noted:

"If there's someone who favours a behavioural approach which is much more about like rules and consequences and stuff like that, they're less likely to be sympathetic and patient with that child, and they're just going to, you know, go through the behaviour sanctions without making too many accommodations for the child."

Several participants noted that students were unaware of their involvement in a disrupted classroom. Emma noted:

"I quite often find that students who've been given a detention and they have no idea that their behaviour has not been according to the school rules."

And

"Why am I being told this? Oh, I've been disruptive. Why am I getting a C1? Why am I getting a detention? I'm just being punished for just being me."

This suggests that some participants perceived tensions among colleagues due to differing views. Some of the participants perceived students as sanctioned for behaviours they believed others had interpreted as deliberately disruptive, even though they held different views and believed students were unable to control or understand the impact of their responses.

Although participants reported having differing attitudes towards behavioural intent and responses, several acknowledged the logistical and emotional challenges teachers face. Claire noted:

"It's a lot more difficult to try and manage that behaviour and say they are sometimes seen as the more kind of the less well behaved students, they are seen as the more badly behaved, troubled kind of students, even though because I think it's very

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

difficult to ascertain what is chosen behaviour and what is not and so it just sometimes I think with certain teachers it does just look like them misbehaving.”

This suggests that participants sometimes struggled to interpret the intent behind students' behaviours, which challenged their ability to teach effectively and shaped narratives that may portray students as deliberately behaving inappropriately at times.

Several participants suggested that they have experienced disruption impacting whole-class learning. Emma shared:

“You know they could ruin lessons, you know they could ruin the marks of the whole class, and... Their disruption in lessons causes the class not to understand a concept.”

This highlights a potential structural constraint in busy, learning-focused classrooms, where students are considered not only disruptive to their own learning but also to whole-class learning experiences at times. These environments may leave little time in the moment for teachers to explore students' behaviours in relation to their needs; therefore, seeking to reduce disruption quickly and focus on learning.

Several participants referred to viewing ADHD medication as reducing classroom disruption. Emily noted:

“I've obviously known of children being on medication for it and seeing them with or without the medication, and that makes a difference in their behaviour.”

Similarly, Claire shared:

“It depends whether A, they have a have a diagnosis and B, they are medicated or not, because I think those students who are lucky enough to get a diagnosis and whose parents are on board with medicating them, those students see quite a drastic impact quite quickly and it seems to turn their attitudes around and all like really, really quickly.”

These accounts suggest that participants perceive medication as a supportive strategy for reducing disruptive behaviours and enabling some students to engage in their classrooms.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This may increase their perceptions of the importance of obtaining diagnoses, as these are required before medication can be prescribed.

One participant described knowledge of medical guidance. Nina noted:

“The Nice guidelines are that they have the intervention before any form of medication. If you've got a child with ADHD, especially the hyperactive versions, you just have to sort of roll back.”

This account emphasises the participants' understanding of medical support systems and prioritising environmental adaptations and individual support interventions to initially support students' engagement and reduce disruption, before supporting medical alternatives.

Participants recognised the challenges of disrupted classrooms and considered their role in managing the environment and minimising the resulting disruption. Emily noted:

“You know, just the disruption that sometimes results from like behaviours that are associated with ADHD can leave you, like, oh, like my classrooms in chaos now because I haven't managed this well. Now, what do I do? But it doesn't make me think oh no, I just say, OK, well, if that person had ADHD, I need to do this, and it's OK.”

This suggests that although some teachers may expect inconsistencies in students' responses in their classrooms, challenging interactions may affect their own emotional responses when lessons do not go as expected. It also suggests that some participants reflect on the circumstances surrounding these experiences and perceive their role to make adaptations that help students access lessons and reduce future disruption. This account also suggests an understanding of students' individual needs and a potential corresponding increase in their confidence in creating adaptations.

Several participants described their role in adapting the environment and their approach to communicating positively with students. Lucy stated:

“Often, kids with ADHD thrive on praise and positivity, and they want attention, and I want to give it to them in a positive way rather than it being focused on the negative...”

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Although some participants perceive colleagues as focusing on reducing disruption through negative interactions and sanctions, these accounts suggest that several participants aim to understand and encourage engagement to reduce disruption through positive interactions and positive reinforcement.

Some participants shared experiences of looking beyond observed behaviours to understand the external factors influencing students' disruptive behaviours. Emily reflected:

"What's going on here? Why this? Why this? Why is the pupil worse today than normal? How do I manage it myself?"

Several participants shared the view that student-teacher interactions are bidirectional, with teachers' moods affecting relationships. Claire reflected:

"So, are you overtired? Have you had a bad day so far? That can obviously then affect your patience and your ability to, to kind of manage those students that are in front of you. So, it does, it does work both ways."

Some participants shared strategies they had developed over time that they believed supported students' needs and reduced disruptive behaviour in the classroom. Emma noted:

"Sometimes the only way of not verbally outbursting is to physically stim. If I can see someone's tapping, I always tell the kids, it's right, kick your shoes off, tap your toes, tap your toes on the stools, because I teach in a classroom with stools. So, if they can kick their shoes off and they can tap their toes on the metal bar with socks on, it doesn't make a sound."

This suggests that some teachers may consider both the impact of disruption on classrooms and the lack of control students may have over these actions, making adaptations in their classrooms to meet students' needs while managing the impact of this disruption.

Summary:

Overall, the theme of 'Interpreting Disruption' examines how participants' understanding of ADHD may be constructed through its observable impact on classroom environments. Participants reported associated preconceptions of externalised hyperactive and impulsive

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

behaviours, such as being loud and inappropriate, which disrupt students' learning and their peers.

Participants' accounts suggest that they perceive some colleagues as interpreting disruptive behaviours as either deliberate or unintentional, which they believe impacts how they respond to students. Those who considered behaviours to be deliberate behavioural problems were described as frustrated and viewed as more likely to respond with sanctions to address them. Those who interpreted disruptive behaviours as ADHD-related needs described being more likely to consider potential factors affecting students' behaviours and to make adaptations to reduce barriers for students and help them access learning.

Participants considered the role of diagnosis in creating opportunities to explore alternative explanations to understand disruptive behaviours. They identified challenges students face when obtaining a diagnosis due to long waiting lists. Participants perceived this to impact some colleagues' interactions and responses when a diagnosis was not in place. Although several participants appeared to make adaptations to reduce disruption based on their constructions of students' needs, even without diagnostic confirmation.

Findings suggest that some participants appear to construct a narrative that medication reduces disruptive behaviours and increases compliance. Although those who seek to understand behaviours also shared their experiences of implementing classroom adjustments to support students alongside medical treatments. The differences between solely identifying behaviours and understanding needs reinforce the overarching theme of 'knowing what and not why'. Participants perceived behavioural interpretations as lacking a deeper understanding of needs, straining student-teacher relationships and limiting support, whereas those who seek to understand ADHD-related needs described more adaptive responses, while still describing experiences of disruption.

Theme 2: Interacting Responsibilities

Overview:

This theme explores participants' constructs of interacting professional responsibilities to meet high behavioural and academic expectations alongside accountability to deliver inclusive practice for those with ADHD needs. Findings suggest that the level of

responsibility participants construct appears to impact their capacity to adapt to students' needs.

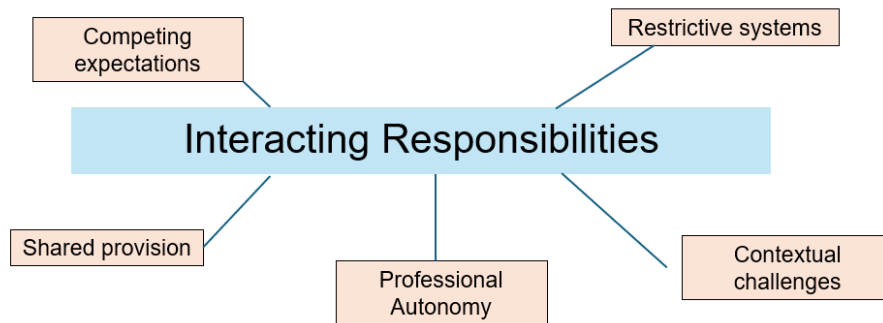
The way that participants describe their interacting responsibilities in the context of their settings appears to impact their own and their perceptions of their colleagues' sense of personal responsibility. Within participants' accounts, responsibility was interpreted as either shared or individual. Shared responsibility refers to participants' descriptions of collective responsibility for supporting students, distributed across school staff rather than placed solely on individual teachers. This included contributions from SENCOs, SEND teams, senior leaders, parents, and other staff and consisted of processes for effective communication, support plans, and the dissemination of guidance.

Individual responsibility refers to participants' perceptions that they were personally responsible for identifying students' needs and adapting their own classroom practice. Some participants described their individual responsibility as enabling autonomy to respond to students' needs. This was described as sometimes contributing to inconsistencies in support across settings with differences in training, guidance, and systemic support, potentially making this individual responsibility more difficult to manage for some participants.

The difference between shared and individual responsibility refers to how the participants perceived their sense of responsibility for understanding and supporting students, rather than the researchers' interpretations of whether responsibility was placed solely on individuals or collectively in practice.

The overarching theme 'knowing what and not why' is considered throughout this theme. Many school systems were reported to acknowledge the observable presentations of students with ADHD within educational contexts, but there appear to be varied levels of understanding and consistency within support systems to adapt classroom environments to enable students to meet the high expectations. This appears to shape how participants construct their perceptions of individual and shared responsibility to support students. With responsibilities to respond to observable behaviours and academic challenges, potentially reducing their capacity to support students and higher levels of systemic or individual understanding, influencing adaptive practice.

Figure 4: Interacting Responsibilities code map



Competing expectations:

Participants described their experiences of the demands placed on students within classroom contexts. Lucy shared:

“That kind of level of concentration, focus, being quiet, being still, is difficult for people with ADHD and in a school setting, we have that as a big requirement of being successful in school. ”

Nina similarly reflects:

“Unfortunately, in this school, there’s a big emphasis on silent working and concentration, which is absolutely the wrong thing for the classic presentation of ADHD but also for girls with internal hyperactivity.”

These descriptions reflect the high expectations for sitting still, silent work, and sustained attention, which were considered successful learning behaviours, with participants perceiving school systems as assuming that compliance is an effective learning behaviour.

Some participants expressed strong negative emotions, such as frustration, toward mainstream education systems. Emma noted:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

“You can hear my frustration as far as the education system. It doesn't fit them, just doesn't fit them at all. So why are we trying to squeeze them into a system that they're setting up to fail. It's so frustrating.”

This suggests that some participants may perceive school systems as misaligned with the challenges for students with ADHD-related needs. This perceived mismatch appears to evoke emotional responses from participants who describe striving to support students within the constraints of their school contexts.

Participants also described high levels of effort required for students with ADHD to meet these expectations. Emily noted:

“You try them and help them, but you know that it's significantly harder than for the person sitting next to them.”

Emma added:

“Students just become extremely exhausted by the end of a lesson.”

These accounts suggest that some participants consider the potential cognitive and emotional demands on students with ADHD, within systems that they perceive to prioritise compliance and expect specific learning behaviours which are challenging for these students.

Participants shared their experiences of schools' behaviour policies that they perceived as reinforcing these high expectations. Emma reflected:

“Whatever is perceived as a normal child, which is a compliant child. I think resentment sometimes builds up with some teachers.”

Emma noted

“We have firm behaviour expectations, so the classroom behaviour expectation, it doesn't take account of ADHD at all.”

Claire noted:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

“So, the policies themselves don't really take into account students' needs. But we are held responsible for adapting our lessons, enough so that should we need to use those behaviour policies, it's not because we haven't tried to accommodate their needs.”

This suggests that participants may perceive many students as requiring support who are not considered within school policies and plans, which they described as reducing staff capacity to respond to their needs. The participants described their responsibility to uphold behaviour policies even when they perceive a mismatch between these and students' needs.

Some participants reported that the subject being taught may affect teachers' accountability in upholding expectations, with those considered more academic being perceived as placing greater responsibility on teachers. Emma shared:

“I also think what you teach really does make a difference. If you're an academic subject that is being scrutinised by senior leadership a lot.”

Claire added:

“I know that ultimately. Their progress is on me, so I need to make it work.”

Some participants expressed personal tensions between systemic expectations and their personal values, which prioritise students' individuality, Emma noted:

“You prioritise the student, you don't prioritise the results.”

And

“You can see the children that are being expelled.... Why are we trying to squeeze them into a system where they're set up to fail?”

This suggests that some participants may experience significant pressure and professional responsibility to uphold school policies and practices, despite viewing a mismatch between these and students' needs.

Restrictive systems:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Some participants expressed restrictions from systems they viewed as limiting students' creativity and limiting their ability to respond to students' needs due to a behavioural focus. Emma reflected:

"You watch fantastically creative, outspoken, confident, incredibly intelligent students being told that they're not because they don't behave appropriately and that's two totally different things. Intelligence and behaviour are very different."

Participants shared their perceptions of their supportive roles in classrooms. Emily noted:

"Teachers want to help the pupils to achieve what they need to achieve."

Several participants highlighted the importance of understanding students' individual differences when interpreting needs and implementing support. Nina noted:

"To be honest, there isn't a one size fits all."

Emma reflected:

"I've experienced so many different students with the same diagnosis that have totally different traits.... I don't try and do the same thing with every single child."

This suggests that some teachers seek to understand students' individual presentations and the challenges that may affect their classroom interactions, taking on the responsibility of adapting classroom practice accordingly.

Some participants shared experiences in which they perceived senior leaders to uphold school policies when they believed them to directly contradict students' needs and professional recommendations. Emma reflected:

"It got to the options, and he didn't get food tech as an option. And he was so upset, and he came to me two or three times, I went back and said he'll be great. This is a safe environment for him. He would be great. And they were like, no, the options don't fit. He is not happy where he is, he quite often is kicked out of classes because he's not been given the subject that he really wanted to do. He'd have a different education and a different experience, and we would be experiencing a very different person."

And

“My voice is one of many. Yeah, they're trying to fit hundreds of students into a system and not understanding that actually sometimes you have to prioritise some students because you will get the best out of them.”

This highlights participants' constructions of their responsibility in advocating for students, but their lack of agency and autonomy within some school systems to make adaptations to support their individual interests and future ambitions.

Some participants reported other challenges that limited collective responsibility within their settings. Nina noted:

“The SEND department is totally overwhelmed because obviously, government cuts and demands on SEND, it's just extraordinary. So, they're trying their best.”

This suggests that participants may perceive challenges beyond school systems, influenced at the government level, that affect the support available in schools, limiting the capacity of senior leaders and SEND teams and increasing their individual responsibility to respond to students with limited guidance.

Several participants described the training they received as mainly focused on behaviour recognition and management rather than understanding needs. Claire noted:

“We've had training on strategies to try and help us manage their behaviour, so things like checking your lesson, making sure it's well planned, making sure it's accessible, all those kinds of things.”

Emily reflected:

“We do have like targeted training for some things, but I haven't had it for ADHD. I don't think it's given any particular attention compared to other things that we see on the SEN spectrum.”

Claire similarly reflected:

“I think we've still got a way to go to be able to meet those students' needs and understanding, actually, how much training we need on send in general.”

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This suggests that surface-level behaviours may remain the focus of continuous professional development and provision within the participants' educational settings, leaving a deeper understanding of ADHD and the impact of this for students, being viewed as largely unsupported within generic rather than ADHD-specific approaches. Accounts suggest that participants perceive their systemic focus as potentially increasing their responsibility to manage behaviours in their classrooms rather than recognise needs.

Several participants highlighted their experiences with what they perceived as generic and repetitive training. Claire shared:

“Previously, all the training we've ever had has just been kind of the same, and it's not really been individualised.”

Participants expressed a desire for more realistic and individualised training that accounts for the complexities of their school contexts. Lucy reflected:

“I would want it to look really realistic to the actual environment. So you've got a class, you've got a class of 32, and then a percentage of them have some kind of, SEN need.... So, I think a lot of the strategies we get given are great, but there isn't that kind of training on how you actually accommodate that in the real world of the real environment that you're in.”

These accounts suggest that teachers' training may reflect a lack of systemic interpretation of realistic classroom environments, which may increase teachers' individual responsibility for adapting the training to their own classroom environments.

Some participants questioned the rationale behind the strategies recommended to them. Emily suggested:

“I'm imagining the strategies I've got in my booklet are at least they're tried and tested in some respect.”

If teachers lack awareness of the reasons strategies are recommended and their research base, this may affect their implementation in classrooms, potentially increasing teachers' doubts about their effectiveness.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Several participants reflected on being unsure about balancing supportive adaptations with the development of students' independence skills to prepare them for the future. Lucy reflected:

"I just wonder with ADHD and any form of SEN or neurodivergence if we're doing enough to help the children themselves overcome this barrier, because what we're doing is a lot of trying to change the environment to suit them and to adapt to them, and I worry that when they go out in the real world, that won't be the case. That does worry me about not teaching them those lifelong strategies."

This account suggests that some participants may perceive support adaptations within their setting as limiting students' independence, with concerns about their applicability to future life. This suggests how a shared responsibility to adapt in line with systemic expectations may not align with their professional understanding of how to prepare students for adulthood.

Contextual challenges:

Participants described their interpretations of contextual factors influencing their practice. These included high workloads and large class sizes. Lucy noted:

"We are held to high standards in terms of demonstrating the progress and the outcomes of our students, and the onus is on us to do a lot to support them and to adapt the teaching for them. But at the same time, we also need them to complete the assessment, demonstrate their work in the book, there are times where the level of adaptation that that child may require or benefit from is not possible in a mainstream school with 32 children in a class."

Nina noted:

"Workload is a big issue, and these ADHD students require time to work with them, and teachers do not have that."

This suggests that environmental factors may influence participants' responses to students with ADHD. This appears to increase their workloads and the corresponding pressure to make such adaptations with limited time.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participants described the high level of SEND needs in their classes as impacting their classrooms. Claire noted:

“We have a huge SEN cohort now. I think we are up to 80 something EHCPs within the school, and we are only a school of 700 students. So, the proportion of SEND students in our school is massive.”

The complexities of students' needs, including comorbidity among neurodiversity, were highlighted as a challenging factor. Emily suggests:

“Most of the pupils that I have seen, who I've been told have ADHD, also have other issues. I've certainly seen a lot more who have, like, lots of Co-occurring things, which obviously makes it much more complicated.”

With Lucy building on this by describing other contextual influences that she viewed as shaping students' school interactions and experiences, sharing:

“Often, they have multiple barriers to learning, so someone might have ADHD, but they also might not have their equipment, and that might be ADHD, but it also might be the fact that they're pupil premium and they don't have the money. They might also not have had breakfast. They also might have had some they might have emotional mental health things going on, so multiple layers to the challenges that they present in the classroom.”

These accounts highlight the potential complexities of classroom environments, with some participants having to support a wide range of students' needs. This appears to affect some participants' confidence and increase stress levels where they feel responsible for students' academic attainment.

Some teachers also expressed the impact of financial constraints and external monitoring systems on teacher workload. Nina shared:

“We don't have as much money, we have bigger classes, we have more teaching hours. We have more work, we have more expectations. It means you do not have the bandwidth to think, think about these students who tried very hard. Workload is a big issue, and these ADHD students require time to work with them, and teachers do not have that. You know, they've got Ofsted doing this and that.”

This suggests that participants may experience external pressures they view as stemming from limited resources and contextual challenges within their classrooms, school systems, and external monitoring processes.

Shared provision:

However, some participants perceived their schools as understanding of students' needs. Participants shared experiences of creating shared responsibility through policy adaptations that outlined clear expectations for support. Claire noted:

“Our SENCO, although she's only been in post a year, is really good and she is very proactive with making sure we've got strategies in place....We're a lot more proactive with how we treat those students and the different adaptations we make for those students. And I think because there's been such a massive push on, especially in secondary, results.”

This suggests that in some schools, participants perceive SEND teams as proactive in considering students' individual needs, acknowledge the need to adapt expectations, and provide teachers with support alongside autonomy to make adaptations that help students engage with learning. It also highlights academic achievement as a perceived motivating factor for some participants, which may influence their focus on academic outcomes rather than student wellbeing, where this is prioritised.

Some participants shared what they perceived as effective practices for disseminating information to staff in their settings. Lucy noted:

“They have a support plan that gives us individual advice on how to help that individual child, because obviously not everyone with ADHD is the same.”

Claire recognised:

“The SENCO has put in place these things called one-page profiles. So, it's basically just a sheet of paper with the students' need on it and individualised strategies to help those students and the kind of the student voice part... So, we can access any sort of Ed psych reports, any diagnosis reports and we can look at what has been

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

recommended by them. So, there is, we do have access to all of the information we could possibly need on those students.”

These accounts suggest that some schools engage in practices that place the responsibility for collating information on SENCO teams rather than on individual teachers, which participants described as reducing their individual workload and increasing their confidence in implementing school-approved strategies. This may increase accountability among staff and increase consistency across school settings.

Some participants described experiences of SENCOs sharing specialist knowledge within school teams. Emma stated:

“We also have CPD. Often, the SENCO comes in and says, I just want to talk about children with ADHD.... So, there'll be a focus, and we'll have 10, 15 minutes. This is generally what's going on. Here are the students.... She then goes, what are you doing in your class to support them? We then share individually what we're doing, as a whole collaborative discussion.”

This suggests that some participants interpret a reflective, relevant discussion as an effective use of time, prioritising collaborative team responses during scheduled staff CPD time, which they believe increases shared understanding, responsibility and accountability in their schools.

The success of individualising plans varied among participants' experiences. Emma acknowledged:

“They clearly give instructions, but they're very generic instructions. You can see it's taken straight out of the handbook. It's not personal to the particular child.”

This suggests that school processes vary across schools, with what participants consider to be generic strategies being less effective, potentially influencing participants' responses and their responsibility to adapt these further themselves.

Participants described some school systems that hold them to account, ensuring adaptations have been implemented before resorting to behaviour policy sanctions. Claire highlighted:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

“If there are teachers who haven't tried to meet their needs and have had to go through the behaviour system, we are questioned on. OK, well, what did you do to try and meet their needs?”

This suggests that in some schools, participants are encouraged to make adaptations before employing behaviour management strategies, with leadership teams holding them accountable for justifying their actions.

Professional autonomy:

Although systemic contexts varied, participants described differing levels of individual autonomy to adapt their practice within their classrooms. Emily noted:

“There's a behaviour policy and then there's the way it's implemented, which is two slightly different things.... I mean each teacher decides how they you know, how they interpret it.”

This suggests that some participants perceive agency within their classrooms despite describing structural constraints. This may provide opportunities to adapt their expectations to students' individual needs within their classroom contexts.

Participants described challenges with feeling responsible to make individual decisions in their classrooms. Emily reflected:

“How do I manage it myself?”

And Nina highlighted:

“I do wonder what on Earth I'm doing sometimes, whether I'm doing the wrong thing. I'm trying not to be because of all the negativity, he expects the negative. The trouble is you don't want to be too soft, but at the same time you can't, I want to try and find the other way around for him. And I don't feel there's anything, you know.”

These accounts suggest that some participants feel responsible for adapting their practice to support students' wellbeing in the absence of consistent practice in their settings. This highlights potential inconsistencies in the implementation of strategies and interactions with students. Some participants interpret their colleagues' behaviour management responses as

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

negatively affecting students' well-being and feel responsible for providing support to account for this, but describe being unsure how to do so. Although they strive to promote equity among students and make adaptations.

Participants shared a range of strategies they implement to support students to access learning in their classrooms, many of which were described as developed through generic recommendations and trial and error to find those that work effectively for different students. Other participants reported specific practices their schools have adopted. Claire identified:

“Those who kind of struggle to control the physicality, we give them more movement breaks. We last year we implemented something called the zone, which is where students can go, who are a little bit dysregulated. So, they will kind of have a 10-minute break outside of the lesson and go to this room to kind of have the opportunity just to re-regulate their emotions, re-regulate themselves and then come back into lesson and be a little bit more focused. And so that seems to work really well for some students.”

This suggests that whole-school practices may increase professional awareness of supportive adaptation and increase implementation within settings. This may reduce logistical responsibilities for individual teachers through organised, collective approaches.

Participants shared a range of strategies that they described as supportive and effective when implemented consistently by themselves and other teachers. Emma shared:

“Positioning in the classroom, it's checking in on them, it's knowing what they need, and then the resources don't get moved away.”

Lucy added:

“Annotate your seating plan”

Emily stated:

“Breaking things down into chunks”

These were some of the strategies participants described as recommended in their settings. Participants appeared confident in using these strategies but described frequent frustrations stemming from inconsistent implementation across settings.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Some participants described school policies being informally adapted at their discretion, with practice described as varying depending on each teacher's understanding in their setting.

Nina reflected:

"If someone's doing something, you've warned them, and then you talk to them and then they answer the classroom, and if they continue, then leadership are involved and taken to remove. We do have people who swing the ledge, and that's really unfair."

Lucy added:

"It depends. I mean, generally speaking, they get more chances. So, they go through them (behaviour steps) slower. But they're given more chances for sure."

This suggests that school policies may be informally adapted in some classrooms. These adaptations appear to be based on teachers' views and understanding of individual students' needs rather than guided by coordinated plans across settings grounded in shared views of students' needs. Participants described inconsistent approaches across different classrooms, with students perceived to be receiving adjustments in one classroom and potentially sanctions in another for similar behaviours.

Participants described the importance of developing plans alongside parents, sharing information and working together to support students. Claire shared:

"The parental input makes a huge difference to how we can operate."

Nina reflected:

"you need a parent on side who understands what they're doing.... That can make you quite a campaigning mother or father."

Lucy further added:

"To account in terms of going down that behaviour route and the parents will hold us to account as well if we make a phone call to say so and so's not been very good in their lesson today, the parents will say to us, well, what did you do to try and kind of help the need first?"

These accounts suggest that participants perceived parents who understand and advocate for their children's needs may co-construct a shared understanding with professionals. This collaborative approach may contribute to participants' increased sense of shared responsibility for adapting their practice and supporting needs based on that understanding. This was perceived as holding teachers accountable to consider students' needs before behavioural approaches are implemented.

Several participants referenced successful school systems in which parents can request support adaptations through their SENCOs. Emma shared:

"As far as the SEND department is concerned, I know they work quite closely. They have meetings with parents, which is really good. So, there's like the child, the parents, the school, what are we doing? How are we supporting them?"

Emily noted:

"I have heard of parents, you know, requesting that or requesting their fidget toys or that kind of thing. So, there seems to be a system in place for that."

This suggests that some schools may have expectations for collaborative approaches to coordinate student plans, which appeared to increase teachers' confidence in implementing supportive practices.

Summary:

Overall, this theme examines how participants may construct their professional responsibility through the complexities of high academic and behavioural expectations within their school contexts. Some participants perceived their schools as having shared responsibility through clear and consistent policies and processes that are adapted and disseminated to staff to improve accountability and, therefore, their perceptions of consistent application. Although some participants appeared to lack understanding of the evidence base behind practices and how they support students' needs, relying on SEND teams' knowledge. Other participant described their schools having limited policies and processes to make adaptations for students' ADHD-related needs, which they perceived may be associated with some

colleagues having shared responsibility to respond to students in line with their schools' behaviour systems.

Findings suggest that some participants constructed a sense of individual responsibility for adapting environments to meet students' needs. Several participants described increased inconsistencies in support across classrooms where systemic, collaborative approaches were limited or were perceived to prioritise high academic and behavioural expectations. Responses were described as varied depending on participants' perceptions of their own and their colleagues' levels of understanding of ADHD-related needs and specific classroom environments. Some systems were described as conflicting with several participants' personal values and their perceptions of students' best interests, creating tensions. These conflicts appeared to increase participants' constructions of individual responsibility, with some feeling constrained by schools' approaches. Other participants appeared to feel a sense of autonomy in implementing adaptations and responding to students based on their own interpretations of students' needs.

Accounts suggest that participants may feel responsible for balancing systemic expectations and supporting students to engage and achieve their full potential, while also adapting these to support their ongoing needs. Participants' levels of understanding and training were perceived as barriers to implementing supportive strategies when the responsibility was placed on them as individuals, without systems in place to support them.

Theme 3: Influential Experiences

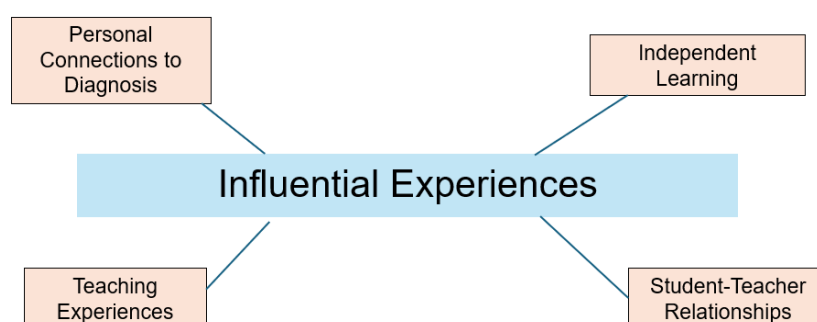
Overview:

This theme explores how participants' personal experiences, both inside and outside the school environment, may influence their interpretations, understanding, and responses to students with ADHD. These experiences include participants' childhood experiences of special educational needs (SEN) in schools, personal and family relationships with diagnosis and professional experience over time. Findings suggest that positive experiences and relationships appear to motivate participants to empathise with students and develop their understanding of ADHD and, subsequently, may influence their interactions with students and implementation of supportive strategies. However, challenging past experiences and participants who described themselves or perceived their colleagues as having fewer

positive relationships with individuals with diagnoses may be associated with more behavioural responses.

Within this theme, the overarching theme of participants 'Knowing what and not why' seeks to understand the influences that participants perceive as driving more contextualised understanding of ADHD, rather than identifying surface-level behaviours related to ADHD. Participants who described experiencing close professional relationships with students with SEND perceived this as a motivating factor. Teaching experiences were perceived to impact teachers' views and attitudes towards students with ADHD. Participants described their confidence developing over time alongside positive experiences within their classrooms. Repeated challenging classroom experiences were described as frustrating and perceived to reduce confidence in understanding ADHD-related needs and making future adaptations.

Figure 5: Influential experiences code map



Personal Connection to Diagnosis:

Participants reported varied personal connections with neurodiversity. Nina shared her own diagnosis:

"I have an inattentive diagnosis, although I have elements of impulsivity. I found myself reflecting on this.... It's opened my eyes to the things that are in plain sight. The things that you perceive one way and actually could be something else."

This suggests that this participant has a personal connection through a recent diagnosis of ADHD, which appears to have increased her motivation to understand students and increase her professional reflexivity to go beyond surface-level interpretations of presentations in the classroom to understand students' needs that contribute to these.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Nina highlighted how she perceives her personal experience with diagnoses helped her to reframe her own emotional challenges, encouraging self-acceptance and awareness of neurodiverse needs:

“I always thought I was just weak and I now realise I'm just wired differently and so that really has and you know, my teaching stylus changed, but I'm just more aware of, I've always been reasonable about differentiating, but I'm more aware.”

Nina's experience acknowledges a shift from a deficit-based interpretation of her challenges to an understanding of difference. This, in turn, may influence her empathetic interpretation of ADHD-related needs.

Several participants shared familial connections to diagnoses. Nina reflected:

“My personal background is I have a daughter with dyslexia, and we've known about that, oh, well, since she was very little.”

And Emma reflected:

“I think it's just through years of seeing it happening and raising three kids who are never diagnosed, but oh my God, we are a family of tisms. So, I'm just literally learning how to look after my kids and I've transferred it over to teaching as well, where I can.”

Lucy also highlighted personal experiences that she perceived as particularly motivating:

“I recognise a lot of qualities in those categories that are in myself and they're in my family members. I don't have a diagnosis.”

These accounts suggest that participants have personal and familial connections to diagnoses and went on to describe empathetic understanding, adaptability and flexibility in practice.

Nina shared:

“I've been sensitive to difference, all of my teaching life, from various experiences.”

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This suggests that this participant may relate to additional needs, such as those with ADHD, through her experiences of personal challenges and differences, which may influence her understanding of students' needs.

Several participants then described narratives of difference rather than deficit and how they perceive this to influence their responses to students' needs. Nina stated:

“Just think outside the box. You know we are talking to these students that they are bright. They know what they're doing. How are you going to translate that into what we need to measure them by?”

And

“I look at the task that we're doing, and I try and think where the challenges will be.”

Emma considers how her practice differs from many of her colleagues:

“I think I'm quite often a lot calmer than a lot of teachers are. Less confrontational.”

Emma expressed her empathy towards students' experiences:

“I see them, they're just exhausted. oh my gosh, it's debilitating if you don't have ADHD, but I can imagine you not being able to let off steam by running around. You must be going mad.”

These participants' accounts suggest that personal experiences may influence more empathetic attitudes towards students and the use of relational approaches alongside understanding. These approaches included an emphasis on increasing positive interactions through patience, emotional attunement, and making adaptations to support students holistically.

However, personal experience did not always appear to increase relational interpretations of need. Lucy reflected:

“It also means, though, that I feel like I can tell the difference between what is ADHD-related and what isn't.”

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This reflection suggests that personal experiences may shape teachers' assumptions about what constitutes ADHD-related behaviours and separate these from chosen behaviours. This may limit this participant's understanding of presentations that differ from her own experiences.

Independent Learning:

Some participants with personal or familial connections with a neurodiverse diagnosis described a more detailed conceptual understanding of ADHD. Nina described familiarity with medical diagnostic frameworks, stating that:

“ADHD is in Europe, a developmental disorder. This is described in DSM 5 as having certain characteristics. To call it a deficit doesn't understand it because it's neurological. It's different in that you have three types you have Inattentive, combined, and impulsive, and I can't remember for children, they need 6 characteristics in each of the categories to be identified, whereas in adults it's five.”

Alongside this, Nina related her understanding of the criteria to multiple layers of functional challenges for students, including emotional regulation and executive functioning:

“So, we've got the executive function things which comes with the inattention, the hyperactivity, the emotional dysregulation, the emotional dysregulation running into the impulsivity.”

This suggested a level of understanding that goes beyond the observable behaviours to recognise potential difficulties with emotional and cognitive processes. Nina reported that she had not received any specific training relating to ADHD during teacher training or through continuous professional development. Instead, she noted engaging in independent learning to increase her understanding following her own diagnosis:

“So that the categorisation of ADHD actually, as it's present in childhood, so the implication is that it's going to be an inherited characteristic, but whether that's an explanation for this time and not a complete explanation is another matter.”

and

“Well that I was reading ‘what's his face’ ADHD 2.0. and he's talking about ADHD.”

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Similarly, Emma stated that she had conducted independent research to increase her understanding:

“I've got the ADHD book up there. So, I sort of read myself about it. I have read a lot about it, so I do know a little bit more, I think, than the average Joe.”

These suggest that although no formal training was provided in these secondary schools, these participants sought opportunities to independently extend their knowledge and understanding. This suggests that participants' personal relationships with neurodiversity may increase motivation and agency to respond to perceived gaps within their schools' systems to understand the underlying mechanisms that may be impacting students in their classrooms.

Teaching experiences:

Participants also identified teaching experience itself as influential in developing understanding. Emily reflected:

“It's to do with particular students that you've met. If you've had a particularly difficult class or a particularly difficult individual that you've had to teach and felt like, oh that person had ADHD, therefore I'm going to find it difficult to teach anyone with ADHD. What you see in the classroom effects those judgements I suppose in the future.”

This reflection highlights how past experiences were perceived as potentially shaping their expectations and interpretations of future students' behaviours. Emily described the development of her confidence over time:

“Some of it is when you're a less experienced teacher. I've been teaching for about 10 years now. I think initially those they were among the students that I found the most challenging to deal with. Then you'd sort of learn over time to try and OK think and think ahead and think about what that person needs.”

Nina reflected on how her practice has developed through teaching experiences:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

“One of the things that I do reflect on is, is it working for the students? I think this is going to work. Is it going to work for the students? Every year I change things, not the main thing, but I tweak in the light of what I learn about students.”

Emma similarly noted:

“I've been teaching for so long and I've experienced so many different students with the same diagnosis that have totally different traits. I think I'm quite fortunate that I've seen quite a spectrum of students and I can, I don't try and do the same thing with every single child.”

These reflections suggest that experience over time may support participants' confidence towards flexible, responsive practice.

Some participants also described the perceived impact of negative classroom experiences on students' emotional well-being. Emma reflected:

“You watch fantastically creative, outspoken, confident, incredibly intelligent students being told that they're not because they don't behave appropriately and that's two totally different things. Intelligence and behaviour are very different.”

Similarly, Nina noted:

“I mean, talking to adults, especially adult males and the amount of negativity they've experienced. You're so bright. Why can't you do it? I've been exploring this and you get the emotional stuff, the RSD, which isn't technically part of ADHD, but it seems to be expressed in an awful lot of people who have ADHD.”

These reflections suggest an awareness of the potential longer-term impacts of school experiences for students. Some teachers consider not only immediate responses but also the wider implications of interactions on developmental and emotional outcomes.

The participants shared an interest in further training that goes beyond behaviour management, to understand students' needs and develop supportive strategies in their classrooms. Nina expressed an interest in:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

“What is good teaching for ADHD? What is effective teaching for ADHD? I very much shoot from the hip with this one.”

This suggests that current training may focus on behavioural responses rather than acknowledging the complexities of ADHD. This may contribute to inconsistent practice among participants and their colleagues, with personal experience and independent learning shaping teachers' individual practice.

Some participants shared experiences where they considered adaptations for students with ADHD to be supportive for all students and became generic classroom strategies. Claire recognised:

“I mean, and that tends to work with everybody. So even if students don't have ADHD actually to have your lesson like that, it's not necessarily a bad thing because actually all students respond quite well to that.”

This suggests that positive experiences of adaptations may influence future implementation, potentially increasing understanding through exploration of what works and adapting practice to meet students' needs and whole-class learning.

Some participants reflected on how broader contextual factors, such as generational differences, that they considered to be influential in shaping teacher beliefs. Lucy reflected:

“But it wasn't a thing when I was young,”

Emily similarly stated:

“I think it's also like maybe what you've experienced at school as well. So, when I was at school, that's like a long time ago, there wasn't a thing.”

Lucy proposed:

“I think it can be quite individual. Things like age make a difference, so older teachers have that more old school attitude towards it. That ADHD is kind of a modern thing made-up thing. Maybe that wasn't an issue in the past and therefore they're less sympathetic towards it.”

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

However, this was not consistent across participants' reflections, suggesting that although conceptualisations and diagnoses have developed over time, personal experience may mediate these broader influences.

Student-Teacher Relationships:

Several participants described empathy towards students and attempted to understand their feelings. Emily reflected:

“It's difficult to know what it feels like to be someone else, right? You don't know how it feels, to feel like that, to feel like they're feeling about the work or their lives in general... Like there might be other things going on in their in their world that day that's made them not have a good lesson.”

This suggests that some participants seek to understand how students may be feeling in the classroom and explore factors that contribute to their positive emotional wellbeing.

Participants shared experiences of feeling empathy towards students' frustrations and wanting to find ways to relate to them to support them. Emily noted:

“I can see that the pupil sometimes is frustrated and then that you also feel as a teacher frustrated because you have an idea of how you want to help them.”

Lucy suggested:

“Getting to know that child and what helps them, what motivates them, building relationships with families often work.”

This suggests that some participants place importance on developing relationships with students to understand their strengths as well as challenges to effectively support them.

Several participants shared experiences where they perceived that they held positive relationships with students, but perceived other teachers struggled with. Emily noted:

“I mean he was he was a problem for some teachers I would say but he was a very kind of a brilliant, like lively kind of person.”

Lucy added:

"I think there are teachers where they are drawn towards that very relational approach with children they teach. So, if they have an A relational approach, whether it's through their training or through their natural inclination, they're more likely to be calm and patient with the child."

This suggests that some teachers place a high level of importance on developing relationships with students. Where positive relationships were reflected, participants appeared to describe more empathetic responses towards students, increasing their motivation to adapt future responses.

Several teachers shared experiences of students highlighting specific challenges in the classroom environment to them directly, where support was inconsistent across settings.

Nina shared:

"I remember her saying to me? I couldn't think again, miss. So, I said, right, I'm going to put you in the corridor to take the exam. She's got ear plugs."

And

"I was talking to one of my form yesterday, that was outside a room, and I said to him, well, how did this happen? And he said, well, I was doing this and I said, are you going to go and have some exercise at lunchtime? Because I know with him if you get a good run around in it will calm him down."

This suggests that some participants perceive positive student-teacher relationships may increase students' agency to request support when they are struggling in classrooms, and that teachers may then be more flexible in accommodating those adjustments. Where positive relationships were developed through teacher practice, this appeared to increase participants' confidence and empathetic responses to students.

Some participants directly referenced emotional regulation and feelings of safety as challenges for students with ADHD and highlighted this as being difficult for many teachers to understand. Emma shared:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

"Every teacher, hopefully, should want the child to enjoy the lesson and feel safe in the lesson."

Nina noted:

"Well essentially you have executive dysfunction, which is the thing that's most misunderstood by lots of people.

And

"They find it very difficult to articulate that "

This suggests that some participants may experience students feeling emotionally heightened in the school environment. It appears that these participants view themselves as having a role in supporting students in feeling safe at school, as well as in interpreting and supporting students when they are dysregulated and unable to articulate their emotions.

Several participants shared experiences of times they supported students following challenging incidents within other classrooms. Emma noted:

"What you can do as they're coming in, is you can prep them, you can judge what's going on."

This suggests that some participants perceive student-teacher relationships to be an important part of creating positive environments for students. Enabling them to explore beyond the individual's behavioural response to explore supportive strategies, such as physical exercise. However, some participants described experiences where they perceived colleagues to have fewer positive relationships with students and to lack an understanding of students' strengths and needs, suggesting that this may contribute to colleagues' more negative interactions and sanctions.

Praise and encouragement were shared as a supportive strategy among several participants. Emily noted:

"Definitely praising for when they do what you want to make sure that they realise this is the thing that I want you to do, and you're doing it well. Kind of to reinforce the good stuff."

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

However, several participants perceived that students frequently received negative responses from some colleagues. Nina reflected:

"I am aware trying not to be negative with them is important, but I'm the only one. You only need to read what they've been told and all this stuff and it's very frustrating. We could we could do with teachers being told how you know."

And Emily shared:

"Yeah, rewards and try not to make a big deal out of the behaviour is escalating to not to avoid a kind of one-on-one sort of in front of the class, getting them into trouble for something to be a bit more low key about it not to kind of escalate something."

This suggests that some participants perceive that some colleagues may lack a deeper understanding, which contributes to strained student-teacher relationships. Participants appeared to interpret these colleagues who challenge students' behaviours in front of peers as having poor student-teacher relationships.

Some teachers shared their experiences of co-creating strategies alongside students to increase their effectiveness. Claire reflected:

"I think coming from them, it holds them a little bit more accountable for their behaviour as well. If it is chosen or not chosen."

Emily similarly noted:

"What helps me and what you can do to help me in the classroom, which is really nice, but not everyone has that obviously."

Claire similarly shared:

"Have suggested because of actually a lot of them come from the students themselves and they will say I'd like to sit at the back, or I'd like a movement break or I'd like XYZ."

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This suggests that some participants develop plans with students because they perceive this to increase students' agency. These accounts suggest that this is not considered to be commonplace among their schools.

Several teachers shared experiences of time constraints impacting their relationships with students. Emma reflected:

"It's actually being able to see the student side. In High School, we don't have the time to have human contact with students to get them to understand."

This suggests that in high schools, participants perceive time constraints as limiting the time they have with students to build emotional connections, reducing students' ability to share their challenges and needs, and potentially influencing staff empathy levels in response to them.

Summary:

Overall, this theme examines how teachers' personal experiences may influence their understanding of ADHD-related needs and potentially their interactions and support for students with ADHD.

Participants shared experiences of their own and their family members' diagnoses, which appeared to increase their empathy towards students with whom they worked. Participants described these experiences as supporting the reframing of diagnoses and the interpretation of students' classroom presentations.

Personal experiences, including positive classroom interactions, appeared to increase participants' confidence and relationships with students, potentially shaping how future behaviours may be interpreted.

Participants with personal connections and positive relationships with students with diagnoses appeared more motivated to develop their understanding of ADHD-related needs through independent research. This suggests that these participants may seek opportunities to develop a greater understanding of diagnostic processes, language and challenges such as executive functioning and emotional wellbeing. This appeared to help participants move beyond surface-level observations and behaviour management approaches to reflect on the

potential underlying environmental, cognitive, social, and emotional factors that may contribute to them.

Participants' negative personal experiences were perceived to impact their confidence in identifying students' needs as well as interacting with students. This suggests that past negative experiences may influence teachers' behavioural interpretations in classrooms and elicit frustrations among teachers and students, which may further impact student-teacher relationships.

Discussion

Overview

This chapter examines the key findings through initial summarisation of the overarching theme 'Knowing what and not why', followed by the three themes of 'Interpreting disruption', 'Interacting responsibilities' and 'Influential experiences'.

Key findings are then interpreted through a critical realist lens, with discussion at the empirical, actual and real levels. This acknowledges that ADHD exists as a neurodiverse condition at the actual level, but that participants interpret empirical experiences through the complexities of interacting contextual factors by drawing upon Attribution Theory (Weiner, 1985) and the Bioecological Model (Bronfenbrenner & Morris, 2006). This research goes beyond participants' empirical interpretations of their experiences to explore the potential underlying mechanisms that may interact within school environments and beyond (Sayer, 1999), potentially contributing to their views and experiences and shaping their responses to students in secondary school settings.

Findings are then explored in greater depth in response to the three research questions. This explores participants' views and experiences supporting students in secondary school classrooms; the potential underlying mechanisms operating within school contexts; and how these factors may influence teachers' interactions with and support for students with ADHD. This discussion is organised around three themes, each of which reflects the researcher's interpretations of the potential deeper meanings in response to all three research questions simultaneously within an integrated analytical narrative. Existing literature and psychological theory are explored throughout. A summary outlining the findings in response to each

individual research question follows on from this. The strengths and limitations of the study are then explored, followed by recommendations for future research and implications for Educational Psychology practice.

Summary of key findings

The overarching theme 'Knowing what and not why' examines the predominant narrative across the research findings. Participants generally recognised ADHD-related behaviours, in particular, linked to externalised and disruptive behaviours. However, findings suggest that participants have varying levels of understanding of the underlying factors that may be contributing to these behaviours and alternative presentations of ADHD, with several participants describing colleagues who they perceive to be remaining focused on behavioural presentations, whereas others described a more detailed understanding of ADHD related needs.

The theme 'Interpreting Disruption' conceptualises participants' interpretations of ADHD-related behaviours as predominantly disruptive in classroom environments. This theme explores participants' potential attributions of behaviours as interpreted through thematic analysis (Weiner, 1985). Some participants described perceptions of some colleagues' attributions of behaviours as within-child, deliberate behavioural responses, who may be more likely to apply behaviour management strategies, such as sanctions, to increase compliance and reduce disruption in classrooms. Several participants perceived some colleagues as constructing diagnoses as attempting to excuse non-compliance, which participants perceived as contributing to tensions in student-teacher and parent-teacher interactions.

Others appeared to perceive that diagnoses create opportunities for teachers to recognise students' needs, which they believed enabled them to make classroom adaptations and reduce disruption attributed to those needs and interacting environmental factors. The participants highlighted complex realities that they attempt to understand through interpreting students within the context of the structural, social and psychological mechanisms that interact with students' neurodevelopmental needs.

The findings suggest that participants who described looking beyond interpretations of observable disruption to explore contributing factors in their environment described a more

contextualised understanding of ADHD-related needs and responses towards students that were interpreted as more empathetic and relational.

The findings also explored contextual factors that may impact teachers' perceptions of disruptive behaviours, including the role of participants' 'Interacting Responsibilities' as potential underlying factors influencing their perceptions and experiences of ADHD. Contextual influences appeared to impact participants' constructions of their sense of responsibility, with systemic high expectations for academic and behavioural outcomes increasing participants' perceived responsibility to meet them, while simultaneously supporting students' individual needs. Responsibilities are considered through exploring participants' descriptions of systemic pressures and supportive elements, including high expectations from government and school policies and processes, the level of teachers' understanding of students' needs, the clarity of support plans, training protocols, and varied levels of professional autonomy. The varied levels of understanding and support appear to shape participants' interpretations of shared or individual responsibility to support students' needs and uphold high behavioural and academic expectations alongside inclusive practices.

Participants described several supportive factors that they perceived to foster a sense of shared responsibility among staff to meet students' needs. This may contribute towards participants' constructions of more consistent approaches across settings. Although these approaches were often described as generic rather than ADHD-specific, suggesting that there may be surface-level awareness of needing support rather than understanding the strategies that support specific ADHD-related needs.

Other participants perceived adaptations to their policies and practices to be disjointed and unclear, which appeared to create inconsistencies across settings. This appeared to be associated with participants taking on individual responsibility for making adaptations in their classrooms. Participants described the high behavioural and academic expectations as contributing to their stress levels and shaping emotional responses such as frustration towards their school systems. This may have contributed to participants' perceptions that colleagues felt a greater sense of individual responsibility to adhere to strict behaviour policies rather than make adaptations, especially where systemic contexts were perceived as less supportive.

Findings also suggested that some participants perceived that where high academic and behavioural expectations were prioritised this clashed with their personal values. These

participants appeared to have an understanding of ADHD related needs and adaptations that should be implemented, but these approaches were not perceived by participants as being prioritised within their school systems. These teachers described emotional responses, such as frustration with systemic protocols they viewed as holding opposing agendas, which appeared to shape their more empathetic responses towards students. These participants also described feeling individual responsibility to use professional autonomy to adapt in line with their interpretations of students' needs.

The theme 'Influential Experiences' explores the potential underlying mechanisms that may shape motivation among participants seeking to go beyond empirical interpretations of behaviour to deepen their understanding of ADHD-related barriers and support students in overcoming these. Participants described personal connections to diagnoses, such as through personal, familial, or professional relationships, which appeared to be a motivational factor for teachers to deepen their understanding. This theme also highlights participants' descriptions of how experiences over time have shaped their confidence in understanding students' needs and in implementing strategies to help students overcome barriers. The consistent application of strategies and relational approaches was described as important for supportive systems to be considered effective. Participants perceived their personal understanding to develop through these interactions, with experiences in their earlier careers described as more challenging and their confidence growing as they developed an understanding of students' needs through their teaching practice. This suggests that teachers may become more confident in understanding and identifying students' needs and behavioural responses through continued experience working with students and developing positive connections over time. This theme also suggests that negative interactions and strained relationships with individuals with diagnoses potentially contribute to contextualised experiences in which teachers shape their interpretations of future behaviours. Applying an attributional approach, these experiences may shape teachers' interpretations of these behaviours and, if they are attributed to deliberate behaviour, may be associated with attempts to reduce them through behaviour management approaches.

Interpretation of findings

The findings from this research construct a web of interacting complexities that may contribute to teachers' interpretations of their personal experiences working with students with ADHD. Teachers' interpretations of ADHD-related behaviours may shape their relationships with students and interactions with students in the classroom. These

relationships may develop over time through repeated interactions, suggesting a bidirectional influence of interactions and relationships.

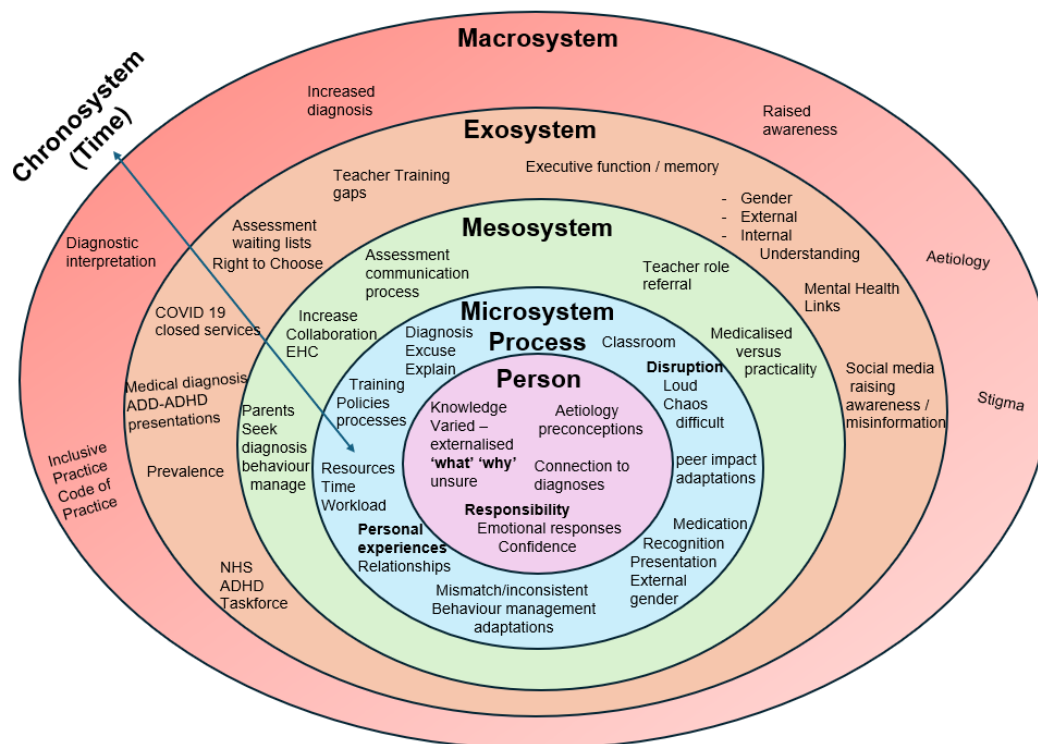
The Bioecological Systems Model and the associated Process Person Context Time (PPCT) framework (Bronfenbrenner & Morris, 2006) are used to explore participants' accounts. This framework provided a useful tool to explore the potential underlying mechanisms that may influence teachers' interpretations of their experiences. Within this model, individual perceptions may develop through participants' interactions, known as proximal processes, within contextual systems (Microsystem, Mesosystem, Exosystem, and Macrosystem). These experiences also interact with participants' personal characteristics and change over time. In this case, the microsystem considers teachers' direct interactions with students, colleagues, and families in their immediate environments, such as schools and homes. The exosystem includes wider structures that influence teachers indirectly, such as the NHS, policy expectations and social media. The mesosystem element explores the relationships between the microsystem and exosystem settings. This includes the effectiveness of communication and collaboration between these systems. The macrosystem explores broader socio-cultural, political, and economic understandings, such as public views.

It is important to note that these systems do not operate independently from one another. They interact simultaneously and create a broader view of factors that may shape teachers' understandings of ADHD. There are also constant crossovers between elements of the framework; for example, contextual factors shape the environments in which proximal processes occur, and these processes change over time and across settings, influencing participants' interpretations and responses.

Exploring participants' interpretations and seeking to understand them provides insight into how these factors may influence their actions in the classroom. Exploring participants' perceptions of their interactions and those of their colleagues adds an additional layer of complexity within interpretations of these findings. Participants often shared narratives based on indirect experiences, such as their interpretations of interactions between their colleagues and students. Participants' accounts provide insight into how they understand and interpret the actions and experiences of others, rather than the beliefs and practices of the colleagues themselves. These perceptions are contextual experiences which may shape the participants' own constructions and understanding of ADHD.

Figure 6 maps the key research findings alongside those from previous literature across the PPCT Framework (Bronfenbrenner & Morris, 2006). This provides an overview of interacting contextual elements shared by participants and past researchers, which this research suggests, may contribute to teachers' views and experiences and consequently their practice working with students with ADHD.

Figure 6: Findings PPCT Framework



Interpreting Disruption:

The overarching theme, 'Knowing what and not why', captures the predominant narrative that emerged across the research findings. Participants generally described their awareness and recognition of ADHD-related behaviours, which were particularly in relation to externalised and 'Disruptive' presentations. However, they had varying levels of understanding of the underlying factors associated with these behaviours. Applying the Bioecological Model (Bronfenbrenner & Morris, 2006) alongside Attribution Theory (Weiner, 1985) highlights how participants' interpretations of ADHD-related behaviours may be shaped through interacting personal, relational, systemic and societal influences over time.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participants' accounts acknowledged broader developments in medical and educational understandings of ADHD over time. The diagnostic criteria have developed from the initial ADD diagnosis (APA, 1990) to recognise inattentive, hyperactive-impulsive and combined presentations (APA, 2022). Increased research has deepened understanding, acknowledging internalised and externalised presentations, executive functioning difficulties (Diamond, 2013) and links with mental health difficulties (Wehmeier et al., 2008; French et al., 2020; Clancy et al., 2023). This occurred alongside increasing societal awareness of ADHD. The findings suggest that participants acknowledged students' ADHD-related difficulties, including some recognition of alternative presentations beyond hyperactivity. This included inattentive presentations, emotional regulation difficulties and the lifelong impact (APA, 1990; 2022; Agnew-Blais et al., 2016). This aligns with exosystemic priorities to increase public awareness (Climie & Mastoras, 2015; NHS, 2025).

Disruptive behaviours that were linked to hyperactive and impulsive presentations were described by participants as frequently recognised presentations in classroom settings by themselves and their colleagues. This appeared to be especially when they disrupted learning environments or challenged behavioural expectations. Previous research also highlighted that externalised presentations are more visible within educational settings (Russell et al., 2026; Ward et al., 2021) and, therefore, may be more likely to trigger recognition and referral processes with teachers who understand needs (Martin et al., 2018; Mowlem et al., 2019; NHS, 2024).

Participants described how their awareness of ADHD-related presentations developed in line with evolving research and guidance, but these findings suggest that awareness may not necessarily consistently translate into a contextualised understanding or the application of support within teachers' classroom practice.

Participants described experiences suggesting awareness of the role of gender differences in presentations. Participants described externalised hyperactive-impulsive presentations as mainly associated with males and internalised presentations with females in their experience. This aligns with previous research (Mowlem et al., 2019). Although there is wider recognition and diagnostic guidance that highlight potential differences in presentation rates, these are not separate diagnoses (APA, 2022; ADHD UK, 2024). Participants described expectations of female presentations as internalised and highlighted a lack of recognition of externalised hyperactive and impulsive responses, with some behaviours described as being attributed to behavioural difficulties (Quinn & Madhoo, 2015). This suggests a potential increase in awareness but a lack of nuanced application in classrooms.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

The participants recognised that they encountered significantly more males with diagnoses in their classrooms than females, which aligns with current medical findings (NHS, 2025). Awareness of alternative presentations may be increasing in wider society and among some staff in educational settings, but the findings suggest this may not be affecting overall recognition in classroom environments.

Participants described externalised disruption as chaotic and frustrating for themselves and their colleagues, suggesting that externalised presentations may be more frequently recognised because of their impact on classroom order, learning, and teacher stress levels (Greene et al., 2002). Participants frequently described strict behaviour management systems within their schools that prioritise compliance and reduce disruption. Some participants reflected on their perceptions of their colleagues' approaches to students' behaviours, which were sometimes framed as behavioural approaches rather than relational approaches that seek to understand individual needs. Previous research findings also acknowledge the prevalence of reactive behaviour management strategies in schools, even when teachers recognised the need for flexible or student-centred approaches (Moore et al., 2017; Ward et al., 2021). Some school systems may encourage teachers to respond to classroom disruption at a behavioural level, rather than being supported to explore contributing factors and potential underlying mechanisms.

Drawing on Weiner's (1985) AT, teachers may seek to understand students' behaviours by interpreting them across three levels: locus of causality, stability, and controllability. Some participants described themselves and their colleagues' viewing externalised presentations as deliberate, controlled behaviours, and as internally driven, in line with previous research findings (Gwernan-Jones et al., 2015; Russell et al., 2016; Codling, 2022). These experiences suggest potential ongoing tensions between recognising and diagnosing needs. These tensions appeared to depend on teachers' attributions of presenting needs. Some participants described their perceptions of some colleagues viewing diagnosis as justification for disruptive behaviours, which were associated with negative or confrontational interactions with students, resulting in sanctions in line with schools' behaviour policies. This may suggest an awareness of presenting needs but a lack of understanding and application to classroom practice.

However, many participants described attributing disruptive behaviours to uncontrollable responses, recognising that ADHD-related needs may be impacted by interacting environmental factors. This builds on previous research (Gwernan-Jones, 2015; Russell et al., 2016) where teachers recognised home life influences but not school-based influences.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

These findings suggest differences in teachers' awareness, in line with research on aetiological understanding and biopsychosocial perspectives (Cao et al., 2025), acknowledging the biological, psychological, and social factors that may impact how students' needs are understood and support is planned. These findings reinforce the importance of going beyond within-child explanations towards an understanding of how multiple interacting factors shape teachers' attributions of ADHD in the school environment. Interacting factors included social motivation and emotional regulation, which appeared to influence participants' perceptions of understanding and empathetic responses. These participants frequently described diagnoses as supportive, promoting teacher understanding and helping students access lessons through consistent adaptations.

Although Miller (2003) did not explore ADHD specifically, he explored, from a psychosocial perspective, how teachers', parents' and professionals' attributions of students' challenging behaviours may shape their interpretations and responses to students. Miller suggested that where behaviours were attributed to deliberate and within students' control, explanations may be more within-child focused with responses being potentially more behaviour management focused. However, where behaviours are understood to be attributed to factors outside of students' control, they may explore the potential environmental considerations and supportive adaptations. Applying Miller's psychosocial perspective does not mean that teachers' interpretations should be interpreted as a linear process with two potentially distinct responses of manage or support. It provides a useful lens to consider how understanding may develop through ongoing processes of interaction and relationships between students and teachers within their educational context. This is useful when explore the current findings, where participants described similar observable behaviours but differences in their understanding of attribution and factors contributing to them.

Differences in attribution among colleagues in the current research findings were described as impacting participants' emotional responses, such as 'frustration', with participants describing tension when disagreeing with colleagues' behaviour management strategies. Instead, several participants proposed that relational approaches and environmental adaptations were more appropriate, aligning with Ward et al.'s (2021) findings across primary school settings. This suggests that inconsistencies in interpretations and responses may go beyond the primary school settings and remain a challenge throughout secondary education.

The findings explore how differing attributions may create inconsistencies in teacher responses, potentially further impacting students' support and classroom disruption. This

aligns with previous research exploring continuing stigma surrounding ADHD (Moore et al., 2017; Codling, 2022). This suggests that awareness campaigns and increased public awareness surrounding ADHD may be associated with increased recognition of ADHD-related behaviours (Climie & Mastoras, 2015; Kazda et al., 2024). However, findings suggest that this awareness may not be enough to challenge the underlying behavioural attributions and increase understanding of the biological, psychological, social, and environmental influences that contribute to classroom disruption.

Hyperactive-impulsive presentations are among the lowest rates of diagnoses in England (NICE, 2025). This may reflect the varied understanding surrounding these presentations, with some teachers acknowledging the presenting needs and others attributing them to behaviour problems. Considered alongside high rates of permanent exclusion for disruptive behaviours (DfE, 2018), those with ADHD-related needs may be involved in behaviour management cycles, which may focus on reducing the associated disruptive behaviours rather than exploring needs related to hyperactive-impulsive or emotional regulatory difficulties. This aligns with previous research findings (Timpson, 2019; Lawson et al., 2022), further emphasising the need to develop teachers' understanding of needs.

Participants also described perceiving students as being more compliant through the use of ADHD-specific medication. In the context of strict behaviour policies and limited guidance to support adapting their practice, participants may perceive associations with medication and reducing disruption.

The participants reported that they had limited opportunities for ADHD-specific training, even though wider educational policy increasingly recognises the importance of supporting needs rather than diagnosis alone (DfE, 2014; NHS, 2025), and previous research has also highlighted this training gap (Greenway & Edwards, 2020; Ward et al., 2021). Many of the participants described little or no ADHD-focused training, with CPD experiences predominantly described as being focused on behaviour management or generic SEND support rather than understanding ADHD-related needs. Only one participant stated that she had received formal training with an ADHD focus within her teacher training between 7-10 years ago. Another participant who trained at a similar time had not received this training. This suggests that there may be continued inconsistencies in teacher training programmes (NHS, 2024). This also highlights potential gaps between evolving research, increasing understanding, and the dissemination of information to teachers. Many participants were interested in further training and motivation to understand students' needs, rather than just recognise behaviours. Participants perceived limited training and systems prioritising ADHD through CPD practices, which may be associated with participants views of their colleagues

and their own recognition of observable behaviours, which were shaped by the extent of disruption to classroom order, compliance, and academic engagement, rather than promoting a deeper contextualised understanding of factors that may be contributing to the disruption.

There is an evolving understanding of the early identification of needs (French et al., 2020; Block et al., 2024) and of teachers' active roles in identifying them (Phillips, 2006). Especially as waiting lists for diagnoses remain long (NHS, 2024; 2025; Smith et al., 2025), education systems are expected to recognise and support needs rather than diagnoses (DfE, 2014; NHS, 2025) and recognise students' strengths to engage in learning and promote inclusive education services (Ofsted, 2022). This suggests the importance of prioritising teachers' understanding, which could increase their ability to identify needs, understand environmental influences, and make adaptations to support their access to classroom learning.

Findings described participants' experiences with some parents who lacked understanding of their children's needs. When students' needs were identified following behaviour management processes, participants described perceptions of justifying children's behavioural difficulties, rather than expressing their needs. This was described as reinforce behavioural interpretations rather than understanding underlying needs and increased parental feelings of blame rather than support. This aligns with Codling (2022), who also highlighted parental confusion and unclear support systems to guide them. There appear to be limited opportunities for parents to communicate with professionals within the education and medical systems to gain a deeper understanding of their children's needs. This could be due to services being overstretched with lengthy waiting lists (NHS, 2024) and the nature of increasing student independence in secondary school settings, which reduces parental involvement with teachers. Participants perceived that parents' understanding of their children's difficulties is very important, as it enables parents to advocate for support across settings. Participants described advocacy as challenging for parents who may have a limited understanding of their children's needs or the practicalities of support in secondary schools, which may be associated with the level of coordination of support. A lack of collaboration between parents and teachers may influence the application of behavioural responses in schools.

Participants highlighted that parents are often involved with teachers and SEND teams when there are behavioural difficulties, which participants perceived as contributing to some teachers viewing diagnosis-seeking behaviour as a way to explain or excuse behaviours. However, previous research suggests that parents feel responsible for seeking diagnoses to

access medicalised interventions requested by teachers (Codling, 2022). This suggests that communication between parents and school staff may become strained, which may influence miscommunication rather than a shared understanding of students' needs. This may influence parents seeking alternative support from medical professionals to better understand their children's needs, where they feel unsupported. This highlights the challenges but importance of collaborative practice across health, education and home settings to create a shared understanding of students' needs (DfE, 2014; NHS, 2024). Secondary schools' increased demands for students also include multiple class teachers. This may increase reliance on SENCOs or senior leadership teams as the direct point of contact for parents, rather than on teachers. This was described as creating challenges and strengths in teachers' understanding, depending on the quality of communication between themselves and their SEND teams. If communication was considered effective, participants described increased information sharing, including multi-agency reports, which was described as supporting a broader understanding of students' needs and factors contributing to disruption. If communication was perceived as limited or specialist knowledge was considered insufficient, this was described as reducing shared understanding of students' needs. Instead, this appeared to reinforce teachers' interpretations of disruption as behaviours to be managed, rather than seeking to understand ADHD-related needs in the classroom context.

Participants also described the impact of large class sizes and high levels of SEND needs, which were perceived to contribute to challenging classroom environments. Participants perceived that increased diagnostic prevalence and access to pathways such as the 'Right to Choose' (NHS Digital, 2024) which were perceived to contribute to a greater number of students with identified needs in classrooms, alongside the complexity of comorbid diagnoses. This increased workload appeared to contribute towards high levels of stress for teachers. Participants described limited time to go beyond presenting behaviours at times to maintain effective classroom environments. This suggests that classroom demands may at times restrict teachers' ability to engage with students, potentially associated with greater application of behavioural responses rather than fostering understanding of the potential underlying mechanisms. Edin (2022) highlighted that teaching assistants often focus on student wellbeing, whereas teachers tend to focus more on academics. This potentially highlights macrosystemic challenges within microsystems where high schools have one teacher supporting a high number of students in the classroom, often without teaching assistant support, which potentially limits their time to focus on students' emotional wellbeing.

These findings suggest that specialist exosystemic understanding of ADHD has developed over time, alongside increased awareness within schools, the wider community, and on a personal level among teachers. However, awareness is potentially inconsistently transferred into classroom practice. Increased awareness may support recognition of behaviours, but this does not necessarily increase understanding of how environmental factors interact with ADHD-related needs to explore why these behaviours occur. Although some teachers may have a more contextualised understanding, other teachers appear focused on behaviour recognition. Limited understanding may be associated with reduced support for students and reinforce stigmatisation. Stigmatisation may impact students' wellbeing which potentially has lifelong consequences (Anderson et al., 2017; Mind, 2024).

Interacting Responsibilities:

The participants described experiencing tensions between their perceptions of interacting high expectations for academic performance and behavioural compliance, as well as their requirements for adapting to increase inclusive practice in their schools. Perceptions of systemic expectations appeared to influence whether responsibility was experienced as shared across systems or located individually, influencing participants' autonomy to respond to students' needs.

The term shared responsibility refers to the responsibility for identifying, understanding and responding to students' needs as being shared across the wider school team, rather than solely the responsibility of individual teachers. This includes participants' descriptions of support from SEND teams, SENCOs and senior leadership teams through clear policies and procedures. Individual responsibility, in contrast, refers to experiences where participants described the responsibility to identify, understand and respond to students' needs as being primarily their own individual responsibility. This includes experiences where systemic processes may be less defined and communication across the wider school systems may be limited, leaving understanding and responses open to individual teacher interpretation. However individual responsibility was sometimes described as being positive where participants felt autonomy to adapt their practice in line with their own understanding.

Drawing on Bronfenbrenner & Morris' (2006) PPCT framework, as in Figure 6, these findings highlight how participants' experiences of responsibility may develop through interacting systemic, relational, and personal influences over time and how this may relate to their responses to students in the classroom. The overarching theme, Knowing what and not why, remained prevalent throughout this theme, where responsibility, accountability and levels of

support shaped whether ADHD-related presentations were interpreted as surface-level behaviours or understood more deeply in relation to underlying need.

Participants referenced broader educational expectations which increasingly emphasise standardised attainment, behaviour regulation and reinforce teachers' accountability (Education Reform Act, 1988; Education and Skills Act, 2008; DfE, 2014b). The National Curriculum (Education Reform Act, 1988) shifted educational expectations towards more formalised academic attainment through measurable assessment outcomes, particularly in core subjects. These expectations continue throughout secondary education and become increasingly formalised through GCSE assessment outcomes in Year 11. Ofsted inspections monitor school standards and may contribute to teachers feeling accountable to meet academic expectations (Ofsted, 2022). Schools are also legally required to make reasonable adjustments in line with the SEND Code of Practice (DfE, 2014). Collectively, these academic, behavioural and inclusive expectations may place significant responsibility on school systems and staff to provide consistent learning experiences for all students. Participants' accounts suggest that secondary school systems may prioritise academic attainment, compliance, and behavioural regulation over inclusive adaptations. This may reinforce their perceived responsibility to maintain highly structured classroom environments to maintain compliance and increase academic engagement. When considered through Bronfenbrenner & Morris' (2006) PPCT framework, these government expectations of accountability and attainment outcomes appear to shape school policies, which may be reflected in school policies and classroom practices. These interacting pressures may influence participants' interpretations of ADHD-related behaviours and their perceptions of some colleagues prioritising productive learning environments. This appeared to reinforce behaviour-focused responses, particularly where participants described lacking opportunities, guidance or support to move beyond recognising behaviours towards understanding their needs.

Participants also described how high expectations were particularly challenging across secondary school settings. Students are expected to navigate multiple teachers and classrooms, have greater independence, and sustain attention across lessons amid increasing academic demands, which they perceived to provide significant challenges for those with ADHD-related needs (Kendall, 2016; Carr-Fanning, 2024). The participants described empathetic understanding towards students they perceived as struggling to meet high expectations.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participants recognised their responsibility to make reasonable adjustments to meet students' needs, but they consistently reported a lack of guidance in their settings to effectively implement them. SEND systems and diagnoses may be supportive to a point as they acknowledge needs, but these needs may not always be fully understood in relation to the systemic adaptations required to help them overcome barriers within classroom environments. This aligns with Bolte et al. (2021), who highlighted inconsistencies between inclusive policy expectations and classroom practice across international contexts. This suggests that, rather than embedding inclusive practice across school systems, sharing responsibility and creating consistent approaches, participants appear to perceive themselves as individually responsible for inclusive practice in their own classrooms. Participants appeared to interpret this as reinforcing the priority of academic progress and behavioural compliance over adaptive classroom practices.

The difficulties in balancing systemic expectations in large classes with high levels of SEND were shared. Participants reported feeling significant pressure from leadership teams to demonstrate student progress through assessment outcomes. This was described as increasingly pressurised for teachers who taught core subjects, who described feeling particularly accountable (Edin, 2022). The accountability pressures may be associated with teachers' individual responsibility to meet academic expectations and attainment levels. This may shift teachers' focus to observable behaviours to increase compliance and engagement in learning tasks and meet attainment goals. Participants described perceptions of colleagues' responses to increase compliance and reduce disruption by increasing behaviour regulation approaches, rather than creating space to understand the underlying factors that may be influencing behaviours or making adaptations to support students' needs. This aligns with previous research suggesting externalised behaviours impacting classrooms and increasing teachers' stress levels were more likely to be recognised and responded to within classroom settings (Gwernan-Jones et al., 2015; Russell et al., 2016).

Applying Attribution Theory (Weiner, 1985), participants' accounts suggest that behaviours that challenged engagement with learning tasks and disrupted learning environments may be more likely to be interpreted as deliberate behavioural difficulties requiring behavioural management rather than ADHD-related needs.

The participants' accounts suggested that teachers may respond differently to systemic pressures. Some participants described some colleagues who they perceived to accept high systemic expectations and appeared to share responsibility to uphold firm behavioural boundaries and academic standards. At times, this was perceived as increasing colleagues'

frustration towards students whose behaviours disrupted learning environments or impacted classroom progress. This aligns with previous research suggesting that teachers are more likely to respond reactively to behaviours that they perceive to be disrupting classroom dynamics and impacting students' learning (Codling, 2022; Gwernan-Jones et al., 2015). Some participants described a mismatch between the interacting systemic expectations and their personal values. This appeared to be prevalent where participants sought to promote inclusion and prioritise students' emotional wellbeing over academic outcomes. These participants described attempts to adapt their practice in response to their understanding of students' underlying needs. These participants appeared to aim to move beyond surface-level behaviours to understand why students were struggling within classrooms. This was described as increasing empathetic responses towards students and provoke a stronger sense of individual responsibility to support their needs, aligning with previous research findings highlighting the supportive impact of flexible and relational approaches, despite their perceived inconsistent implementation (Moore et al., 2017; Ward et al., 2021). Participants' personal experiences and values may interact with the systemic expectations to shape their different interpretations of responsibility and ADHD-related needs, even within shared school contexts.

Adaptations were described as inconsistent and rarely formalised across settings. This was perceived to contribute to reduced shared responsibility and increased individual responsibility for classroom teachers. Participant accounts suggested that this often resulted in their experience of some colleagues relying on behaviour-focused strategies learnt through generic training, particularly where understanding of ADHD-related needs was limited. When systemic processes did not have inclusive adaptations embedded within them, participants were more likely to follow strict school procedures and behaviour policies to maintain classroom order and meet academic expectations. This suggests that some teachers' confidence in understanding ADHD-related needs may be limited and they may be unsure about appropriate adaptations without clear guidance. Whereas other accounts suggested that some teachers may have greater understanding and attempt to adapt their classrooms to students' individual needs themselves. The difficulties students experienced when support remained inconsistent across classrooms and teachers were also described by participants as through previous research (Ward et al., 2021; Lynch & Davison, 2024). This suggests that teachers' individual levels of understanding, confidence to implement strategies, and personal motivation may be associated with the varied level of support students receive, where it is considered individual teachers' responsibility rather than it being shared through systemic approaches.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participants also described curriculum expectations and GCSE subject pathways as restrictive, with some viewing them as “dulling students’ creativity” and failing to meet students’ individual interests and future aspirations. Participants perceived that students struggled particularly in subjects outside their areas of interest. This was recognised as a factor that reduced student engagement and potentially increased teachers’ behavioural responses.

Inflexible school systems that are based on attainment measures rather than on motivating students according to their aspirations and strengths may be perceived as contributing to students’ reduced engagement in learning. These perceptions appeared to increase several participants’ sense of individual responsibility to support students in achieving their goals within limiting school systems. This suggests that some teachers may attempt to understand students’ broader emotional, motivational and relational needs, taking on individual responsibility to implement strategies to support them. At times, participants shared experiences of attempting to adapt systems through advocating for students’ needs, and many described their own limited influence among broader systems. This appeared to increase participants’ frustration with systems and their perceived individual responsibility to use relational approaches when the opportunity arises to account for this and engage students. This suggests that some teachers have a sense of professional autonomy and responsibility to adapt their practice.

Teachers also identified low SEND budgets and limited resources as restricting schools’ ability to develop effective support systems. This appeared to contribute towards teachers’ individual responsibility to adapt practice within their own classrooms. Participants consistently described their roles of managing interacting responsibilities to supporting students’ needs and helping them engage with learning while simultaneously meeting academic and behavioural expectations. However, some participants perceived their colleagues as having a limited understanding of ADHD-related needs, which they perceived to act as a barrier to implementing effective support.

Several participants described making adaptations that they felt extended beyond schools’ recognition or expectations because they felt individually responsible for supporting students’ access to learning. Participants repeatedly described large class sizes, high levels of SEND, limited SENCO communication and classroom support as creating challenging environments in which participants felt responsible for meeting the needs of all students simultaneously. This appeared to create tensions between participants’ values and inclusive understanding, and the capacity within school systems, where they described time constraints, resource

limitations, and mismatched understandings, which participants described as contributing to inconsistent applications.

Some participants identified supportive systems within their schools, despite these broader systemic challenges. These supportive systems included collaborative CPD sessions, support plans, and proactive SENCO involvement, which participants described contributed to developing teachers' understanding of students' needs more holistically and to encouraging more inclusive adaptations (Moore et al., 2017; Ward et al., 2021). These practices appeared to support participants in sharing responsibility and maintaining consistent practice across settings. Miller (2003) provides a psychosocial perspective on shared responsibility, suggesting that understanding students' needs and implementing support should be considered within the context of relationships among parents, teachers and professionals rather than placed solely on individual teachers. This suggests that collaborative approaches involving parents, teachers and external professionals may be a supportive factor for teachers. This perspective also suggests that contextual factors could shape teachers' experiences of responsibility across settings. This provides a useful lens for exploring the current findings and participants' perceptions of their responsibility for understanding and responding to students in their classrooms, where contextual factors may impact participants' perceptions of and responses to this responsibility.

Participants' accounts suggested that teachers have varied levels of autonomy and agency to adapt their classroom environments. Some teachers were described as following school rules and policies firmly, while they perceived others sought to adapt them due to a mismatch between policies and their own values and understanding of students' needs. Teachers' interpretations of these responsibilities may be associated with differing levels of support for students across classrooms, which also increases inconsistent support. Inconsistent and unpredictable practices were also noted within previous research (Ward et al., 2021; Codling, 2022). Inclusive adaptations appear to depend on individual teachers' interpretations of responsibility and their understanding of ADHD-related needs. Participants who described a greater understanding of needs expressed frustration with busy systems and leadership teams that struggled to find time for collaborative practice and a shared understanding of students' needs. Others described frustration towards students who struggled to meet expectations.

Across the findings, participants mainly interpreted students' actions as attempts to cope within systems that were not designed for them. Students were described as struggling, becoming emotionally overwhelmed and experiencing impacts on their wellbeing and sense

of self. This appeared to increase teachers' sense of individual responsibility to respond empathetically and provide additional support, prioritising wellbeing rather than academic outcomes. Some participants described relational approaches, spending time talking to students individually or implementing support for themselves when they perceived that other teachers did not understand students' needs. Students described as challenging were often perceived by some participants as trying hard but struggling to meet expectations, and enthusiastic about their interests. Other teachers were perceived as frustrated and misinterpreting students' effort and ability, which may be perceived as limiting teachers' empathetic understanding.

These findings suggest how school systems may support or restrict inclusive practice within interacting societal and systemic expectations for compliance, structured learning and teachers' motivation to understand ADHD-related needs. Where participants' understanding of needs was limited, responsibility may become individualised and behaviour-focused, reinforcing behavioural responses rather than inclusive adaptive practice to support underlying needs. In schools with collaborative and supportive systems, teachers may experience greater shared responsibility and increased motivation to adapt practice.

Contextual factors over time appear to shape teachers' interpretations of students' ADHD-related needs. However, within shared school contexts, participants reported differing views, attributions and levels of understanding. The application of the PPCT framework (Bronfenbrenner & Morris, 2006) and Attribution Theory (Weiner, 1985) suggests how systemic expectations, teachers' experiences, and personal understandings over time may impact their sense of responsibility for understanding ADHD-related needs and creating adaptations in classrooms. This may limit the consistency of classroom support for students and could potentially increase difficulties with engagement or emotional dysregulation for some students.

These findings suggest that sharing responsibility and clarifying interacting responsibilities through supportive and collaborative approaches may aid greater professional understanding of students' needs and promote more consistent, inclusive practice. Collaborative understanding through specialist information sharing within settings may improve the quality and consistency of support for students.

Influential Experiences:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

So far, participants have been described holding differing levels of knowledge and understanding of ADHD-related needs and how environmental influences can affect students in classrooms. Participants predominantly described behavioural presentations as disruptive and identified specific diagnostic criteria rather than fully understanding the complexities across presentations and genders. Participants described wanting to support all students in achieving and often reported feeling personally responsible for upholding high expectations for behavioural and academic standards, despite a perceived mismatch between these expectations, inclusive practice and their values. Contextual challenges appeared to impact their interacting responsibilities. However, despite contextual challenges, not all participants appeared to focus on surface-level behavioural recognition when they experienced individual responsibility and lacked support in their settings. Some participants expressed frustration towards systemic pressures and acknowledged the limitations to understanding and consistency across their school setting when supporting students' needs.

The third theme explores the potential underlying factors that may bridge this gap and motivate teachers to go beyond recognising behaviours, to increase their understanding and develop positive relationships with students, even when they held individual responsibility. Several participants described empathetic responses, held positive relationships with students and sought opportunities to develop their understanding through independent research.

When analysing participants' experiences, their accounts suggested that some teachers levels of understanding of ADHD varied. By sharing descriptions of their experiences, personal experiences were interpreted as an underlying factor that may influence teachers' levels of knowledge and understanding. Their experiences appeared to provide opportunities for participants to reframe their understanding of ADHD, where participants more frequently described empathetic responses rather than recognition of behaviours. These participants described frequently responding to students through relational rather than behavioural approaches. This aligns with AT, in which teachers may explore the interacting factors that contribute to uncontrollable needs-based behaviours and respond to them based on these factors (Weiner, 1985).

Participants' experiences appeared to influence their motivation to understand students holistically. This was explored through the PPCT framework (Bronfenbrenner & Morris, 2006), focusing on how teachers' development is shaped by interactions with their personal characteristics, proximal processes, and contexts over time. Participants' understanding of ADHD may be shaped by their interactions with others within their school settings and their

homelives. These findings build on previous research that explored teachers' interpretations of students' home lives (Russell et al., 2016, 2019).

One participant described receiving a recent ADHD diagnosis herself, which she acknowledged had motivated her to conduct independent research to gain a deeper level of understanding of ADHD. This was described as helping her to understand herself and her students. This personal connection was described as increasing her empathetic understanding towards her students. She shared that experiencing her own challenges helped to deepen her understanding of female presentations, which suggests that understanding can be developed over time through influential experiences. As awareness of female ADHD presentations has increased through research developments, this may increase awareness and understanding of differing presentations, increasing teachers' ability to relate to students' needs (Mowlem et al., 2019; NICE, 2025). Several participants also described how their personal experiences of challenges linked to ADHD-related needs deepened their understanding of the impact of emotional regulation and reframed challenges to acknowledge strengths, in line with strengths-based approaches rather than deficit-based ones. This suggests that participants' personal experiences may be influential in helping them relate to students, shaping their understanding of needs and increasing their motivation to support students in overcoming barriers. These findings suggest that teachers who relate to students' challenges may seek a deeper understanding of their needs. When those teachers have autonomy to do so, they may be more likely to go beyond behaviour recognition to understand students' needs holistically and make adaptations to support them. This aligns with self-determination theory (Deci & Ryan, 2000).

Similarly, other participants described their experiences of supporting family members with ADHD or other SEND needs as supporting their understanding of interacting factors impacting their emotional regulation, academic attainment and social experiences. Participants described these experiences as motivating them to acknowledge these factors within classroom settings potentially, increasing their empathetic understanding and likelihood of looking beyond surface-level behaviours to support their engagement and wellbeing. Relating to students' nuanced challenges may act as an underlying mechanism for promoting inclusive practice and reducing behavioural responses among teachers, demonstrating how proximal processes within microsystems may motivate contextualised understanding.

These findings build on previous research, proposing that teachers' personal connections beyond the classroom setting may influence their interpretations of students' needs and

potentially increase positive student-teacher relationships (Climie & Mastoras, 2015; Ewe, 2019).

The overarching theme in the findings, 'Knowing what and not why', suggests how the varied levels of knowledge and understanding among teachers, depending on their personal experiences with ADHD, may shape their interactions with students. Participants described how their understanding was perceived to increase their positive approaches in student-teacher interactions, which, in turn, was perceived as reducing students' behavioural responses. These accounts suggest that participants perceive limited understanding among colleagues as stigmatising preconceptions and as reinforcing cycles of disruption and negative student-teacher relationships, this aligns with PPCT model, and how proximal processes may shape personal development (Bronfenbrenner & Morris, 2006) and attribution theory (Weiner, 1985) where teachers who may base their responses on observed behaviours rather than understanding of needs, potentially attribute behaviours as deliberate rather than interpreting needs based understanding.

However, not all participants who described a deeper empathetic understanding of students' needs had personal experience with diagnoses in their own lives or those of their family members. Some participants described their classroom experiences over time as increasing their confidence in adapting practice through trial and error of strategies. Where training was limited, some participants described trying different strategies to support students' needs and adapting these regularly. Participants described repeated experiences over time in the classroom that supported their understanding and increased their confidence in interpreting needs and adapting in the classroom. These experiences suggest that relational interactions in the classroom may bridge gaps in understanding when training and systemic support are limited, which aligns with Bronfenbrenner and Morris (2006).

Several participants highlighted specific strategies which they experienced as supportive, such as subtle in-class movement breaks, ensuring resources were accessible and reducing demands for sustained attention based on individual needs. Participants' adaptations appeared to reflect their understanding of the environmental barriers and their attempts to reduce them to support underlying needs.

Several teachers described personal experiences of working with students who they perceived some colleagues constructed as challenging in classrooms. Although participants recognised the challenges that behavioural presentations could pose to their classrooms, several participants described positive events which appeared to create a sense of pride and

achievement for supporting students to overcome barriers and access learning or develop emotional regulation strategies. These positive experiences of supporting students to overcome barriers and access learning appeared influential in increasing their intrinsic motivation to continue adapting and supporting needs rather than managing behaviours (Deci & Ryan, 2000). These participants also described their views of a cycle of positive interactions within their own experiences, as well as cycles of negativity arising from behaviour-focused interactions. These experiences suggest that positive student-teacher interactions over time may shape teachers' confidence in implementing adaptations and increase their persistence in applying and adapting strategies.

Some participants explicitly described supporting students' wellbeing as a motivational factor. They shared experiences of students' social relationships impacting their attention and behaviour regulation, and of students' lack of agency in settings, which contributed to students' heightened emotional responses. These participants appeared to go beyond recognising the challenging behaviours, the impact on classroom dynamics and learning expectations to interpret how students feel. Some directly referenced this, suggesting a desire to understand how students feel in these situations. Others expressed frustration on behalf of students who were being punished for being themselves, which they perceived students had no control over. This links with AT, where these behavioural responses were attributed to uncontrollable responses in challenging environments (Weiner, 1985). These reflect a more nuanced understanding of students' needs beyond disruption, as well as empathetic and relational approaches. They also reflect an understanding and application of Maslow's hierarchy of needs, recognising that students need support to overcome social and emotional barriers to feel safe to engage in learning successfully (Maslow, 1943).

Previous research highlighted the importance of inclusive practice, student-centred adaptations, student-teacher relationships and supportive strategies to increase student engagement and inclusive practice (Moore et al., 2017; Ward et al., 2021; Codling, 2022). Greenway & Edwards (2020) found that the length of teaching experience did not increase teachers' positive attitudes towards students with ADHD. However, Ward et al. (2021) found that positive experiences increased teacher confidence, whereas negative experiences decreased it. Participants' accounts in this research reflect similar findings and build on them to suggest that relationships developed over time through positive interactions may increase motivation, understanding of needs, and confidence to implement adaptations flexibly (Houghton et al., 2006; Lawson et al., 2022).

Structural constraints are suggested to impact participants' time with students, aligning with Greenway & Edwards (2020), who proposed that teaching assistants described more positive attitudes towards students' needs, and Ward et al. (2021) highlighted that teachers often rely on teaching assistants to support them in classrooms. Edin (2022) builds on this, suggesting that teachers were often more focused on students' academic learning, whereas teaching assistants were more focused on students' well-being. Participants described having the responsibility to support whole-class learning without the support of a teaching assistant in secondary school classrooms and acknowledged time limitations as hindering relationship development. Together, this research suggests that time and staffing restrictions may limit teachers' personal experiences of positive interactions with students. This may be associated with some teachers greater focus more on behavioural interpretations rather than on developing positive relationships, where they do not have personal connections through positive experiences outside the classroom to bridge this gap.

These findings highlight how experiences and relationships with people with ADHD-related needs may influence teachers' empathetic understanding and, therefore, their relational responses to students. This highlights a potential gap in understanding for some teachers who lack these experiences and may need support to develop them and increase their motivation to go beyond observable behaviours and deepen their holistic understanding of students' needs (Moore et al., 2017; Ward et al., 2021; Codling, 2022).

Conclusion

Participants appeared to recognise ADHD as a legitimate neurodiverse condition, although they held different levels of understanding of presentations and factors that may contribute to barriers in classroom settings.

Behavioural presentations were predominantly described as disruptive in classrooms. Some participants appeared to attribute behaviours to biological ADHD-related needs. Others described their own interpretations and those of colleagues who were perceived to view disruptive behaviours as deliberate and potential reduce students' engagement with learning tasks. These distinctions were more frequently linked to describing externalised behaviours linked to hyperactivity and impulsivity. Internalised presentations were described as less demanding for teachers to support, and they presented fewer disruptive behaviours.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participants described tensions between interacting responsibilities to meet high academic and behavioural expectations within their classrooms, which appeared to reflect strong emotional and personal tensions. These tensions were particularly evident where teachers perceived misalignment between systemic demands and their own values or understandings of inclusion. This appeared to create perceptions of individual responsibility to manage these interacting roles and potentially influence different responses and levels of adaptation across classrooms.

Participants' interpretations of students' needs appeared to depend on interacting contextual, personal and relational factors. These were interpreted as potential underlying mechanisms that may impact teachers' views and experiences. With contextual constraints across cultural, social, and political systems, demonstrating high expectations, and media spreading awareness and potential misinformation. This increased stigma for some participants and preconceptions potentially reducing understanding of need and increased behaviour recognition. This was described as exacerbated by strict behaviour systems or inconsistent policies and practices, as well as inconsistent communication across systems. Negative personal experiences appeared to be influential in increasing the identification of behaviour problems. High expectations across all systems may increase shared responsibility to meet them, which, with reduced levels of understanding, may increase the recognition of behaviours as disruptive to their and their peers' learning and contributed to challenging classroom dynamics.

Contextual influences appeared to be dependent on the participant's own influential experiences. Those with personal or family connections to diagnoses of ADHD, or who had positive relationships with students in school settings, described increased empathy towards students, which may deepen teachers' holistic understanding of ADHD-related needs. The findings highlighted the potential significant importance of teachers' proximal processes, which were explored through Bronfenbrenner & Morris' (2006) PPCT framework.

Participants' positive experiences and interactions appeared to shape their interpretations of students' needs over time. Participants' attributions of behaviours also appeared to impact their interpretations of needs. Where behaviours were constructed as uncontrollable and needs related, they appeared to have an understanding of needs than those who focused on observable behaviours, attributing this to deliberate disruption (Weiner, 1985).

Teachers' interpretations of needs have the potential to impact their classroom practice. Participants and their perceptions of some colleagues who predominantly focused on

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

behaviour recognition were described as responding to students with more behaviour management approaches to promote compliance and reduce disruption. Those who constructed an understanding of ADHD-related needs and environmental factors appeared more likely to develop positive relationships through empathetic understanding and relational approaches. These participants were perceived to be more likely to consistently adapt their classroom practice. Although participants described inconsistent approaches across classrooms within their schools due to differences in understanding and the attributions teachers held.

Some teachers may have developed their own understanding through independent research when they deemed their systemic approaches to training and adaptation to be lacking, taking on individual responsibility to manage the interacting responsibilities within their classrooms.

Overall, there appears to be increased awareness around ADHD, which was interpreted as potentially developing increasingly positive attitudes towards supporting students. Participants described increased peer acceptance and the acceptance and support of some teachers.

However, awareness does not appear to necessarily increase inclusive practice. Teachers' levels of understanding appear to be shaped by systemic, personal and relational factors. Effective communication and collaboration increased shared responsibility among settings, although potential training gaps and more generic support strategies remained prevalent. In light of the recent white paper proposals (DfE, 2026) and potential changes to systemic expectations and support across education, health and care systems, several roles for EPs to support were highlighted. EPs are well placed to support teachers in developing a contextualised understanding, facilitating relationship building, reframing, and promoting consistent, inclusive practice.

Research Limitations

Several methodological limitations are acknowledged in relation to this research, which are important to consider when interpreting the findings.

Firstly, the small sample size. There were only five participants, which limits the generalisability of results across the population of secondary school teachers in the eastern region of England. However, this is consistent with the qualitative critical realist approach

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

adopted, which prioritised the depth rather than the breadth of data. The small sample enabled a deep and rigorous analysis of contextualised views and experiences, creating valuable starting points to explore underlying mechanisms impacting teachers' experiences. Through these detailed descriptions and exploration of contextual influences, this encourages exploration of the relevant influences within other settings, encouraging transferability across settings based on individual reader applicability (Braun & Clarke, 2023).

Secondly, this study used a purposive sampling method, which limited participation to those who saw the advertisement through social media or by email from the Principal Educational Psychologist gatekeeper. This may have increased levels of selection bias. However, it supported diversity in levels of teaching experience, across various subject areas, and differing levels of training relating to ADHD. Participants opted into participating in this research, so they may have held specific views and had a prior interest in the research topic, which prompted their interest and motivation to participate. This may have encouraged participants with prior empathetic and relational understanding to engage with the research. This research remained useful in gaining insight into those who held interest and desire for a deeper understanding, to explore supportive factors that are useful to explore further through future systemic EP work. If participation in the research had been compulsory, the sample may have provided broader insight into the views of teachers who hold more behaviourist interpretations.

This research relied on participants' self-reported data through semi-structured interviews, which increases the potential for social desirability bias. This was considered particularly relevant given the sensitive nature of the topic of ADHD, with participants sharing professional experiences which may have been influenced by their perceptions of expectations surrounding inclusion (Braun & Clarke, 2013). To mitigate this, participants' anonymity and confidentiality were highlighted through the participant information sheet and debriefing form. I adopted an empathetic and non-judgmental approach to encourage an open and trusting environment for participants (Robson, 2011). Interviews were conducted in school settings or online via Microsoft Teams, which were in safe and familiar environments for participants.

My own lived experience of ADHD offered valuable perceptions to the topic. However, this also provides an opportunity for potential bias within the interpretation of findings. I moderated this through initial reflexive practice, locating sociodemographic positionality, allowing the identification and exploration of independent values and then rigorous continued

reflexivity throughout the process. This included the use of a research journal and regular supervision to explore interpretations and potential positionality influences (Luttrell, 2019). My diagnosis was not shared with participants prior to conducting interviews to avoid influencing participant responses. To increase the reliability and accuracy of accounts, participants were offered opportunities to review their research transcripts following interviews, although participants did not engage with this. To mitigate any errors, transcripts were checked and edited by playing back recordings.

Despite these limitations, the findings of this research provide psychological, theoretically informed insights into underlying mechanisms that influence teachers' understandings of working with students with ADHD (Bhaskar, 2013; Archer et al., 2016). With participant and researcher subjectivity contributing to the depth and rigour of findings (Braun & Clarke, 2023), which provide useful recommendations supporting educational psychology practice working with teachers to support inclusive environments for students with ADHD.

Future areas of research

This research supported an up-to-date interpretation of secondary school teachers' views and experiences as well as the underlying mechanisms that may influence these views. This builds on previous research to explore how evolved understanding and expectations impact these views and experiences. Findings suggested that teachers may predominantly interpret students' behavioural responses as being disruptive, which appeared to be frequently attributed to deliberate behaviour problems and met with sanctions to rectify, or uncontrollable symptoms of ADHD-related needs, which were more likely supported through relational approaches. This suggested varied levels of understanding and factors contributing to challenges across health and education settings. School and government processes appeared to either support shared responsibility or increase individual responsibility of teachers. This suggested that high academic and behavioural expectations may challenge inclusive practices. Teachers' personal experiences appeared to act as motivators, shaping differing levels of empathy towards students. Some teachers were motivated to conduct independent research, seeking to understand how their students and family members and to understand their own diagnoses. This understanding in context helped teachers relate to students, which encouraged more empathetic relationships and approaches to support their needs.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

This research provided insight into social, structural and practical factors that influence these experiences, highlighting gaps in understanding and as such areas for future research.

One area for future research includes 'The Lived Experiences of Teachers with ADHD'. This was introduced by one of the participants with an ADHD diagnosis who highlighted the lack of research in this area. Although this study's researcher has not yet conducted a literature review, research on this topic may highlight benefits and challenges for teachers with ADHD, making the way for increased supportive environments that consider teachers' needs alongside students.

Similarly, conducting this research highlighted the importance of understanding the contextual factors that shape EPs practice, with a potential research focus of 'The Lived Experiences of EPs with ADHD Diagnosis to explore contextual influences supporting inclusive practice.

The debate of the relevance of diagnosis was apparent through the research findings. Participants perceived diagnoses as an excuse for behavioural difficulties, a supportive starting point for understanding students' needs, or as students' needs rather than diagnoses to put support in place. Further research exploring parents, students, and teachers' constructions of diagnosis, including the perceived benefits and reasons for seeking diagnoses, would build on this and potentially support teachers' understandings of parental interpretations, thereby increasing collaboration. A study comparing the expected and actual experiences, pre- and post-diagnoses, may provide understanding and support EP practice with deeper insight into the influence of diagnoses on practice.

Exploring the views and experiences of teachers within this research provided a useful and informative analysis. A case study exploring the experiences of staff, students and parents within one school setting may enable a deeper exploration and comparison across participants' views to increase collaboration and shared contextual understandings.

Implications for Educational Psychology Practice

This research highlights that teachers' levels of understanding and recognition of ADHD-related needs in school contexts may vary; it is important that students' needs are identified accurately and consistently and understood holistically (French et al., 2020).

EPs support teachers in recognising students' needs within their practice. This includes supporting students with diagnoses and with presentations that could potentially be related to ADHD but are undiagnosed. Teachers need support to recognise potential barriers and

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

environmental influences across presentations, including externalised and internalised responses. As findings were explored through Bronfenbrenner & Morris Bioecological model, potential EP implications will be recommended across all levels considering EP roles and responsibilities (BPS, 2021; 2023; HCPC, 2023).

National Level:

A key priority highlighted by this research was addressing misconceptions and misinformation shared on social media and in wider cultural domains, and their potential impact on teachers' levels of understanding. Many teachers primarily interpret students' observable behaviours rather than holding a contextualised understanding of their needs. This is especially important given evidence of the prevalence of inaccurate ADHD-related content and its potential influence on public understanding (Branigan, 2026). This is also consistent with wider priorities that highlight public awareness and understanding (NHS, 2025).

- Research should be disseminated through professional forums, such as EP conferences and network meetings.

This aligns with previous research, which highlights that collaborative, practice-oriented dissemination approaches may be more effective in developing understanding than relying on the publication of research (Lave & Wenger, 1991; Wenger, 1999). Communities of Practice emphasise the importance of professional communities and shared learning experiences in developing understanding and practice.

- Publishing findings and recommendations from this research to increase awareness of psychological, contextual and relational factors impacting teachers' understanding and support.

Relying on dissemination through face-to-face or online networks limits the accessibility of research findings, so publishing findings and recommendations from this research may increase awareness of the psychological, contextual and relational factors that impact teachers' understanding. Especially highlighting the additional contribution of school-based environmental influences in relation to the biopsychosocial framework (Cao et al., 2025) and its application to consider individual differences and create specialised treatment plans.

School Level:

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

As the findings highlighted systemic and contextual challenges for teachers, EPs can advocate by supporting senior leadership teams (SLTs) to deepen their understanding and adopt relational approaches to supporting students. This shifts EP work from reliance on individual assessments towards systemic, consultation-based practice (DfE, 2026).

- Share research-based evidence to help senior leaders understand and adapt policies, such as behaviour policies, to implement consistent and predictable staff responses, particularly in response to externalised disruption.

This is supported by research highlighting that inconsistent and unpredictable behaviour management approaches can exacerbate difficulties for students with ADHD, and aims to increase staff understanding of the importance and impact of shared responsibility across settings, and of adaptations to policies that align with inclusive practice. Rather than rushing straight to policy adaptation, this should be done through developing relationships and shared understanding, such as soft systems methodology (Checkland & Poulter, 2010; Checkland & Scholes, 1999). This should encourage second-order thinking to deliberately challenge systemic thinking to proactively understand and recognise systemic changes across individual settings (Pellegrini, 2009).

- Work alongside senior leadership teams to encourage flexibility in school processes, such as GCSE choices, to encourage creativity and aspirational learning in line with students' future goals.

This aligns with research, which highlights increased autonomy and aligning with students' strengths and interests may increase their motivation and engagement with tasks. It is important to note structural constraints that may limit implementation at times, and highlighting the findings and working with staff to facilitate understanding may increase their motivation to adapt. This should be through continued collaborative approaches promoting sustainable improvements in practice to support wellbeing and inclusion (Ainscow et al., 2006).

- Embedded within communication, training and support plans. Support senior leaders and teaching staff to ensure an accurate understanding, aligning with the SEND Code of Practice (2014). Highlight appropriate legislation, responsibilities, explain diagnostic processes and inclusive practices, including supporting needs rather than reliance on diagnosis, before implementing support.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Facilitate school audits of neurodiversity-affirming spaces and practices. This could include systemic PATHs and SWOT analyses, with strengths-based approaches to identify what is working well and build on it.
- Exploring contextual factors through frameworks such as the PPCT model.

As findings highlighted the impact of contextual factors influencing teacher understanding, the use of the PPCT framework may support in identifying factors that support and restrict inclusive practice. This aligns with Bronfenbrenner & Morris (2006) Bioecological model. Facilitating rather than working as an expert to impose change (Caplan, 1970). This aligns with whole-school development opportunities and inclusive education practices.

- Support learning walks to facilitate conversations with senior leadership and SEND teams to identify good practice and areas for development. Methods such as collaborative inquiry approaches may support sustainable school improvement
- Support leadership and SEND teams to develop training timetables, highlighting the link between behaviour and SEND. Focusing on needs rather than behaviour. Findings highlighted gaps and teacher interest in aetiological explanations and understanding how students feel.

When exploring aetiological explanations, the biopsychosocial model should be considered. Encouraging teachers to unpick specific case studies to explore potential influencing factors in scenarios rather than surface-level observations. Supporting teachers to understand the links between behaviours, cognitive, psychological and relational factors. Encouraging reflection and applying to real-life situations to reduce the transfer gap and aid implementation (Chidley & Stringer, 2020).

When supporting staff to understand how students feel, encourage individuals with a diagnosis to share their stories. This could include current students who feel confident, other adults, or role-play experiences to highlight the emotional wellbeing implications. Incorporating individual perspectives through sharing lived experiences aligns with neurodiversity frameworks (Newson et al., 2024) and links to Kolb's (1984) experiential learning cycle. This has ethical implications, such as practical and psychological considerations, before implementation. Potential links with ADHD charities, such as ADHD UK, may be supportive, although they also bring limitations and should be thoroughly considered and screened before sharing with staff.

Teacher Level:

As participants with personal connections to diagnosis appear to be motivated to go beyond surface-level observations of disruptive behaviours to explore potential challenges, EPs must find ways to bridge this gap and encourage positive relationships. Pianta's (1999) research suggests that teacher perceptions and responses can be influenced by relational understanding.

- Facilitate supervision with teachers and leadership teams

Supervision could be used to support professionals in engaging in reflective conversations to examine challenging experiences and share supportive strategies. Staffing, time and financial constraints may limit the implementation of this strategy within some settings; however, reflective practice is a key element of professional learning, and encouraging this practice within EP facilitated sessions may support deeper reflection and strengthen the implementation of self-directed strategies. (Hawkins & Shohet, 2012).

- Video Interactive Guidance (VIG) (Kennedy et al., 2011)

Strategies such as VIG could support staff in developing skills for positive interactions with students. Attunement is an important factor in student-teacher relationships and can increase teacher understanding and student engagement, thereby reducing behavioural difficulties and behaviour management approaches

Student Level:

- EPs are well placed to advocate for children and their families through individual consultation and assessment work. Encourage joint consultations with families and staff to explore students' needs holistically across settings. This reflects Bronfenbrenner's (1979) ecosystemic models of practice, supporting a shared understanding through recognising the interaction between home and school environments and their bidirectional impact.
- Encourage teachers to look beyond behaviours to the underlying contributing factors. Using person-centred practices such as the Circle of Adults and PATH. This also draws on Bronfenbrenner's (1979) ecosystemic approach to create a shared

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

understanding. It also uses a solution-focused framework to collaboratively plan support (Norwich, 2013; Stobie et al., 2005).

Chapter 3: Researcher reflections

Introduction

This chapter highlights a series of reflections that were considered during the research process. Reflexivity is a key part of qualitative research, especially those which adopt interpretivist paradigms such as critical realist approaches. As a researcher, I worked to actively interpret meanings through exploring participants' experiences (Finlay, 2002; Berger, 2015). This chapter includes reflections on my personal and professional experiences that led to an interest in ADHD and reflections starting from this interest, throughout my development as a researcher and Trainee Educational Psychologist (TEP) along this journey. This chapter will highlight the development of research skills and challenges along the way. I will also reflect on my philosophical position as a critical realist and highlight implications for Educational Psychologist practice.

My professional journey

Prior to training as an educational psychologist, I worked as a teacher for over 16 years, including as a SENCO for a number of those years, prior to becoming a Trainee Educational Psychologist, I have worked with students with a wide range of SEND needs, including those with ADHD diagnoses and potential ADHD-related needs without diagnoses. Working predominantly within Infant and Primary schools initially, I was able to get to know students well. I also worked alongside teaching assistants, which further enabled me to develop trusting relationships to understand their individual interests and strengths and make adaptations in the classroom. For the last couple of years of my experience as a SENCO, I worked with secondary school-aged students, which brought its own set of new challenges for both students and staff. For example, logistics of moving around larger school sites, transitioning independently, increased behavioural expectations, and multiple class teachers in a day. Generally, I noticed students with ADHD found secondary school environments increasingly challenging and were more likely to be at risk of exclusion due to persistent disruptive behaviours. Throughout my experience as a Trainee Educational Psychologist, I have noticed that many students I support on an individual basis display similar challenges in secondary school environments. Impulsive behaviours, hyperactivity and inattention. Teachers are unsure of how to make adaptations to support them, or report feeling frustrated by not being able to help students as they want to. This increased my interest in this area.

My Personal Journey & Professional Boundaries

It is important to note that following a family members diagnosis of ADHD several years ago, I engaged with the 'Right to choose' process myself and received a diagnosis of combined presentation ADHD in my thirties. As a late-diagnosed female who engaged with the educational system with minimal behavioural implications but with social and emotional understanding, this diagnosis has increased my interest in exploring teachers' views and experiences of the condition. My experiences also increased professional motivation to explore ways to support teachers to understand the potential environmental and relational impacts for students and themselves, to find ways to increase empathetic understanding and to enable students with ADHD and potentially those who are not yet diagnosed, to access learning opportunities more inclusively.

I reflected on my personal circumstances whilst reading Braun & Clarke (2023) Thematic Analysis. This supported my work as a reflective and reflexive researcher, locating my positionality around the subject. My reflection considered social GRACES (Burnham, 2012), including that I am a white, middle-class, heterosexual, Christian, 40-year-old, female, with a recent ADHD diagnosis. Through this reflection, I explored how my own diagnosis could impact the analysis and interpretation of the dataset. This also provided an initial starting point to reflect on the potential emotional impact and empathetic understanding towards students (Pillow, 2003). I also reflected on how my understanding from a professional position as a previous teacher also increased my positionality through relating to teachers' challenges in practice. At times, this emotional response led to pausing and returning to analysis following reflective journaling and supervision sessions, which supported me to maintain reflexivity and analytic rigour (Finlay, 2002).

I reflected on the pathologising of ADHD and it being considered a medical 'disorder', which was emotionally challenging at times on a personal level. Throughout research it was described consistently as negative with little reference to positive attributes. The accounts mainly consisted of describing challenges, such as disruptive behaviours and emotional regulation difficulties, which were at times frustrating on a personal level. I reflected on this through reflective diaries, acknowledging that reframing has become a consistent construction within my personal narratives surrounding ADHD, allowing recognition of positive elements associated with diagnoses which were not predominant narratives within participants' accounts. My personal positionality with ADHD included focus and concentration increasing on topics of interest, enthusiasm created by these special interests, friendliness and encouragement of others. I reflected that these interpretations are equally

as subjective as the challenging perceptions discussed through participants' experiences. In fact, there were several positive excerpts within participant transcripts, including creativity and enthusiasm for areas of students' interests. As ADHD is considered a disorder and a disability, this will naturally be pathologised by many, but I reflected on this as a person with close connections to the diagnosis, and with participants who empathised with students. While not sharing my diagnosis with participants or past experiences as a teacher and SENCO, I felt these experiences increased empathetic understanding and strengthened researcher-participant relationships. Participants shared a range of experiences that were at times expressed by them as being considered positive or controversial in nature. The process of reflective journalling and supervision supported me to be reflexive and maintain curiosity through interview processes and data analysis, with subjectivity providing a strength within interpretation (Luttrell, 2019; Braun & Clarke, 2023).

As a researcher, I held consistent curiosity and non-judgmental responses towards participants. Throughout the interview process, I noticed connections between the views of participants and myself, which included frustrations towards inconsistent systems and behaviour management approaches. At times, I noticed my agreement with participants, such as "Yes, that is frustrating", which I reflected on following the interview. The balance between acknowledgement and reassurance for participants to feel safe to share their views and not influencing participant responses through social desirability bias can be challenging. Through reviewing transcripts and reflexive practice, interpretations were explored rigorously and appropriately, consistently referring to personal positionality. Participants appeared to hold strong views, which potentially impacted the strong professional relationship interpreted during the interview. They had consistently used the word frustration throughout the interview, with me summarising and reflecting this back to them through my responses, rather than influencing this perception. Reflective practice enabled interpretation to remain ethically sound (Clegg, 2005).

It was challenging at times as a researcher with personal and professional opinions and experiences as a Trainee Educational Psychologist, to listen from a researcher position, without applying solution-focused or problem-solving approaches to support teachers' practice. However, reviewing transcripts, interviews aligned with consistent research practice, and this was managed well without overlap of roles and responsibilities.

The Research Process and Development as a Researcher

Prior to embarking on the doctorate, I had not conducted research for several years. This made embarking on a research project of this scale seem daunting initially. Prior research processes were fundamentally different from this research as they were predominantly involved quantitative approaches, through positivist ontological and epistemological approaches.

Epistemological and Ontological Position

Through development of understanding throughout the research process, positivist approaches did not fit with my professional and personal values in relation to educational research. While ontology and epistemology were initially complex, it became more logical to interpret experiences through subjective approaches and values rather than stating findings as factual. One particularly fascinating reflection during data analysis came through interpreting the theme Personal Experiences. I reflected on the process of an interview I had experienced for an Educational Psychologist position. This involved delivering a presentation sharing my personal values and experiences, demonstrating my decision to become an educational psychologist. While making this presentation, I reflected on this at a deeper level than I had previously. I had personal experiences supporting SEND needs within my personal relationships during childhood, which had encouraged an empathetic understanding that I had previously considered generalised innate interpretations. However, professional and personal experiences led me to believe that this is not the case.

Through understanding of psychological theory, such as Bronfenbrenner & Morris (2006) Bioecological systems and self-determination theory (Deci & Ryan, 2000), this developed my understanding of the influence of personal experiences impacting interpretations of experiences and, in turn, their interactions with others. My personal values of striving for social justice were influenced by my experiences of inequalities shaping my sense of responsibility to support this within the education systems through my role as an Educational Psychologist. As the third theme developed within the results section of this research, personal connections to diagnosis became an obvious underlying mechanism for creating empathetic views of teachers for me as a researcher (Berger, 2015).

Recruitment

The first challenge I faced during the research process was during the recruitment phase. The advert was shared on social media via Instagram and Facebook platforms. This was shared further by multiple friends and family members. Initial interest was expressed from teachers and teaching assistants within specialist school settings and newly qualified teachers, which unfortunately did not fit my inclusion criteria. One participant came forward via social media, contacting me via email as expressed within the advert, and the pilot study was conducted. Following this, there was little interest from appropriate participants within the inclusion criteria. Those who had expressed interest initially did not respond to emails following participant information sheets (PIS) and consent forms.

Following this, as included within the ethics application, I contacted the Principal EP, who had distributed the advert to head teachers in line with my ethics application. Through perseverance, continual resharing via social media and staff word of mouth, eventually five participants were recruited. Three participants were recruited through sharing with local schools, and two through social media advertisements.

I reflected on the recruitment process and the difficulties with recruitment following receiving PIS. These forms, while important and informative, are lengthy, and teachers have busy timetables and workloads. The five participants who engaged with the research interviews gave their limited free time to support the research project. These participants all had an interest in ADHD, whether this was through their personal connections to diagnosis with family or personally, or through teaching experiences. Reflecting on this in hindsight, it would have been interesting to explore the reason why the participants chose to engage in the research. The participants potentially held an understanding of ADHD through their connections to it, highlighting a potential selection bias. However, their engagement provided useful and interesting perspectives to the field of ADHD research, providing further exploration of layered causation (Bhaskar, 2013).

Interview skills

I reflected on the development of my skills as a researcher, including as an interviewer. I developed a positive rapport with participants quickly, where participants appeared confident to share their experiences. They expressed enthusiasm and confidence at the end of the interview, with one participant initially wanting to check her transcript, but by the end of the interview, she had withdrawn this and was confident in me checking accuracy and interpreting her transcript. This suggested confidence in the researcher-participant

relationship, demonstrating positive relationships. In order to ensure participants viewed my role as supportive rather than creating a power imbalance through expert positioning, teachers experiences and knowledge as professionals was acknowledged throughout interviews.

The Pilot interview was conducted via Microsoft Teams online. Although there were initial nerves and interview skill concerns due to a lack of recent experiences, EP skills regarding active listening and summarising skills provided useful skills to support this. At times throughout transcript accuracy checking, this was recognised as a strength where phrases were used to check for accurate interpretations and summaries. At times, I was aware of repeated phrases or wording such as “yes” or “no” which were used as reassuring responses. Throughout the pilot interview, the questions were asked in a linear manner. This meant that some elements could potentially have been explored further, and at times, information was disjointed, where details had already been shared in response to previous questions. This provided opportunities for summarising experiences that had been previously shared, allowing participants to include additional information to expand on previous responses.

The second interview was conducted in person. This allowed introductions to be face-to-face, which appeared to contribute to researcher-participant relationships forming more quickly and easily through body language and gestures. This interview was more participant-led as she was very confident in sharing her views. The interview was therefore structured in a less linear manner and adapted in line with participant responses. Questions covered the same topics, but my confidence increased in adapting questioning rather than linear methods. This method continued to evolve throughout the process of the third and fourth interviews as confidence to adapt the order of questions increased. Skills of reaffirming and attunement developed throughout the interviews, such as eye contact and gestures, including nodding, shaking my head, to highlight my understanding and empathetic responses towards challenging experiences.

I developed confidence through continued practice. I developed confidence to request participants expand on their experiences to explore deeper interpretations without impacting the flow of conversations. As a researcher, I was very aware of my role as an active listener and developed skills to make notes of key words throughout interviews to support thorough reflections following each interview.

Another challenge experienced in the second interview was a technical difficulty involving the temporary loss of internet connection while the participant was sharing an account of her experiences. As the interview was in person, this enabled us to continue to communicate regarding the difficulty, which was quickly rectified, and the interview continued. However,

the transcript and flow of the interview were disrupted, which may have cut short relevant information relating to the experience being shared. Logistically, this provided a challenge to check that the transcription was accurate. This meant the interview was split across two separate recordings and transcripts, which provided opportunities to check accuracy and combine transcripts following the interview. The participant was patient and confident to continue following this disruption. Alongside this, it increased my confidence as a researcher faced with technical difficulties and being able to overcome them. During the final interview, there were further technical difficulties when starting an online interview, with difficulty accessing the camera on my laptop. Connecting with participants through attunement, eye contact, mirroring, facial expressions and gestures were priorities, so I wanted to ensure that cameras were operating effectively. As I had faced prior technical difficulties, I felt more confident to correct this. I managed to rectify this and start the interview. The participant was understanding and happy to continue with the interview.

Reflexive Thematic Analysis

The process of Reflexive Thematic Analysis (RTA) was a method of analysis I had not previously conducted. I had previously interpreted the process as logical and more simplistic within university training, applying this to my own research was a more lengthy and challenging process than I had expected. Following the interviews, I explored the data transcripts to familiarise myself with the context. I read transcripts multiple times, watched recordings while checking the accuracy of transcripts and reflected on findings. Each time I read the transcripts, I noticed different factors which appeared important. Initially, this process included a large amount of information. I found all the information fascinating and relevant, and struggled with the ethical implications of choosing what was and was not important from other people's experiences. Initially, trying to include all important pieces of information, and as a researcher and critical realist, I felt uncomfortable excluding information which could have been of particular importance to the participant. However, over time, as a researcher completing reflective thematic analysis, I had to become more comfortable subjectively interpreting information. After highlighting key information, I decided to use paper methods to print and sort information coding by implicit or explicit meaning (Braun & Clarke, 2023). The codes continued to evolve as accounts were interpreted. Following this initial coding, I lacked confidence in my coding system. At this point, I decided to step away from the process of analysis for a period of time and reflect on my practice and read thematic analysis papers to gain confidence in the process. The process of coding is about meaning-making, applying my subjectivity as a researcher, which was a different concept in my understanding of research. I moved from internal concerns of

misinterpretation of accounts through experience to become confident with the application of reflective subjectivity.

At this point, I acknowledged the initial round of coding was too broad and was more aligned with the theming phase of RTA.

To step back to the coding phase, participants' transcripts were recoded with more specific codes, interpreting the independent meanings. This coding process included both explicitly expressed and implied meanings through interpretation. The codes were predominantly based on inductive processes.

The paper-based coding process was logistically challenging, as it required significant physical space and was easily disrupted. The movement of individual items could disrupt the developing analytical structure. I completed NVivo software training through Quality Data Analysis Services (QDAS) using version 15 for Microsoft Windows. I had previously used software to analyse quantitative data, but not to support qualitative analysis. Therefore, training was essential to support my understanding and skill development. NVivo is project management software for handling data and supporting the analysis of qualitative data and mixed-methods research. This training helped me to become familiar with the interface and terminology and using sample data to get to grips with different components to analyse data. Woolf & Silver's (2018) text supported the use of software and understanding pedagogy. Initially appearing complex, the thirteen components of this software were used to focus on harnessing available tools to operationalise the analytic method of reflexive thematic analysis. Initially, using tools to explore pseudonym transcripts.

I used functions to explore the most frequent phrases across transcripts and initially started to recode data extracts. However, I experienced technical difficulties saving and retrieving coded transcripts and returned to paper methods instead.

Reflecting on this, the process of NVivo supported deeper familiarisation with the transcripts and identified clear links with codes across the dataset. The software was also useful for creating frequency functions across the dataset, including creating word clouds. This developed my understanding and analytical skills in regard to the coding process, although it provided logistical and, at times, emotional challenges as a researcher. The paper method increased the capacity to restructure coding and organise it practically, solidifying interpretations in a more visual method.

Reflective Summary

Although the research process was challenging at times, the process increased my skills and understanding of qualitative research, including data analysis. My confidence grew over time and experience developing research skills, engaging with participants directly, and with

the corresponding data through the analysis process. This process supported my understanding of the role of research in line with EP practice, strengthening analytical skills and understanding of researcher subjectivity in interpretations as a strength underpinning RTA, rather than a method to be reduced to increase reliability. I realised that whilst initially reluctant to exclude any information from transcripts, this allowed a deeper engagement with accounts that were interpreted as particularly relevant to the research topic. Whilst subjectivity remained prevalent, constant and consistent reflectivity ensured the ethical and professional rigour throughout the analysis and discussion of findings. This process concluded with findings that support the research within the topic focus of ADHD, understanding teachers' experiences and the underlying mechanisms that influence these, shaping implications for educational psychology practice.

Dissemination of Findings

The findings within this research suggest that a range of psychological, social, and contextual factors that can support and hinder inclusive practice in secondary schools in supporting students with ADHD. The implications for EP practice discussed within the empirical chapter are based on supporting students, teachers, families and wider professionals through EP roles. To support wider EP practice, this information must be disseminated to others. Here is my plan to do this.

In order to support EPs in understanding the underlying mechanisms that impact teachers' views and experiences supporting students with ADHD in mainstream secondary school classrooms, findings and support recommendations need to be shared with other EPs. Once finalised, within 6-12 months, I will revise my thesis into a presentation format to share with my EP service and the Local Authority. However, this limits dissemination to one local area. I will also contact the DECP to share the research with professionals across England, as findings have implications beyond the local area. This format will include an overview of previous research, the research aims, the methodology, the findings in relation to the discussion, and the implications for EP practice. This aligns with Communities of Practice and collaborative practice-oriented dissemination (Lave & Wenger, 1991; Wenger, 1999).

Although in-person and online dissemination support professional collaboration and allow expansion of findings, publication provides a wider reach for research, making it accessible to those outside networks, including educators and medical professionals. This promotes shared multi-agency understanding in line with EP standards and competencies and SEND Code of Practice (BPS, 2023; HCPC, 2023; DfE). I will aim to adapt to the style of a journal

article and submit it to The Journal of Educational Psychology for publication within the first 12 months of completion.

To support understanding across secondary schools, including senior leadership teams, SEND teams, and teachers, I will produce training materials including key findings from this research within 12-18 months. Participants will remain anonymous throughout all dissemination materials, with pseudonyms and any potentially identifying features removed to ensure anonymity. As participants also requested copies of findings, these will be shared with participants to ensure ethical consistency. This also works towards systemic practice and inclusion (DfE, 2026).

The application of the PPCT framework (Bronfenbrenner & Morris, 2006) strengthened my understanding of the Bioecological model and how it can be used to explore settings to identify strengths and barriers that may affect inclusive practice in schools. Therefore, I aim to create an audit for EPs to use in schools alongside SEND teams to explore the contextual implications in their settings. This can be used on a whole-school scale or for individual teachers who may find adaptations challenging. This audit will look for strengths to build on as well as areas that can be supported to increase understanding, shared responsibility, and the development of positive relationships. This can also be a tool shared during training to support the application of findings to practice and implementation (Chidley & Stringer, 2020). This involves facilitating rather than imposing an expert approach to change (Caplan, 1970).

Dissemination of key findings and proposed recommendations is key to supporting the development of microsystemic understanding in line with exosystemic developments. The findings of this research acknowledge improved awareness in line with previous priorities, but the next step is to deepen understanding of presentations and holistic approaches to students' individual needs. It also recognises the challenges faced within school contexts, which have implications to be acknowledged alongside any new developments to the SEND Code of Practice as per the White Paper review (DfE, 2026).

Conclusion

Although complex and challenging at times, this reflexive journey has supported and deepened my understanding of ADHD, especially interpretations within secondary school settings. My understanding of research itself includes interactive processes, researcher interpretation and the importance of ontological and epistemological approaches to this

interpretative process. This process has supported the development of my identity as a researcher and reflective TEP. The process has supported my understanding and application of skills for developing positive relationships, such as showing empathy and curiosity. It has also increased my understanding of qualitative research and data analysis processes, which will be beneficial throughout my future career, supporting my ability to rigorously interpret research and deliver carefully analysed, research-based practice. It has also strengthened my enthusiasm for supporting neurodivergent students, specifically those with ADHD, to engage in learning by helping teachers understand their needs through systemic work and relational approaches.

Appendices

Appendix 1: University Ethical approval letter



University of East Anglia
Norwich Research Park
Norwich.
NR4 7TJ

Email: ethicsmonitor@uea.ac.uk Web: www.uea.ac.uk

Study title: Exploring secondary school teachers' views of ADHD

Application ID: ETH2425-2481

Dear Catherine,

Your application was considered on 29th September 2025 by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given. This approval will expire on **26th July 2026**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or myself, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) Yours sincerely,
Melanie Aplin

Appendix 2: Research advert



RESEARCH OPPORTUNITY

SECONDARY SCHOOL TEACHERS' VIEWS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

WHAT IS THE RESEARCH ABOUT?

Exploring secondary school teachers' views of ADHD

WHO IS CONDUCTING THIS RESEARCH?

This research is being conducted by Catherine Loveridge, a Postgraduate researcher, a student on the Educational Psychology Doctorate at the University of East Anglia. This research has been approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Committee).



WHO CAN TAKE PART?

You can take part in this research if:

- You are a secondary school teacher.
- You have at least one year of teaching experience (post-ECT years),
- You have experience working with students with Attention Deficit Hyperactivity Disorder (ADHD) and would like to share your views and experiences.

WHAT WILL TAKING PART INVOLVE?

Taking part in this research is voluntary. Data will remain anonymous, and interview locations are flexible (online or in person at your school).

Participants will complete a semi-structured interview, which will last 45 minutes to 1 hour. This will be conducted online via Microsoft Teams, or you can request it in person at a location such as your school.

The researcher will ask a series of questions to allow opportunities to explore your views and experiences of working with students with ADHD.

HOW TO GET INVOLVED?

If you are interested in taking part or would like more information, please email Catherine.Loveridge@uea.ac.uk

Thank you for your interest in helping to improve ADHD understanding in schools! 🙏

ETHICS APPLICATION NUMBER: ETH2425-2481

Appendix 3: Pilot information sheet

Catherine Loveridge

Educational Psychology Doctoral Researcher

1st October 2025

Faculty of Social Sciences

School of Education and Lifelong Learning

University of East Anglia

Norwich Research Park

Norwich NR4 7TJ

United Kingdom

Catherine.Loveridge@uea.ac.uk

Exploring secondary school teachers' views of ADHD.

PILOT PARTICIPANT INFORMATION SHEET

(1) What is this study about?

You are invited to take part in a research study investigating secondary school teachers' views and experiences of working with young people with Attention Deficit Hyperactivity Disorder (ADHD). It aims to find out why teachers hold their beliefs through exploring their past experiences around ADHD, how these influence their classroom practices and what factors contribute to these views. It aims to uncover a holistic understanding of how teachers' beliefs are constructed and expressed in the school environment by examining the causal mechanisms, such as social, institutional and psychological factors. You have been invited to participate in this study because you are a secondary school teacher and have expressed an interest in participation by responding to my social media advert. This Participant Information Sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participation in this research study is completely voluntary. By giving consent to take part in this study, you are telling us that you:

- Understand what you have read.
- Agree to take part in the research study as outlined below.
- Agree to the use of your personal information as described.
- You have received a copy of this Participant Information Sheet to keep.

(2) Who is running the study?

The study is being carried out by the following researcher: Mrs Catherine Loveridge, Trainee Educational Psychologist.

This will take place under the supervision of Dr Lemarra Williamson, Educational Psychologist and Lecturer at University of East Anglia. (Lemarra.Williamson@uea.ac.uk).

(3) What will the study involve for me?

You have been invited to take part in the Pilot Interview for this research. This means that you will be the first participant to be interviewed. This will involve answering questions around your views and experiences of working with students with Attention Deficit Hyperactivity Disorder (ADHD). Interviews will be semi-structured, allowing exploration of experiences that arise. Interviews will be in person at your school or via Microsoft Teams at a time convenient for you. These interviews will be transcribed via Microsoft Teams and anonymised. I will collect your demographic data through a short survey on the form, consenting to participate. This will include data around your gender, age, and length of teaching experience.

You can request to review the findings of the research upon completion of the research project.

4. How much of my time will the study take?

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

The interview is expected to take approximately 1 hour. There will be additional time for email communication, which will vary depending on your questions about participation. As this pilot study is designed to assess the quality of questions and practicalities such as timings and accuracy of software transcriptions, it may run over and could take up to an hour and a half.

Should you wish to review your transcript following the interview, this will add additional time.

(5) Do I have to be in the study? Can I withdraw from the study once I have started?

Being in this study is completely voluntary, and you do not have to take part.

Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia now or in the future.

If you decide to take part in the study, you can withdraw up to the point I have anonymised data, as at this point it will be unidentifiable to individual participants. This will be approximately 2 weeks following participation in the interview.

(6) What are the consequences if I withdraw from the study?

Participant wellbeing is a priority throughout this research project. You are free to stop the interview at any time without consequences. Any recordings of interviews will be erased, and transcriptions will be deleted. If you request to withdraw, the information you have provided will not be included in the study results.

You may also decline to answer any questions that you do not wish to answer during the interview.

(7) Are there any risks or costs associated with being in the study?

This research may include sharing information around potentially sensitive and emotive topics. Please feel free to share what you feel comfortable sharing. The researcher is

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

curious about your experiences and how these have shaped your views. Please be mindful and note that your wellbeing is of utmost importance to the researcher.

(8) Are there any benefits associated with being in the study?

You will contribute to the efficiency of this research study by agreeing to take part in the pilot. You may also contribute to the future teacher training on understanding and supporting students with Attention-Deficit Hyperactivity Disorder (ADHD).

It will support Educational Psychologists' understanding of teachers' systemic, personal and environmental experiences of working with students with ADHD in order to provide support.

(9) What will happen to the information provided by me and the data collected during the study?

Following an expression of interest, your contact details will be stored on University OneDrive.

Data from interviews will be transcribed using Microsoft Teams software, anonymised, encrypted and stored on university OneDrive.

Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's [Research Data Management Policy](#).

The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Should information gathered through this pilot study be appropriate, it will be analysed alongside future participants data.

Study findings may be published and may also be used for other scholarly and educational purposes such as in teaching, but you will not be identified if you decide to participate in this study. The data will be kept for at least 10 years beyond the last date the data were used. The study findings may be deposited in a repository to allow it to facilitate its reuse. The deposited data will not include your name or any identifiable information about you.

(10) What if I would like further information about the study?

When you have read this information, Mrs Catherine Loveridge (Catherine.Loveridge@uea.ac.uk) will be available to discuss it with you further and answer any questions you may have.

(11) Will I be told the results of the study?

If requested, you are able to receive a copy of the final research project.

(12) What if I have a complaint or any concerns about the study?

If there is a problem, please let me know. You can contact me via the University of East Anglia at the following address:

Mrs Catherine Loveridge

School of Education and Lifelong Learning

University of East Anglia

NORWICH NR4 7TJ

Catherine.Loveridge@uea.ac.uk

If there is a problem you may want to contact my research supervisor Dr Lemarra Williamson, Educational Psychologist and Lecturer at University of East Anglia. (Lemarra.Williamson@uea.ac.uk).

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of School of Education and Lifelong Learning: Prof Christine Cocker at (C.Cocker@uea.ac.uk, 01603 456161 ext. 2754).

(13) How do I know that this study has been approved to take place?

To protect your safety, rights, wellbeing and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

(14) What is the general data protection information I need to be informed about?

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.

In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the [Information Commissioner's Office \(ICO\)](#).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk in the first instance.

(15) OK, I want to take part – what do I do next?

Please complete a copy of the consent form and return it to me by email. I will then contact you to arrange the interview at a time and location that is convenient for you. Please keep the letter, information sheet, and second copy of the consent form for your information.

(16) Further information

This information was last updated on 25 September 2025.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

If there are changes to the information provided, you will be notified by email

This information sheet is for you to keep

Appendix 4: Participant information sheet

Catherine Loveridge

Educational Psychology Doctoral Researcher

1st October 2025

Faculty of Social Sciences

School of Education and Lifelong Learning

University of East Anglia

Norwich Research Park

Norwich NR4 7TJ

United Kingdom

Catherine.Loveridge@uea.ac.uk

Exploring secondary school teachers' views of ADHD.

PARTICIPANT INFORMATION SHEET

(1) What is this study about?

You are invited to take part in a research study investigating secondary school teachers' views and experiences of working with young people with Attention Deficit Hyperactivity Disorder (ADHD). It aims to find out why teachers hold their beliefs through exploring their past experiences around ADHD, how these influence their classroom practices and what factors contribute to these views. It aims to uncover a holistic understanding of how teachers' beliefs are constructed and expressed in the school environment by examining the causal mechanisms, such as social, institutional and psychological factors. You have been invited to participate in this study because you are a secondary school teacher and have expressed an interest in participation by responding to my social media advert. This Participant Information Sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Participation in this research study is completely voluntary. By giving consent to take part in this study, you are telling us that you:

- Understand what you have read.
- Agree to take part in the research study as outlined below.
- Agree to the use of your personal information as described.
- You have received a copy of this Participant Information Sheet to keep.

(2) Who is running the study?

The study is being carried out by the following researcher: Mrs Catherine Loveridge, Trainee Educational Psychologist.

This will take place under the supervision of Dr Lemarra Williamson, Educational Psychologist and Lecturer at University of East Anglia. (Lemarra.Williamson@uea.ac.uk).

(3) What will the study involve for me?

Answering questions around your views and experiences of working with students with Attention Deficit Hyperactivity Disorder (ADHD). Interviews will be semi-structured, allowing exploration of experiences that arise. Interviews will be in person at your school or via Microsoft Teams at a time convenient for you. These interviews will be transcribed via Microsoft Teams and anonymised. I will collect your demographic data through a short survey on the form consenting to participate. This will include data around your gender, age, and length of teaching experience.

You can request to review findings of the research upon completion of the research project.

4. How much of my time will the study take?

The interview will take approximately 1 hour. There will be additional time for email communication, which will vary depending on your questions about participation.

Should you wish to review your transcript following the interview, this will add additional time.

(5) Do I have to be in the study? Can I withdraw from the study once I have started?

Being in this study is completely voluntary, and you do not have to take part.

Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia now or in the future.

If you decide to take part in the study, you can withdraw up to the point I have anonymised data, as at this point it will be unidentifiable to individual participants. This will be approximately 2 weeks following participation in the interview.

(6) What are the consequences if I withdraw from the study?

Participant wellbeing is a priority throughout this research project. You are free to stop the interview at any time without consequences. Any recordings of interviews will be erased, and transcriptions will be deleted. If you request to withdraw, the information you have provided will not be included in the study results.

You may also decline to answer any questions that you do not wish to answer during the interview.

(7) Are there any risks or costs associated with being in the study?

This research may include sharing information around potentially sensitive and emotive topics. Please feel free to share what you feel comfortable sharing. The researcher is curious about your experiences and how these have shaped your views. Please be mindful and note that your wellbeing is of utmost importance to the researcher.

(8) Are there any benefits associated with being in the study?

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

You will contribute to future teacher training on understanding and supporting students with Attention-Deficit Hyperactivity Disorder (ADHD).

It will support Educational Psychologists' understanding of teachers' systemic, personal and environmental experiences of working with students with ADHD in order to provide support.

(9) What will happen to the information provided by me and the data collected during the study?

Following an expression of interest, your contact details will be stored on University OneDrive.

Data from interviews will be transcribed using Microsoft Teams software, anonymised, encrypted and stored on university OneDrive.

Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's [Research Data Management Policy](#).

The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published and may also be used for other scholarly and educational purposes such as in teaching, but you will not be identified if you decide to participate in this study. The data will be kept for at least 10 years beyond the last date the data were used. The study findings may be deposited in a repository to allow it to facilitate its reuse. The deposited data will not include your name or any identifiable information about you.

(10) What if I would like further information about the study?

When you have read this information, Mrs Catherine Loveridge (Catherine.Loveridge@uea.ac.uk) will be available to discuss it with you further and answer any questions you may have.

(11) Will I be told the results of the study?

If requested, you are able to receive a copy of the final research project.

(12) What if I have a complaint or any concerns about the study?

If there is a problem, please let me know. You can contact me via the University of East Anglia at the following address:

Mrs Catherine Loveridge

School of Education and Lifelong Learning

University of East Anglia

NORWICH NR4 7TJ

Catherine.Loveridge@uea.ac.uk

If there is a problem you may want to contact my research supervisor Dr Lemarra Williamson, Educational Psychologist and Lecturer at University of East Anglia. (Lemarra.Williamson@uea.ac.uk).

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of School of Education and Lifelong Learning: Prof Christine Cocker at (C.Cocker@uea.ac.uk, 01603 456161 ext. 2754).

(13) How do I know that this study has been approved to take place?

To protect your safety, rights, wellbeing and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

(14) What is the general data protection information I need to be informed about?

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.

In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the [Information Commissioner's Office \(ICO\)](#).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk in the first instance.

(15) OK, I want to take part – what do I do next?

Please complete a copy of the consent form and return it to me by email. I will then contact you to arrange the interview at a time and location that is convenient for you. Please keep the letter, information sheet, and second copy of the consent form for your information.

(16) Further information

This information was last updated on 25 September 2025.

If there are changes to the information provided, you will be notified by email

This information sheet is for you to keep

Appendix 5: Anonymised Consent Form Examples

PILOT PARTICIPANT CONSENT FORM (First Copy to Researcher/Second copy to participant)

I, [REDACTED], am willing to participate in this pilot research study.

In giving my consent, I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet, which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.
- I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study results. I also understand that I may refuse to answer any questions I don't wish to answer.
- I understand that audio transcriptions will be recorded and saved as outlined in the Information sheet before being anonymised.
- I understand that the results of this study will be used in the way described in the information sheet.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

I would like to review a copy of my transcript NO

I would like to receive a copy of the research findings YES


Signature


PRINT name

21/10/25

Date

PARTICIPANT CONSENT FORM (First Copy to Researcher)

I, ........ [PRINT NAME], **am** willing to participate in this research study.

In giving my consent, I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet, which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.
- I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study results. I also understand that I may refuse to answer any questions I don't wish to answer.
- I understand that audio transcriptions will be recorded and saved as outlined in the Information sheet before being anonymised.
- I understand that the results of this study will be used in the way described in the information sheet.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

I would like to review my transcript . YES

I would like to receive a copy of the research findings YES



.....
Signature



.....
PRINT name

.....18/11/25.....

Date

Appendix 6: Demographic data questionnaire

Exploring secondary school teachers' views of ADHD.

DEMOGRAPHIC SURVEY

Thank you for agreeing to participate in this research study.

These questions will help me to understand your background and experiences. Your responses will be kept confidential and will only be used for research purposes in line with previous information within the participant information form.

1. Age

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 or older

2. Gender

- ☐ Male
- ☐ Female
- ☐ other: _____
- ☐ Prefer not to say

3. Ethnicity

Please state _____

- ☐ Prefer not to say

4. Subject(s) taught (if applicable):

- ☐ English
- ☐ Mathematics
- ☐ Science
- ☐ Humanities / Social Sciences
- ☐ Arts / Creative Subjects

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- ☐ Physical Education
- ☐ Special Educational Needs / Inclusion
- ☐ Other (please state): _____

5. Years of teaching experience (not including ECT/induction year):

- ☐ 1–3 years
- ☐ 4–6 years
- ☐ 7–10 years
- ☐ 11–15 years
- ☐ 16–20 years
- ☐ 21+ years

6. Have you received any formal training related to ADHD? (tick all that apply)

- ☐ Yes – during teacher training
- ☐ Yes – continuing professional development (CPD)
- ☐ Yes – other _____
- ☐ No

7. Have you taught pupils with ADHD before?

- ☐ Yes
- ☐ No
- ☐ Unsure

8. Do you currently have pupils with ADHD in your classroom?

- ☐ Yes
- ☐ No
- ☐ Unsure

Appendix 7: Example semi-structured interview questions

Research question 1

- Tell me about your understanding of ADHD.
- What kinds of explanations about ADHD have you encountered in your work or training?
- How do you think ADHD is generally viewed within your school by other colleagues?
- How do you think ADHD is viewed by students?
- What strategies do you use to support students with ADHD in your classroom?
- How do you think your beliefs about ADHD affect the way you support or respond to students with ADHD in the classroom?

Research question 2

- What challenges have you experienced when supporting students with ADHD?
- What factors do you think affect how teachers respond to students with ADHD?
- Can you describe any training or support you've received related to ADHD? Did you find it useful? If so, how? If not, why do you think this was?

Research Question 3

- Can you share any experiences you've had teaching students with ADHD? What stands out to you about those experiences?
- Could you describe any particular strategies you use with students who have ADHD? What guides your choice of strategies?
- What types of knowledge or skills would you like more support with, in relation to ADHD?
- If you could design professional development around ADHD for teachers, what would it look like?

Appendix 8: Post-interview/de-brief letter

Catherine Loveridge
Educational Psychology Doctoral Researcher
1st October 2025

Faculty of Social Sciences
School of Education and Lifelong
Learning
University of East Anglia
Norwich Research Park
Norwich NR4 7TJ
United Kingdom
Catherine.Loveridge@uea.ac.uk

Exploring secondary school teachers' views of ADHD.

PARTICIPANT DEBRIEF SHEET

Thank you for participating in this study. We hope that it has been of interest to you. Your time and efforts are much appreciated.

Thank you for participating in a semi-structured interview, sharing your thoughts and views around supporting students with attention deficit hyperactivity disorder (ADHD). Sharing your views gives a valuable contribution to this research aiming to uncover a holistic understanding of how teachers' beliefs are constructed and expressed in the school environment by examining the causal mechanisms, such as social, institutional and psychological factors.

I value your contribution to this research as a professional educator.

I want to remind you that the data collected will be anonymised to protect your identity. You have a right to withdraw from the study. Please request this in writing to catherine.loveridge@uea.ac.uk within 2 weeks of taking part in the interview. Once data is anonymised, I will be unable to identify you, which will therefore mean you are unable to withdraw from this point.

I will transcribe your responses from the interview anonymously, ensuring you are unidentifiable. The results will be written up as part of a doctoral thesis at the University of East Anglia. Only the researcher and academic supervisor will have access to the raw data. This data will then be analysed to look for key themes arising around views, misconceptions,

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

and contributing factors. These themes will be analysed alongside other participants' data. I will then write my thesis to support future educational psychology practice.

If you would like to receive the findings of this research in the future, please contact me at the above email address to request this.

If you have any questions regarding this study or if you have any worries or concerns about the research, please contact me by email at Catherine.loveridge@uea.ac.uk, or my research supervisor, Dr Lemarra Williamson, (Lemarra.Williamson@uea.ac.uk). You can also contact the Head of School of Education and Lifelong Learning, Prof Christine Cocker at (C.Cocker@uea.ac.uk or 01603 456161 ext. 2754), about this research.

We understand that some of the topics covered in this research are sensitive, challenging and potentially distressing. We are open to any feedback you have about how these topics have been handled to inform subsequent data collection. If you have been upset by any aspect of the study, then you may wish to consider contacting any of the services below for support:

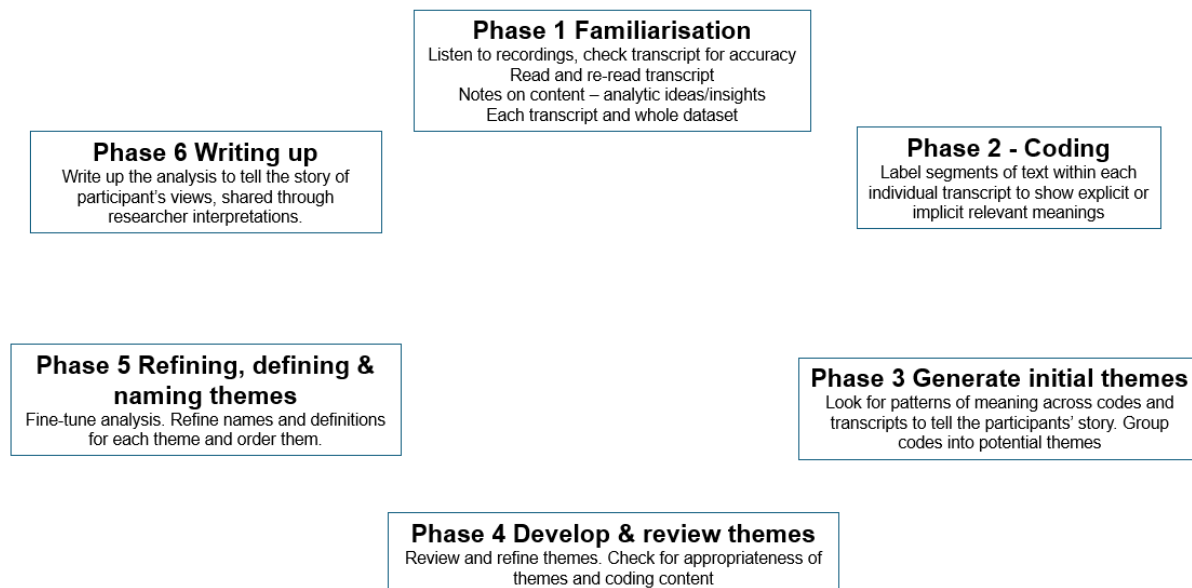
- Your school's wellbeing or pastoral support services
- **Samaritans** – 116 123 (free, 24/7 helpline)
- **Mind** – www.mind.org.uk / 0300 123 3393
- Contact your GP for mental health or counselling referrals

Thank you again for your participation.

Catherine Loveridge

Appendix 9: Reflexive Thematic Analysis 6-phase framework

Reflective Thematic Analysis process
Based on (Braun & Clarke, 2022)



Appendix 10: Word cloud familiarisation

Words that stood out initially included kind, behaviour, differently, frustrated, strategies and support.



Appendix 11: Coding example

Recognising Behaviours

Emily

So apart from just knowing what it stands for, I guess it's more it's to do. I mean, I don't obviously know where it comes from or why people have it, but it's more the how it's seen in the classroom and how it affects.

It's very basic in terms of more like the symptoms rather than the what's going on for them, I suppose.

I wouldn't have said it's really been explained to me why it happens or like what is going on in the person's brain in that sense, just the yeah. Like I said, the sort of what you see rather than what's behind it.

What to do, rather than why they're doing? Why their behaviour? It looks a certain way.

Yeah. So yeah, I haven't got any other information about the background to it

I think if you have more information you have about something, the better. So if you have a problem and then you're told it's ADHD, that surely is good because you know you need to know what to do about it or what you can, how you can help yourself as well, how your family can help you.

Nina

So obviously, we're talking about ADHD in the classroom, and that's much easier.

We've got the executive function things which comes with the inattention, the hyperactivity, the emotional dysregulation, the emotional dysregulation running into the impulsivity.

We've got the hyperactivity which we see in terms of fidgeting and all the rest of it, fidgeting, not settling, and not listening,

Inattentive its much more likely that you get inattentive, you get people who can't pay attention or finish your conversations

Emma

We're always told symptoms, but not actually what's going on."

Half the stuff you do in your life is at the top of your lungs.

They're just rude and outbursty. They're snapping and answering back.

They're just noisy, outbursts, snappy, frustrated.

Lucy

My understanding is that it's an attention and hyperactivity disorder, that we don't fully understand what causes it.

We are also required to sit down and study and be quiet, that's difficult for people with ADHD, and therefore that can then present in their well-being, their behaviour and their ability to succeed in school in the kind of classic model of success, academically.

Some teachers think it's being used almost as an excuse for why that child struggles in school to behave.

Claire

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

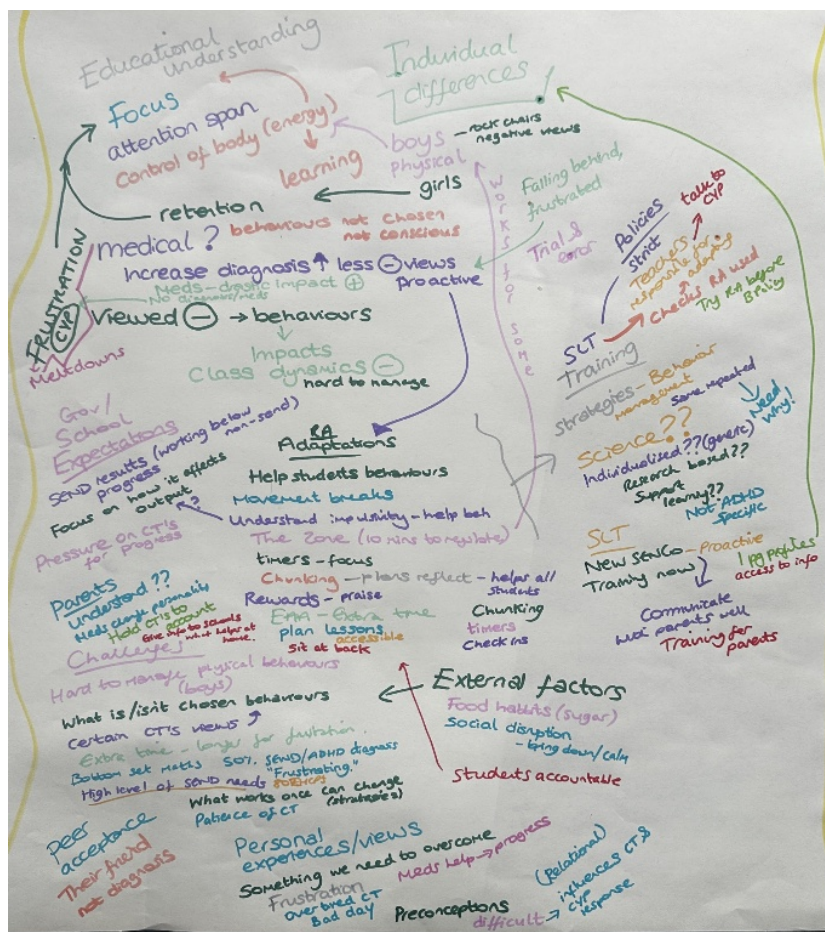
It's a special educational need that affects the ability to kind of focus and affects the attention span of students and their ability to kind of control their body, and almost like they've got kind of too much energy and they need to, they just need to expel their energy, but because it affects their focus, it then effects their ability to learn as well.

I don't think I've got a kind of medical understanding of it, just an educational one and how it affects their learning.

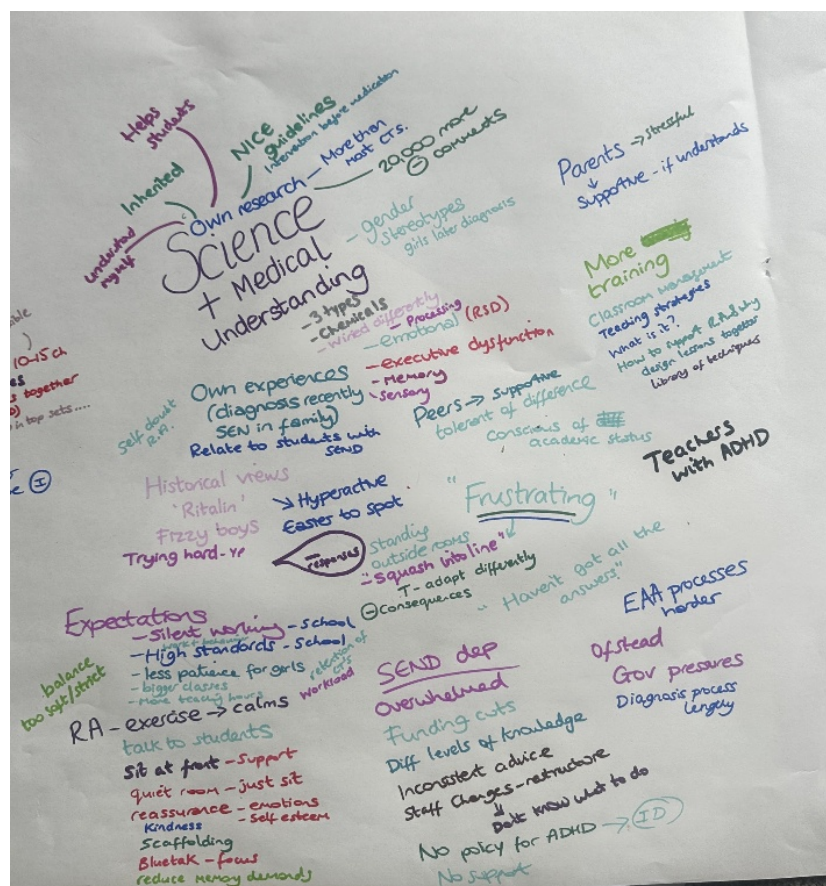
It tends to affect behaviour and so that obviously. Perhaps your ability to teach more negatively.

We've learned about strategies to help these students with their behaviour.

Claire

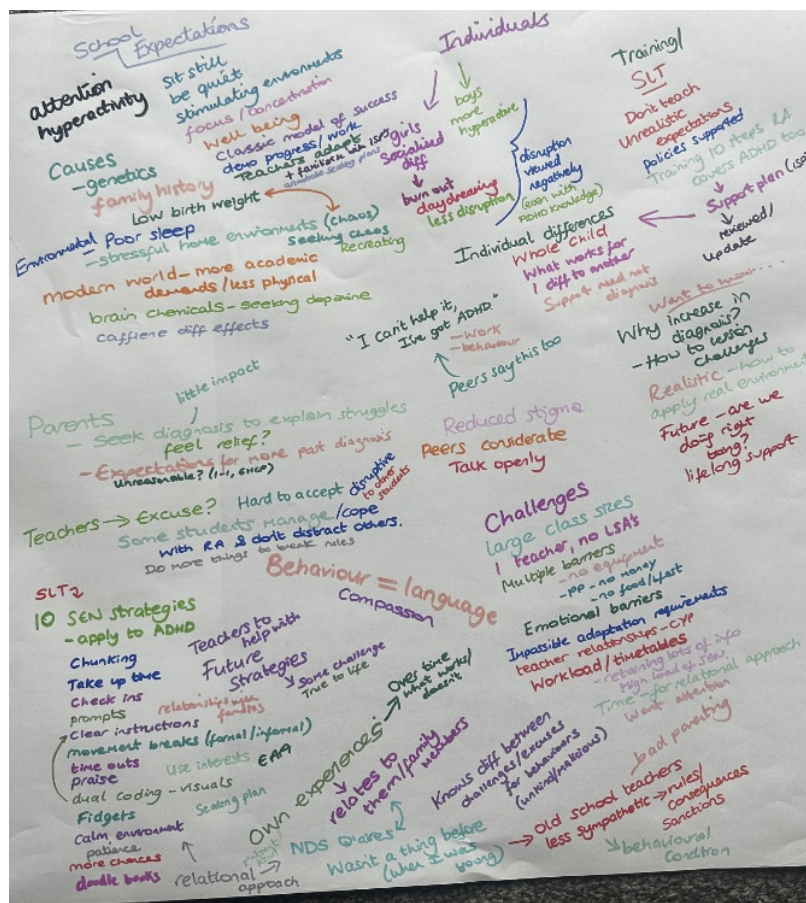


Lucy

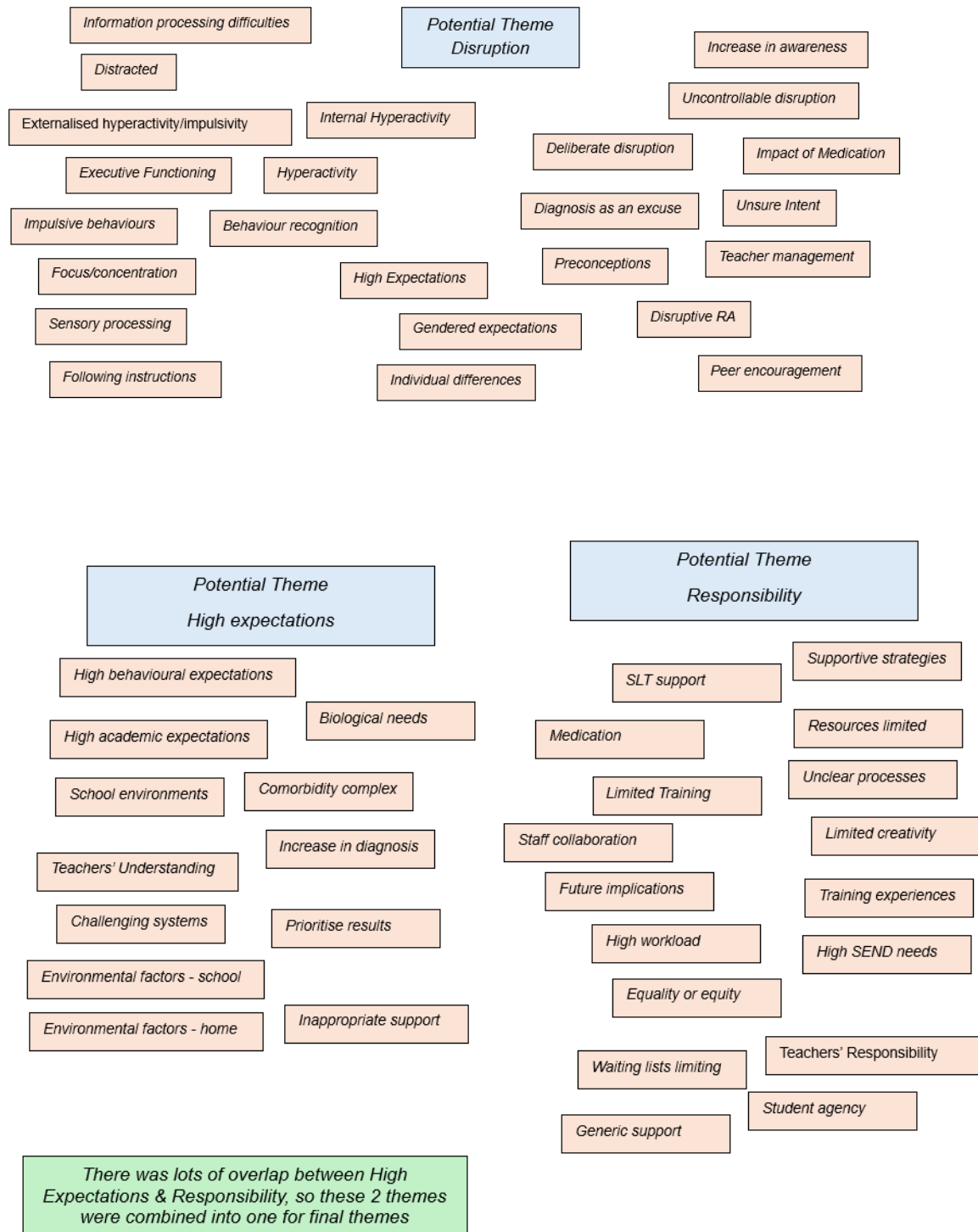


Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

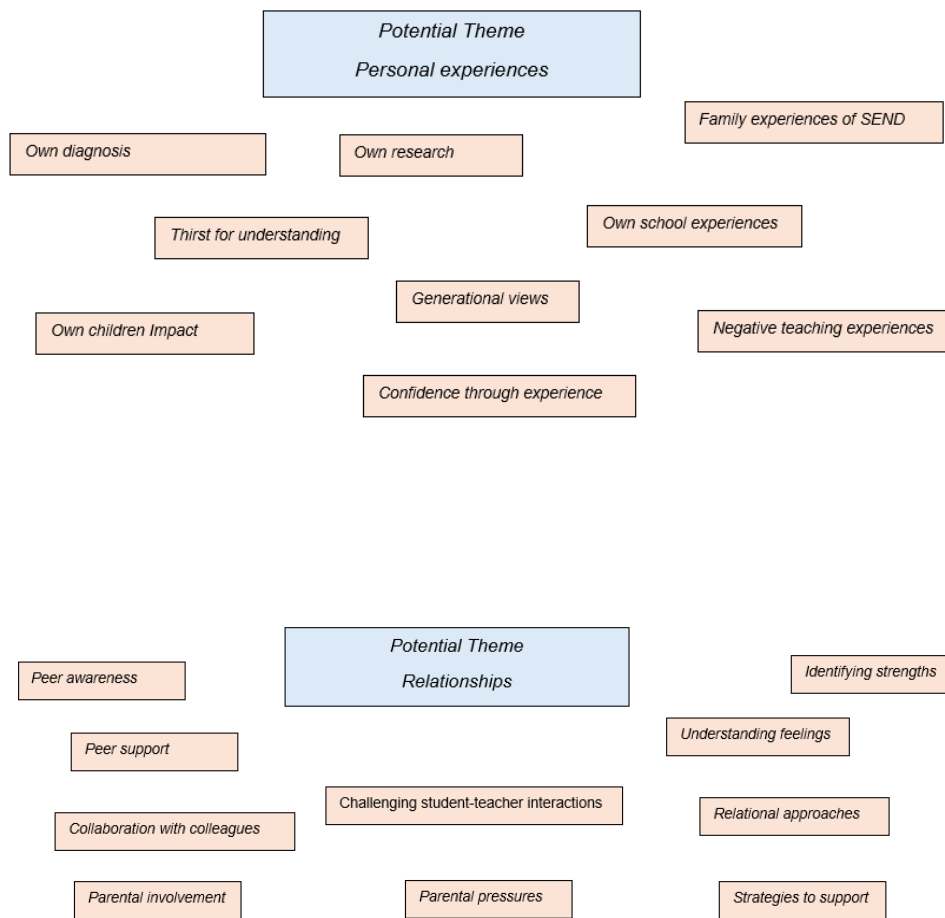
Emma



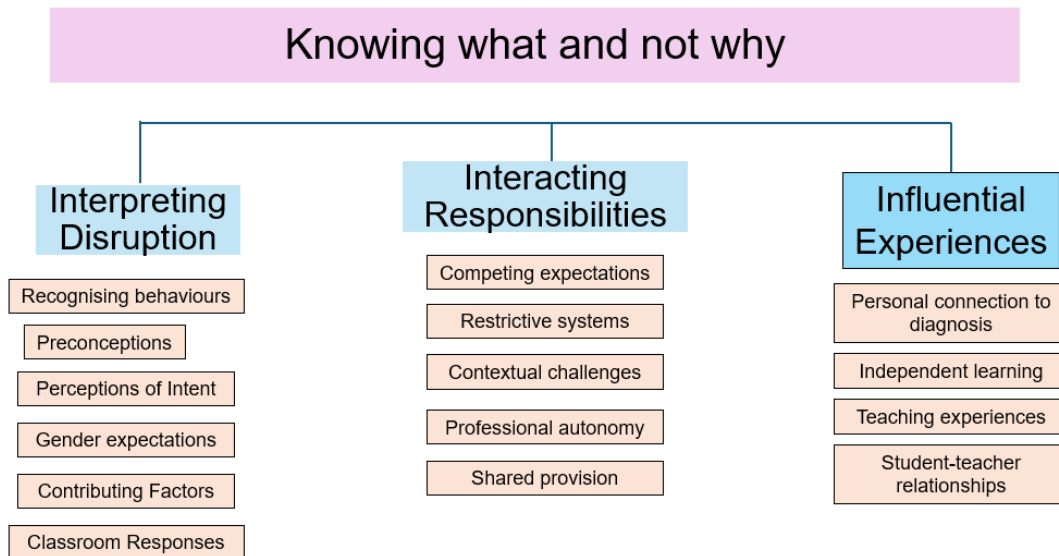
Appendix 13: Emerging themes



Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)



Appendix 14: Final Themes



Appendix 15: Demographic criteria overview

1. Age

One participant aged 45-54 years old

Two participants aged 55-64 years old

Two participants aged 35-44 years old

2. Gender

All 5 participants were female

3. Ethnicity

All 5 participants were listed as White British

4. Subject(s) taught (if applicable):

One participant was a language teacher

One participant was a social sciences teacher

One participant was listed as an English, mathematics and languages teacher

One participant was a mathematics teacher

One participant was a science teacher with a history of teaching food technology

5. Years of teaching experience (not including ECT/induction year):

Two participants had 7 to 10 years of experience.

One participant had 11 to 15 years of experience.

One participant had 16-20 years of experience.

One participant had 21+ years of experience.

6. Have you received any formal training related to ADHD? (tick all that apply)

Three participants had no formal training around ADHD

One participant listed CPD around ADHD (11-15 years teaching experience)

One participant listed CPD and teacher training around ADHD (7-10 years teaching experience)

7. Have you taught pupils with ADHD before?

All participants responded yes

8. Do you currently have pupils with ADHD in your classroom?

All participants responded yes

Glossary

ADD (Attention Deficit Disorder)
ADHD (Attention Deficit Hyperactivity Disorder)
APA (American Psychiatric Association)
AT (Attribution theory)
BERA (British Educational Research Association)
BPS (British Psychological Society)
C1 (1st Consequence or warning)
CBT (Cognitive Behavioural Therapy)
CPD (Continuous Professional Development)
CYP (Children and Young People)
DBS (Disclosure and Barring Service)
DfE (Department for Education)
DSM-III (Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition)
DSM-V (Diagnostic and Statistics Manual of Mental Disorders, 5th Edition)
ECT (Early Career Teacher)
EST (Ecological Systems Theory)
EdPsyD (Educational Psychology Doctorate)
EHCP (Educational Health and Care Plan)
EP/EPs (Educational Psychologist/s)
GP (General Practitioner)
HCPC (Health and Care Professions Council)
LA (Local Authority)
NHS (National Health Service)
NICE (National institute for Care Excellence)
OFSTED (Office for Standards in Education)
PEP (Principal Educational Psychologist)
PIS (Participant Information Sheet)
PPCT (Process-Person-Context-Time framework)
PT (psychotherapy)
RSD (Rejection Sensitivity Dysphoria)
RTA (Reflexive Thematic Analysis)
SEN (Special Educational Needs)
SENCO (Special Educational Needs Coordinating Officer)
SEND (Special Educational Needs and Disability)

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

TA (Teaching Assistant)

TEP (Trainee Educational Psychologist)

UEA (University of East Anglia)

References

- ADHD UK. (2021). *The hungry brain*. *Community Practitioner*, 46(5), 42–44.
- ADHD UK. (2023). *ADHD UK's report into NHS ADHD assessment waiting lists*.
<https://adhduk.co.uk/nhs-adhd-assessments-waiting-lists-report/>
- ADHD UK, (2024). <https://adhduk.co.uk/right-to-choose/>
- Agnew-Blais, J. C., Polanczyk, G. V., Danese, A., Wertz, J., Moffitt, T. E., & Arseneault, L. (2016). Evaluation of the persistence, remission, and emergence of attention-deficit/hyperactivity disorder in young adulthood. *JAMA Psychiatry*, 73(7), 713–720.
<https://doi.org/10.1001/jamapsychiatry.2016.0465>
- Agnew-Blais, J. C., Wertz, J., Arseneault, L., Belsky, D. W., Danese, A., Pingault, J.-B., Polanczyk, G., Sugden, K., Williams, B., & Moffitt, T. E. (2022). *Mother's and children's ADHD genetic risk, household chaos and children's ADHD symptoms: A gene-environment correlation study*. *Journal of Child Psychology and Psychiatry*, 63(10), 1153–1163. <https://doi.org/10.1111/jcpp.13659>
- Ainscow, M., Booth, T., & Dyson, A. (2006). *Improving schools, developing inclusion*. Routledge.
- Alloway, T., Elliott, J., and Holmes, J. (2010). "The Prevalence of ADHD-like Symptoms in a Community Sample." *Journal of Attention Disorders* 14 (1): 52–56.
doi:10.1177/1087054709356197.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed).<https://doi.org/10.1176/appi.books.9780890425787>

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Anderson, D. L., Watt, S. E., & Shanley, D. C. (2017). Ambivalent attitudes about teaching children with attention deficit/hyperactivity disorder (ADHD). *Emotional and Behavioural Difficulties*, 22(4), 332–349. <https://doi-org.uea.idm.oclc.org/10.1080/13632752.2017.1298242>
- Archer, M., Decoteau, C., Gorski, P., Little, D., Porpora, D., Rutzou, T., ... & Vandenberghe, F. (2016). What is critical realism? Perspectives: A Newsletter of the ASA Theory Section. *Fall 2016*, 38(2), 1-24.
- Austgulen, A., Posserud, M. B., Hysing, M., Haavik, J., & Lundervold, A. J. (2024). *Deliberate self-harm in adolescents screening positive for attention-deficit/hyperactivity disorder: A population-based study*. BMC Psychiatry, 24, Article 564. <https://doi.org/10.1186/s12888-024-06008-3>
- Bailey, S. & Thomson, P. (2009) Routine (dis)order in an infant school. *Ethnography and Education*, 4, 211–227.
- Becker, S. P., et al. (2020). Remote learning during COVID-19: Examining school practices and difficulties for adolescents with and without ADHD. *Journal of Adolescent Health*, 67(6), 769–777. <https://doi.org/10.1016/j.jadohealth.2020.09.002>
- Beheshti, A., Chavanon, M.-L., & Christiansen, H. (2020). Emotion dysregulation in adults with attention deficit hyperactivity disorder: a meta-analysis. *BMC Psychiatry*, 20(1). <https://doi.org/10.1186/s12888-020-2442-7>
- BERA. (2018). Ethical guidelines for educational research. Retrieved from Ethical Guidelines for Educational Research, fourth edition (2018)
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative research*, 15(2), 219-234.
- Bhaskar, R. (2013). *A realist theory of science*. Routledge.
- Billington, T. (2018). *Inclusive education: A critical perspective*. Routledge. <https://doi.org/10.4324/9781315454515>

- Blatchford, P., Webster, R., & Russell, A. (2012). *Challenging the role and deployment of teaching assistants in mainstream schools: The impact on schools. Final report on findings from the Effective Deployment of Teaching Assistants (EDTA) project [online]*. Retrieved from [http://www.Teachingassistantresearch.co.uk/the-edta-project/4581706629\(open in a new window\)](http://www.Teachingassistantresearch.co.uk/the-edta-project/4581706629(open%20in%20a%20new%20window))
- Block, R. W., MD, Macdonald, N. E., PhD, & Piotrowski, N. A., PhD. (2024). Attention deficit hyperactivity disorder (ADHD). *Salem Press Encyclopedia of Health*.
- Bölte, S., Mahdi, S., de Vries, P. J., Granlund, M., Robison, J. E., Segerer, W., ... & Zwaigenbaum, L. (2021). The future of inclusive education for neurodevelopmental disorders. *Autism*, 25(3), 682–699. <https://doi.org/10.1177/1362361321992643>
- Bombèr, L. (2020). *Know Me to Teach Me*. Worth Publishing Ltd.
- British Psychological Society. (2021). *Code of ethics and conduct*.
- British Psychological Society. (2023). *Standards for the delivery of educational psychology services: Delivering psychological services for children, young people, families, schools and communities*.
- Branigan, K. (2026). What is the quality of ADHD content on TikTok, and how might this affect self-diagnosis? A systematic literature review. *Educational Psychology in Practice*, 1–17. <https://doi-org.uea.idm.oclc.org/10.1080/02667363.2026.2644889>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. doi:10.1191/1478088706qp063oa
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage.
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and being a knowing researcher. *International journal of transgender health, 24*(1), 1-6.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (2006). *The bioecological model of human development*. In W. Damon & R. M. Lerner (Eds.), *Handbook of Child Psychology* (6th ed., Vol. 1, pp. 793–828). Wiley.
- Burnham, J. (2012) Developments in Social GRRRAACCEEESSS: visible – invisible and voiced – unvoiced. In I.-B. Krause (ed.) *Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives* (pp. 139–160). London: Karnac
- Campbell, D. (2026, January 24). *The ADHD grey zone: why patients are stuck between NHS and private providers*. The Guardian.
<https://www.theguardian.com/society/2026/jan/24/adhd-nhs-private-providers-right-to-choose>
- Cao, H., Teng, S., & Liu, S. (2025). *Editorial: ADHD and anxiety: causality sequences through a biopsychosocial model*. *Frontiers in Psychiatry, 16*, 1627536.
- Caplan, G., & Caplan, R. B. (1999). *Mental health consultation and collaboration: Concepts and applications*.
- Carr-Fanning, K. (2024). Meaning-making within inclusion: Exploring parents, teachers and students lay theories of ADHD and their implications for inclusive practice. *Journal of Research in Special Educational Needs, 24*(1), 133-144.
- Checkland, P. G. Poulter (2010). *Soft systems methodology. Systems Approaches to Managing Change: A Practical Guide* Springer: London, 191-242.
- Checkland, P. & Scholes, J. (1999) *Soft System Methodology in Action*, Wiley Publishers, UK

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Chidley, S., & Stringer, P. (2020). Addressing barriers to implementation: an Implementation Framework to help educational psychologists plan work with schools. *Educational Psychology in Practice*, 36(4), 443-457.
- Children and Families Act. (2014). C.6 <https://www.legislation.gov.uk/ukpga/2014/6/contents>
- Clancy, A., O'Connor, M., Murphy, E., Connaughton, L., & O'Reilly, G. (2023). Effectiveness of a universal school-based intervention for reducing internalizing problems in Irish primary school children: A cluster randomized control trial. *School Psychology International*. <https://doi.org/10.1177/01430343231216971>
- Clegg, S. (2005). Evidence-based practice in educational research: A critical realist critique of systematic review. *British journal of sociology of education*, 26(3), 415-428.
- Climie, E. A., & Mastoras, S. M. (2015). ADHD in schools: Adopting a strengths-based perspective. *Canadian Psychology / Psychologie canadienne*, 56(3), 295–300. <https://doi-org.uea.idm.oclc.org/10.1037/cap0000030>
- Codling, P. (2022) *Case studies exploring the lived experiences of children and young people with ADHD, and the lived experiences of their parents*. Doctoral thesis, University of East Anglia.
- Corcoran, J. (2016) *Living with Mental Disorder: insights from qualitative research*. London: Routledge
- Corcoran, J., Schildt, B., Hochbrueckner, R. & Abell, J. (2017) 'Parents of children with attention deficit/hyperactivity disorder: a meta-synthesis, part I', *Child and Adolescent Social Work Journal*, 34 (4), 281–335.
- Corder, K., Atkin, A. J., Bamber, D. J., Brage, S., Dunn, V. J., Ekelund, U., Goodyer, I. M. (2015). Revising on the run or studying on the sofa: Prospective associations between physical activity, sedentary behaviour, and exam results in British adolescents. *The International Journal of Behavioural Nutrition and Physical Activity*, 12, 106. <https://doi.org/10.1186/s12966-015-0269-2>.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Danermark, B., Ekström, M., Jakobsen, L., & Karlsson, J. C. (2002). *Explaining society: Critical realism in the social sciences*. Routledge.
<https://doi.org/10.4324/9780203996249>
- Department for Education [DfE]. Equality Act. (2010) *The Stationary Office, London*.
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological inquiry*, 11(4), 227-268.
- Department for Education [DfE]. (2014) *Special Educational Needs – Code of Practice*. Nottingham DfE Publications.
- Department for Education [DfE]. (2018). "Permanent and Fixed Period Exclusions in England: 2016 to 2017." *London: Department for Education*, July 19.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726741/text_exc1617.pdf
- Department for Education [DfE]. (2024, July 18). *Suspensions and permanent exclusions in England: Academic year 2022 to 2023* (Accredited official statistics). GOV.UK.
<https://explore-education-statistics.service.gov.uk/find-statistics/suspensions-and-permanent-exclusions-in-england/2022-23>
- Department for Education. (2014b). *The national curriculum in England: Key stages 3 and 4 framework document*.
- Department for Education. [DfE] (2026). *Every child achieving and thriving*. GOV.UK.
<https://www.gov.uk/government/publications/every-child-achieving-and-thriving>
- Diamond, A. (2013). Executive functions. *Annual Review of Psychology*, 64, 135–168.
<https://doi.org/10.1146/annurevpsych-113011-143750>
- DuPaul, G. J., Eckert, T. L., & Vilardo, B. (2012). The Effects of School-Based Interventions for Attention Deficit Hyperactivity Disorder: A Meta-Analysis 1996–2010. *School Psychology Review*, 41(4), 387–412.
<https://doi.org/10.1080/02796015.2012.12087496>

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Eckert, T. L., and J. M. Hintze. 2000. "Behavioral Conceptions and Applications of Acceptability: Issues Related to Service Delivery and Research Methodology." *School Psychology Quarterly* 15 (2): 123–148. doi:10.1037/h0088782.
- Edin, M. (2022). Teachers' and assistants' views of ADHD and their roles in inclusive education. *Scandinavian Journal of Educational Research*, 66(2), 264–278. <https://doi.org/10.1080/00313831.2021.1940871>
- Education Act 1944. (1944). *Education Act 1944, c. 31*. <https://www.legislation.gov.uk/ukpga/1944/31/contents>
- Education and Skills Act 2008. (2008). *Education and Skills Act 2008, c. 25*. <https://www.legislation.gov.uk/ukpga/2008/25/contents>
- Eisenberg, D., & Schneider, H. (2007). Perceptions of academic skills of children diagnosed with ADHD. *Journal of attention disorders*, 10(4), 390-397.
- Ewe, L. P. (2019). ADHD symptoms and the teacher-student relationship: A systematic literature review. *Emotional and Behavioural Difficulties*, 24(2), 136–155. <https://doi.org/10.1080/13632752.2019.1597562>
- Faraone, S. V., Asherson, P., Banaschewski, T., Biederman, J., Buitelaar, J. K., Ramos-Quiroga, J. A., Rohde, L. A., Sonuga-Barke, E. J., Tannock, R., & Franke, B. (2015). Attentiondeficit/hyperactivity disorder. *Nature Reviews Disease Primers*, 1, 15020. <https://doi.org/10.1038/nrdp.2015.20>
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative research*, 2(2), 209-230.
- Ford, T., Parker, C., Salim, J., Goodman, R., Logan, S. & Henley, W. (2018). "The Relationship between Exclusion from School and Mental Health: A Secondary Analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007." *Psychological Medicine* 48 (4): 629–641. doi:10.1017/S003329171700215X.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

French, B., Perez Vallejos, E., Sayal, K., et al. (2020). Awareness of ADHD in primary care: Stakeholder perspectives. *BMC Primary Care*, 21, 45.

<https://doi.org/10.1186/s12875-020-01112-1>

Goodley, D., & Runswick-Cole, K. (2010). Emancipating autism? Critical realism, young people and the challenge of inclusive education. *International Journal of Inclusive Education*, 14(4), 401–416. <https://doi.org/10.1080/13603110802504153>

Grant, M.J. and Booth, A. (2009), A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26: 91-108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>

Greene, R. W., Beszterczey, S. K., Katzenstein, T., Park, K., & Goring, J. (2002). Are Students with ADHD More Stressful to Teach?: Patterns of Teacher Stress in an Elementary School Sample: Patterns of Teacher Stress in an Elementary School Sample. *Journal of Emotional and Behavioral Disorders*, 10(2), 79-89.

Greenway, C. W., & Rees Edwards, A. (2020). Knowledge and attitudes towards attention-deficit hyperactivity disorder (ADHD): a comparison of teachers and teaching assistants. *Australian Journal of Learning Difficulties*, 25(1), 31–49. <https://doi-org.uea.idm.oclc.org/10.1080/19404158.2019.1709875>

Gwernan-Jones, R. C., D. A. Moore, P. Cooper, A. E. Russell, M. Richardson, M. Rogers, J. T. Coon, K. Stein, T. Ford, and R. Garside. (2015). in press. A Systematic Review and Synthesis of Qualitative Research: The Influence of School Context on Symptoms of Attention Deficit Hyperactivity Disorder. *Emotional and Behavioural Difficulties*.

Hapsari, I. I., Iskandarsyah, A., Joeifiani, P., & Siregar, J. R. (2020). Teacher and problem in student with ADHD in Indonesia: A case study. *The Qualitative Report*, 25(11), 4104-4126.

Hart, C. (2018). *Doing a literature review: Releasing the research imagination* (2nd/3rd ed.). SAGE Publications.

Hawkins, P., & Shohet, R. *Supervision in the Helping Professions*.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

Health & Care Professions Council. (2023). The Standards of Proficiency for Practitioner Psychologists. London: HCPC.

Hill, V., Pinto, C., & Romney, A. (2022). *Non-pharmacological interventions to support children who have difficulties with attention, activity and impulsivity* (DECP briefing paper 15). Division of Educational and Child Psychology, British Psychological Society.

Hillman, M. K. (2011). *An Examination of Teachers' Recommendations for Children with ADHD*. Ann Arbor, MI: The Chicago School of Professional Psychology.

Houghton, S., Carroll, A., Taylor, M. & O'Donoghue, T. (2006) From traditional to ecological: Understanding attention deficit disorders through quantitative and qualitative research. Nova Science, New York, NY.

Howarth, K. (2022) *Exploring constructs of ADHD; A reflexive thematic analysis of teacher accounts*. Doctoral thesis, The University of Sheffield.

Kazda, L., Bell, K., Thomas, R., Hardiman, L., Heath, I., & Barratt, A. (2024). Attention deficit/hyperactivity disorder (ADHD) in children: more focus on care and support, less on diagnosis. *bmj*, 384.

Kendall, L. (2016). 'The teacher said I'm thick!' Experiences of children with attention deficit hyperactivity disorder within a school setting. *Support for Learning*, 31, 122–137.

Kennedy, H., Landor, M. & Todd, L. (eds) (2011). *Video Interaction Guidance: A Relationship Based Intervention to Promote Attunement, Empathy and Wellbeing*. London: Jessica Kingsley Publishers.

Kennedy, H., Macdonald, M., & Whalley, P. (2016). Video Interaction Guidance. *Tackling Child Neglect: Research, Policy and Evidence-Based Practice*. London: Jessica Kingsley, 310-346.

Khan, R., & Hasan, S. (2025). Trends in ADHD prescription rates post-COVID-19 pandemic. *Pharmacology & Therapeutics*, 140, 101942.

- Kim, E. M., Sheridan, S. M., Kwon, K. & Koziol, N. (2013) 'Parent beliefs and children's social-behavioral functioning: the mediating role of parent–teacher relationships', *Journal of School Psychology*, **51** (2), 175–185.
- Kocaismail, H. H. K., & Sorakın, Y. (2023). An Investigation of Teachers' Views on the Difficulties at School of Secondary School Students with Attention Deficit Hyperactivity Disorder. *International Journal of Disabilities Sports and Health Sciences*, 6(2), 204-217.
- Kolb, D.A. (1984) *Experiential Learning: Experience as the Source of Learning and Development*. New Jersey: Englewood Cliffs, Prentice-Hall.
- Kos, J. M., Richdale, A. L. & Hay, D. A. (2006) 'Children with attention deficit hyperactivity disorder and their teachers: a review of the literature. *International Journal of Disability, Development and Education*, 53 (2), 147-160
- Krtek,A., Malinakova,K., Rudnicka,R.K., Pesoutova,M., Zovincova,V., Meier,Z., Tavel,P., & Trnka,R. (2022) Ambivalent bonds, positive and negative emotions, and expectations in teachers' perceptions of relationship with their students with ADHD, *International Journal of Qualitative Studies on Health and Well-being*, 17:1, 2088456, DOI: 10.1080/17482631.2022.2088456
- Lauchlan, F. (2020). Labeling and inclusive education. *Oxford research encyclopedia of education*.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge university press.
- Lawson, C., Prentice, K., Jennings, J., & Johnston, K. (2022). First steps towards a mental health and neurodevelopmental screening of secondary school children following two fixed-term school exclusions in the UK. *Emotional and Behavioural Difficulties*, 27(4), 280-296.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- Lee, K. (2008). "ADHD in American Early Schooling: From a Cultural Psychological Perspective." *Early Child Development and Care* 178 (4): 415–439.
doi:10.1080/03004430701321852.
- Levy, F. (2013). Stimulant side effects and inverted-U: Implications for ADHD guidelines. *The Australian and New Zealand Journal of Psychiatry*, 47(3), 217–221.
<https://doi.org/10.1177/0004867412450754>
- Loe, I. M., and H. M. Feldman. 2007. "Academic and Educational Outcomes of Children with ADHD." *Ambulatory Pediatrics* 7 (1): 82–90. doi:10.1016/J.AMBP.2006.05.005.
- Lynch, A. & Davison, K. (2024) Tensions and contradictions: Exploring post-primary teachers' perspectives and experiences of students with Attention Deficit Hyperactivity Disorder. *Journal of Research in Special Educational Needs*, 24, 519–529. Available from: <https://doi.org/10.1111/1471-3802.12648>
- Martin, J., Taylor, M.J., Rydell, M., Riglin, L., Eyre, O., Lu, Y., Lundström, S., Larsson, H., Thapar, A. and Lichtenstein, P. (2018), Sex-specific manifestation of genetic risk for attention deficit hyperactivity disorder in the general population. *J Child Psychol Psychiatr*, 59: 908-916. <https://doi.org/10.1111/jcpp.12874>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370.
- May, F., Ford, T., Janssens, A., Newlove-Delgado, T., Emma Russell, A., Salim, J., ... & Hayes, R. (2021). Attainment, attendance, and school difficulties in UK primary schoolchildren with probable ADHD. *British journal of educational psychology*, 91(1), 442-462. <https://doi.org/10.1111/bjep.12375>
- Merrell, C., Sayal, K., Tymms, P., & Kasim, A. (2017). A longitudinal study of the association between inattention, hyperactivity and impulsivity and children's academic attainment at age 11. *Learning and Individual Differences*, 53, 156–161.
<https://doi.org/10.1016/j.lindif.2016.04>.
- Merrill, B. M., Monopoli, W. J., Rejman, E., & Fabiano, G. A. (2023). Supporting parents of children with ADHD during COVID-19 school closures: A multiple-baseline trial of

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

behavioural parent training for home learning. *School Mental Health*.

<https://doi.org/10.1007/s12310-023-09569-y>

Mill, J., Curran, S., Kent, L. *et al.* Attention deficit hyperactivity disorder (ADHD) and the dopamine D4 receptor gene: evidence of association but no linkage in a UK sample. *Mol Psychiatry* **6**, 440–444 (2001). <https://doi.org/10.1038/sj.mp.4000881>

Miller, A. (2003). Teachers, parents and classroom behaviour: A psychosocial approach. McGraw-Hill Education (UK).

Mind. (2024). <https://www.mind.org.uk/information-support/tips-for-everyday-living/adhd-and-mental-health/>

Moore, D. A., Richardson, M., Gwernan-Jones, R., Thompson-Coon, J., Stein, K., Rogers, M., ... & Ford, T. J. (2015). Non-Pharmacological Interventions for ADHD in School Settings An Overarching Synthesis of Systematic Reviews. *Journal of attention disorders*, Online First, doi: 10.1177/1087054715573994.

Moore, D., Gwernan Jones, R., Richardson, M., Racey, D., Rogers, M., Stein, K., Ford, T., Thompson-Coon, J. & Garside, R. (2016). The experiences of and attitudes toward non-pharmacological interventions for attention-deficit/hyperactivity disorder used in school settings: A systematic review and synthesis of qualitative research. *Emotional and Behavioural Difficulties*, Online First, <http://dx.doi.org/10.1080/13632752.2016.1139296>

Moore, D. A., Russell, A. E., Arnell, S., & Ford, T. J. (2017). Educators' experiences of managing students with ADHD: a qualitative study. *Child: care, health and development*, *43*(4), 489-498.

Mowlem, F. D., Rosenqvist, M. A., Martin, J., Lichtenstein, P., Asherson, P., & Larsson, H. (2019). Sex differences in predicting ADHD clinical diagnosis and pharmacological treatment. *European child & adolescent psychiatry*, *28*(4), 481-489.

Mulholland, S. M., Cumming, T. M., & Jung, J. Y. (2015). Teacher attitudes towards students who exhibit ADHD-type behaviours. *Australasian Journal of Special Education*, *39*, 15–36.

Exploring Secondary Teachers' Views of Attention Deficit Hyperactivity Disorder (ADHD)

- National Health Service (NHS) Digital. (2024, March 13). *Waiting times for children and young people's mental health services, 2022–23* (Statistics).
<https://digital.nhs.uk/supplementary-information/2024/waiting-times-for-children-and-young-peoples-mental-health-services-2022-23>
- National Health Service (NHS). (2024). www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/
- National Health Service (NHS) England. (2025). *Report of the independent ADHD taskforce*.
<https://www.england.nhs.uk/publication/report-of-the-independent-adhd-taskforce/>
- National Institute for Health and Care Excellence. (2025). *Attention deficit hyperactivity disorder – prevalence* (Clinical Knowledge Summaries). NICE 2026
<https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence/>
- National Institute for Health Care and Excellence [NICE]. (2018). Attention deficit hyperactivity disorder: Diagnosis and management guidelines.
- Newson, A., Quinn, S., & Nese, R. N. (2024, January). Examining the utilization of participatory research with autistic youth in mainstream/public schools: a scoping review. In *Frontiers in Education* (Vol. 8, p. 1308664). Frontiers Media SA.
- Norwich, B. (2013). *Addressing tensions and dilemmas in inclusive education: Living with uncertainty*. Routledge.
- Nuffield Trust. (2024). <https://www.nuffieldtrust.org.uk/news-item/the-rapidly-growing-waiting-lists-for-autism-and-adhd-assessments>
- Office of the Children's Commissioner for England. (2024, October 15). *Waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions* (Report). <https://www.childrenscommissioner.gov.uk/resource/waiting-times-for-assessment-and-support-for-autism-adhd-and-other-neurodevelopmental-conditions/>
- Office for Standards in Education [Ofsted]. (2022). The Annual Report of His Majesty's Chief Inspector of Education, Children's Services and Skills 2022/23, Crown copyright.

Ofsted. (2019). *The education inspection framework*.

Parker, C., Whear, R., Ukoumunne, O. C., Bethel, A., Thompson-Coon, J., Stein, K. & Ford, T. (2015) School exclusion in children with psychiatric disorder or impairing psychopathology: a systematic review. *Emotional and Behavioural Difficulties*, 20, 229–251.

Pekcanlar Akay, A., Eresen Yazıcıoğlu, Ç., Alşen Güney, S., Özek Erkuran, H., Kızıldağ, S., Baykara, B., ... & İnal Emiroğlu, N. (2018). Allele frequencies of dopamine D4 receptor gene (DRD4) and Catechol-O-methyltransferase (COMT) Val158Met polymorphism are associated with methylphenidate response in adolescents with attention deficit/hyperactivity disorder: a case control preliminary study. *Psychiatry and Clinical Psychopharmacology*, 28(2), 177-184.

Pelligrini, D.W. (2009) Applied Systemic Theory and Educational Psychology: Can the twain ever be met?, *Educational Psychology in Practice*, 25(3), p271-286

Phillips, C. B. 2006. "Medicine Goes to School: Teachers as Sickness Brokers for ADHD." *PLoS Medicine* 3 (4): 433. doi:10.1371/journal.pmed.0030182

Pianta, R. C. (1999). Enhancing relationships between children and teachers. American Psychological Association.

Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International journal of qualitative studies in education*, 16(2), 175-196.

Pingault, J.-B., Tremblay, R. E., Vitaro, F., Carbonneau, R., Genolini, C., Falissard, B., & Cote, S. M. (2011). Childhood trajectories of inattention and hyperactivity and prediction of educational attainment in early adulthood: A16-year longitudinal population-based study. *American Journal of Psychiatry*, 168(11), 1164–1170.
<https://doi.org/10.1176/appi.ajp.2011.10121732>

Quinn, P.O. (2008). Attention-deficit/hyperactivity disorder and its comorbidities in women and girls: An evolving picture. *Curr Psychiatry Rep* 10, 419–423.
<https://doi.org/10.1007/s11920-008-0067-5>

- Quinn, P. O., & Madhoo, M. (2014). A review of attention-deficit/hyperactivity disorder in women and girls: uncovering this hidden diagnosis. *Prim Care Companion CNS Disord*, 16(3), 27250.
- Ridley, D. (2012). *The literature review: A step-by-step guide for students* (2nd ed.). SAGE Publications.
- Robson, C. (2011). *Real world research: A resource for users of social research methods in applied settings* (3rd ed.). Wiley.
- Russell, A. E., Moore, D. A., & Ford, T. (2016). Educational practitioners' beliefs and conceptualisation about the cause of ADHD: A qualitative study. *Emotional and Behavioural Difficulties*, 21(1), 101–118. [https://doi-org.uea.idm.oclc.org/10.1080/13632752.2016.1139297](https://doi.org.uea.idm.oclc.org/10.1080/13632752.2016.1139297)
- Russell, A. E., T. Ford, and G. Russell. (2015). "Socioeconomic Associations with ADHD: Findings from a Mediation Analysis." *PLoS One* 10 (6): e0128248. doi:10.1371/journal.pone.0128248.
- Russell, A. E., Tay, M., Ford, T., Russell, G., & Moore, D. (2019). Educational practitioners' perceptions of ADHD: a qualitative study of views of the home lives of children with ADHD in the UK. *British Journal of Special Education*, 46(1), 8-28.
- Rutter, M., T. E. Moffitt, and A. Caspi. 2006. "Gene–Environment Interplay and Psychopathology: Multiple Varieties but Real Effects." *Journal of Child Psychology and Psychiatry* 47 (3–4): 226–261. doi:10.1111/jcpp.2006.47.issue-3-4.
- Sayal, K., Prasad, V., Daley, D., Ford, T., & Coghill, D. (2018). ADHD in children and young people: prevalence, care pathways, and service provision. *The Lancet Psychiatry*: Volume 5, Issue 2. Pg. 175-186, [https://doi.org/10.1016/S2215-0366\(17\)30167-0](https://doi.org/10.1016/S2215-0366(17)30167-0).
- Sayer, A. (1999). Realism and social science.
- Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). *How to do a systematic review: A best practice guide for conducting and reporting narrative reviews, meta-analyses,*

and meta-syntheses. Annual Review of Psychology, 70, 747–770.

<https://doi.org/10.1146/annurev-psych-010418-102803>

Skinner, B. F. (1965). *Science and human behaviour* (No. 92904). Simon and Schuster.

Smith, M.C.F., Mukherjee, R.A.S., Müller-Sedgwick, U., Hank, D., Carpenter, P., Adamou, M., (2024). UK adult ADHD services in crisis. *British Journal of Psychology Bulletin*. 2024 Feb; 48(1):1-5.

Stobie, I., Boyle, J., & Woolfson, L. (2005). Solution-focused approaches in the practice of UK educational psychologists : A study of the nature of their application and evidence of their effectiveness. In *School Psychology International*.

<https://doi.org/10.1177/0143034305050890>

Tarver, J., D. Daley, and K. Sayal. 2014. "Beyond Symptom Control for Attention-Deficit Hyperactivity Disorder (ADHD): What Can Parents Do to Improve Outcomes?" *Child: Care, Health and Development* n/a-n/a. doi:10.1111/cch.12159.

Timimi, S. (2017). Non-diagnostic based approaches to helping children who could be labelled ADHD and the professionals who support them. *International Journal of Qualitative Studies on Health and Well-being, 12*(sup1), 1298267.

<https://doi.org/10.1080/17482631.2017.1298267>

Timpson, E. 2019. *Timpson Review of School Exclusion*. London: Department of Education Dandy Booksellers Limited.

Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: A scoping review. *BMC Psychiatry, 15*, 291. <https://doi.org/10.1186/s12888-015-0681-9>

Vance, A. L. A., & Luk, E. S. L. (2000). Attention deficit hyperactivity disorder: Current progress and controversies. *Australian and New Zealand Journal of Psychiatry, 34*(5), 719-730. <https://doi.org/10.1046/j.1440-1614.2000.00809>.

Ward, R. J., Kovshoff, H., & Kreppner, J. (2021). School staff perspectives on ADHD and training: understanding the needs and views of UK primary staff. *Emotional and Behavioural Difficulties*, 26(3), 306–321.

<https://doi-org.uea.idm.oclc.org/10.1080/13632752.2021.1965342>

Watson, J. B. (1924). *Behaviorism*. New York: People's Institute Publishing Company.

Wehmeier, P. M., Schacht, A., Lehmann, M., Dittmann, R. W., Silva, S. G., & March, J. S. (2008). Emotional well-being in children and adolescents treated with atomoxetine for attention-deficit/hyperactivity disorder: Findings from a patient, parent and physician perspective using items from the pediatric adverse event rating scale (PAERS). *Child and adolescent psychiatry and mental health*, 2, 1-10.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological review*, 92(4), 548.

Wenger, E. (1999). *Communities of practice: Learning, meaning, and identity*. Cambridge university press.

Wiener, J., Malone, M., Varma, A., Markel, C., Biondic, D., Tannock, R., & Humphries, T. (2012). Children's Perceptions of Their ADHD Symptoms: Positive Illusions, Attributions, and Stigma: Positive Illusions, Attributions, and Stigma. *Canadian Journal of School Psychology*, 27(3), 217-242.

Woolf, N. H., & Silver, C. (2018). *Qualitative analysis with NVivo: The Five-Level QDA method*. NY: Routledge.

Young minds. (2021). https://www.youngminds.org.uk/young-person/mental-health-conditions/adhd-and-mental-health?gad_source=1&gclid=Cj0KCQjwsuSzBhCLARIsAlcdLm4RE8eK80i71Zkfgzwu_rB2Cy0H7iRE-8DN2Q7J0quxiitGKAP_FO6YaAukoEALw_wcB