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Teachers Perspectives: An Understanding of ADHD in a Predominantly Hispanic School District

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Teachers' Perspectives: An Understanding of ADHD in a predominantly Hispanic School
District.

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2011

Dedication

I would like to dedicate this thesis to my wife who from day one supported the idea behind this research. I would like to also thank my advisor, Dr. Grineski for not giving up on me, and my parents for believing I could do this. De todo corazón, GRACIAS.

Teachers' Perspectives: An Understanding of ADHD in a predominantly Hispanic
School District.

by

HERIBERTO J. ORONNOZ, B.A.

THESIS

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Abstract

The current study examined problems that teachers encounter when trying to cope with Attention Deficit Hyperactivity Disorder (ADHD) in the classroom, teachers' perceptions and beliefs about ADHD, as well as their ideas for how to improve services to children with ADHD. To do so, ten in-depth interviews were conducted with teachers from the Canutillo Independent School District in El Paso, TX regarding these topics. Findings reveal that teachers encounter difficulties defining ADHD, dealing with ADHD in the classroom, establishing the proper chain of command for diagnosing children, and with inadequate parental involvement. Further, the study found variability in teachers' perspectives regarding ADHD as an actual disease and its relevant treatment options, including medications. Teachers also provided opinions about why ADHD might be found at lower rates in Hispanic populations, which included both cultural and economic factors. Within these factors, we found that teachers believe Hispanics are a proud ethnic group that shy away from formal mental health diagnoses. Finally, teachers provided suggestions for improvement in services for children suspected of, or diagnosed with, ADHD, which included taking advantage of in-house expertise for teacher trainings, given the current budget crisis. Lastly, limitations and implications are addressed.

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Chapter 1: Introduction and Literature

Attention deficit hyperactivity disorder (ADHD) is by far the most often diagnosed psychiatric illness in the United States (Pinkhardt et al. 2008). Additionally, it is reported that childhood ADHD is tied to adult-depression and often drug abuse (Pinkhardt et al., 2008). Russell Barkley (1997) found that the prevalence of ADHD is between 3-7% among school-aged children. This number however refers mainly to prevalence rates in white populations because research in minority populations, specifically as it pertains to ADHD, is not routinely performed (CDC, 2009). The National Survey of Children's Health in 2003 (Terling & Martinez-Ramos, 2009) reported that minorities, specifically Hispanics have been found to be less likely to be diagnosed with ADHD and other mental illnesses such as autism, schizophrenia and depression. The prevalence rate of ADHD in white populations is 25 percent higher than it is in Hispanic populations (Cuffe et al., 2005). ADHD is found in approximately 3.06% of school-aged children in the entire Hispanic population of the United States. At the same time prevalence of ADHD is found to be 5.33% for whites (Cuffe et al., 2005).

This thesis will investigate the role of school teachers in diagnosing and coping with ADHD by focusing on their perspectives in one school district (Canutillo Independent School District in El Paso, TX) that serves a primarily Hispanic population. The rest of this chapter will provide a literature review regarding ADHD as a mental illness in predominantly Hispanic populations, the role of educators in diagnosing ADHD, and the role of parents in the process. Chapter 2 reports the methods. Then, the result chapter (Chapter 3) will focus on uncovering what teachers' believe are the problems associated with ADHD in the classroom, what the teachers' views on ADHD and the medications are, and finally a view on teachers' perceptions on what could be done to improve services within the district is given. A discussion section is also provided in Chapter 4 focusing on the previously mentioned themes. Finally,

this thesis will end with a conclusion chapter providing the practical implications of the research, its limitations and future directions.

1.1 Attention Deficit Hyperactivity Disorder

The diagnostic and statistical manual of mental disorders (DSM-IV) characterizes attention deficit and hyperactivity disorder (ADHD) as a pattern of behaviors that are sufficiently prevalent to interfere with normal functioning (APA, 2000). Four subtypes of ADHD have been established by the American Psychiatric Association, attention deficit/hyperactivity disorder combined type (1), predominantly inattentive type (2), predominantly hyperactive/impulsive type (3), and not otherwise specified (4). These four subtypes of attention deficit disorder are diagnosed based on a set of criteria that assesses behavioral patterns. Additionally, it is important to note that the medical model (which is used to diagnose ADHD) assumes that there is a readily identifiable norm of behavior (Purdie et al. 2002) that a child displays that may lead to a diagnosis of ADHD: including, when the child often does not seem to listen when spoken to directly, fidgets with hands or feet and squirms in seat, or blurts out answers before questions have been completed (APA, 2000). These are examples of criteria for inattention, hyperactivity and impulsivity respectively (see Appendix 1 for complete list of criterion). Interestingly ADHD symptoms are often a double edge sword that can be interpreted either as ADHD (i.e., a “mental disorder”) or as being gifted (Weiss, et. al. 2001). Weiss et. al., (2001) reported that children and adults with ADHD are often gifted, highly intelligent and creative..

Along with establishing that the student meets the criteria for ADHD diagnosis based on the signs explained above, symptoms must have caused impairment before the age of 7 (APA, 2000). Additionally, the symptoms have to be present in at least two settings (e.g., school and home), and there must be clear evidence of clinically significant impairment, and the symptoms cannot be accounted for by another mental disorder (APA, 2000). Similarly and because the impairment is often seen at schools,

a child who is being referred for ADHD screening is protected by The Individuals with Disabilities Education Act (IDEA), if the symptoms are grave enough to impair the child to function in any academic setting (Low, 2009). IDEA lists many different categories that may qualify a child with ADHD to receive special education services under what is known as the Other Health Impaired category (Low, 2009). When this child does not qualify or the symptoms are not as severe as to get placed in special education the child then is considered to be placed in what is known as section 504 of the Rehabilitation Act of 1973 (Low, 2009). Section 504 (commonly known as simply 504) is a provision of this civil rights law that looks to eliminate discrimination based on disabilities in any sort of federally aided programs including public schools (Section 504, 2011). Under this program, students receive aid from the schools and government in form of special accommodations and equal education (Section 504, 2011). However, being diagnosed with ADHD does not necessarily mean a student will be automatically put under these special accommodations (Section 504, 2011). However, Section 504 guarantees certain protections to a child under its umbrella, including the right to equal learning opportunities, and accommodations in and outside the classroom (CHADD, 2007). The adjustments provided to the students comprise of reducing the amount of homework given to a student with ADHD, giving extra time in a quiet non-distracting environment for tests, and providing students with simple-to-follow directions and special study time as well as counseling services (CHADD, 2007).

The Centers for Disease Control (CDC, 2009) found that ADHD does not have a single, well-structured form of diagnosis. Usually teachers and parents are the ones to initially undertake the interpretation of symptoms before consulting a professional for an accurate diagnosis (Parens & Johnston, 2009).

1.2 FOCUSING ON ADHD IN A PREDOMINANTLY HISPANIC POPULATION

Medically, it is important to compare minority populations in comparison to the majority population. Generally, minority populations do not experience the same level of care and treatment than the majority population. In the United States, Hispanics are a minority population. Extensive research (e.g., Braboy-Jackson & Williams, 2006; Chambliss 1996; Howard Caldwell, Guthrie & Jackson, 2006) has shown that minority populations suffer disproportionately from shortages in healthcare. Regarding ADHD, an example of these shortages in healthcare can be seen in Hispanic populations because they are not nearly as diagnosed as their white counterparts (Malacrida, 2004), which could relate to a lack of access to health care. Leal (2005) found that a disproportionate number of Hispanic children, pre-adolescents, and adolescents depend on Medicaid as a primary payer for their health insurance needs. Medicaid, a federal subsidy has long been known to inadequately address issues of health, particularly mental health among all populations covered under this program (Hinshaw, et al. 1999). In addition, Hispanics have high rates of un-insurance, which may limit them from getting an ADHD diagnosis, apart from any cultural or social barriers. Pertaining to the rates of the un-insured in the U.S. population, in 2008, the number of people without health insurance rose from 45.7 million to 46.3 million as compared to the previous year (CDC, 2009). For Hispanic populations we find only 14 million have some sort of insurance (CDC, 2009). In addition, the total rate of un-insured Hispanics has been unchanged since 2004. Among the Hispanics, 32.1 percent of the population is un-insured (CDC, 2009) as compared to 19 percent of Blacks and only 10 percent of whites.

Beyond issues of insurance coverage, the issue of mental illness among Hispanic populations is one that deserves much attention. Current research suggests that mental illness causes stigmatization among Hispanic groups more so than Caucasian/white and African American groups (Leal, 2005). Additionally, Hispanic parents are less likely to endorse mental health problems than their white counterparts (Perry, et al., 2005). Hispanics more than any other subgroup in the United States are likely to have strong

support systems (Golding & Wells, 1990). Some argue that support systems may alleviate the need to seek professional help (Golding & Wells, 1990). Specifically, Golding & Wells, (1990) argue that among Mexican-Americans there is a stronger stigma associated with seeking medical help for mentally oriented problems than for whites.

1.3 EDUCATORS' ROLE IN DIAGNOSIS

As mentioned above, the diagnosis and identification process of ADHD in a school-aged child often begins either at home or in school. At home, the primary caregiver, or the person who spends most time with the child is often who begins to question a behavioral or mental problem (Singh, 2003). However, at school, the child's teachers are the ones who initialize this identification and diagnosis process (Vereb, 2004). Malacrida (2004) reported that educators create and diagnose ADHD through a process named *medicalization* (the creation of an illness previously non-existent) in order to help professionals handle mental and psychological issues.

Additionally, Vereb (2004) states that a teacher's process for identifying ADHD, as well as the treatment referral, is frequently based on his/her acceptance of the different treatments. What this means is that if the teacher approves of medication as a cure for ADHD, the teacher will be more likely to label the child as having ADHD rather than simply being unruly in the classroom. However, educators claim that years of experience teaching eventually helps them diagnose ADHD more accurately (Kos, Richdale, & Jackson, 2004). This claim, according Kos, Richdale, & Jackson (2004), was found to be unsupported as they found that years of experience was not correlated to actual knowledge about ADHD among teachers. In addition, Bauermeister et.al (2005) reported that within Hispanic populations, ADHD is not any less prevalent than the rest of the population; teachers are just less likely to refer Hispanic children.

In addition, teachers' attitudes, knowledge, and beliefs regarding the treatment and the identification process are vaguely understood (Sherman et al. 2008). Some have argued that teachers' knowledge of ADHD is very limited due to their knowledge of the disease being compiled in a six hour presentation when they first become teachers (Burcham & Carlson 1995). This presentation includes topics that will help teachers to properly diagnose, treat and inform parents about ADHD- like behavior, but unfortunately this presentation is only offered in a few states (Burcham & Carlson 1995).

School districts often use multidisciplinary teams to properly diagnose ADHD within the school system (Sciutto, Terjesen, & Bender Frank, 2000). The multidisciplinary teams conducting diagnostic interviews rate the severity of the behaviors and send questionnaires to teachers and parents to identify the disease (Ulloa et al. 2008). Unfortunately, in the United States it is common to find that the special teams in charge of special education are deeply flawed due to different points of view among them (Kauffman et al. 2002). Sciutto et al. (2000) states that the teacher's role in the diagnosis process is indirect and is often done through referrals and information provided about the child's behavior. Furthermore research shows that if a school district has clear, concise and understandable policies, teachers will often be more educated about ADHD, leading to better identification and accurate diagnosis (Burcham & Carlson, 1995). Based on this, I will investigate the impact of the policies on teachers' actions, as well as referrals within a predominantly Hispanic community in order to understand the teacher's knowledge and the actual process of identification and diagnosis.

Moreover, a multi-modal approach to the treatment and management of ADHD is frequently recommended (Sherman et al. 2008). This multi-modal approach may include medication, behavioral modification techniques, and academic interventions (Sherman et al., 2008). Sometimes this is not followed because of teacher's individual preferences that deviate from this multi-modal approach (Vereb, 2004). However, this is complicated by the fact that there is unfortunately no consensus on which ADHD intervention is the most effective or better for the children (Purdie, et al., 2002).

1.4 PARENTS AND ADHD

Due to the nature of the diagnosis, parents of children referred for ADHD screening are the ones responsible to make the decision to take the child get a formal diagnosis. It is ultimately their decision as parents to be informed and teachers play an important role when informing parent of what ADHD is. Kendall (1998) reported that parents attempt to avoid mental illness diagnosis for their children because it may often lead to stigma and depression or in the case of ADHD to a belief that the illness is their fault. However, it was reported by the Centers for Disease Control and Prevention (2005) that in 2003 almost 8% of all children diagnosed with ADHD were first diagnosed by their parents. This diagnosis often arises because parents report close to three times as many problems stemming from a child with ADHD than a child without (CDC, 2005); likewise, parents are often encouraged to diagnose their children in order to avoid social and psychological traumas such as isolation and depression (Malacrida, 2004).

Singh (2003) reported that parents believe this behavioral problem (ADHD) is often able to be resolved from home without the need of a psychiatrist, psychologist or even medication. Additionally, Bussing et al. (1997) reported that minority groups (such as African-Americans) often blame a high glucose diet for their child's ADHD problem. These alternative explanations for ADHD-like behaviors may also be related to the lower rates of diagnosis for Hispanic children, but this is not known.

Moreover, Singh (2003) reported that parents often have different explanations to clarify the illness within their own home. For example, across all racial and ethnic groups, mothers of children with ADHD, often the primary care givers, report the child as being inattentive, hyperactive or unruly (Singh, 2003). On the other hand, fathers (irrespective of race or ethnicity) of children with ADHD, who are often the primary breadwinners as opposed to caregivers, are more likely to say that the inattentive,

hyperactive or unruly behavior can be explained simply by saying that the mother is not strict enough with the child and will often claim the child is well behaved when he (the father) is around (Singh, 2003). Singh (2003) explains that this difference in perceptions relates to the fact that the child may feel more comfortable misbehaving around the mother because the child spends a great amount of time around her and not so much around the father making the child somewhat fearful to a father's reprimand.

In summary, ADHD is the most often diagnosed psychiatric illness in the United States and because of this it is important to understand how it is that teachers begin the process of identification. Further, one must understand the difficulties of the disease as they appear in the classrooms so that we understand what makes teachers look for the symptoms that they believe are tied to ADHD. Additionally, understanding teacher's views of parents and district policies are important because they both serve as support for our educators.

Chapter 2: Research Methods

This chapter will focus on the population under investigation and provide the themes that served as a framework for the research. A focus on the nature of the participants, the population and the instruments used is provided.

2.1 RESEARCH THEMES

In an attempt to explore knowledge and understanding of ADHD in the schools, this research focuses on the following themes:

- Problems Encountered by Teacher Related to Children with ADHD in the Classrooms
- Teachers' Views and Beliefs Regarding ADHD
- Teachers' Views on How the District Can Improve Services

2.2 Population of Interest

Canutillo Independent School District (CISD) is located in the outskirts of El Paso, Texas and it is adjacent to the State of New Mexico. This school district is served by what is known as Region 19. Region 19 is an Education Service Center (ESC) that serves all the major schools districts in the county of El Paso and Hudspeth County and it is one of twenty service centers that serve the entire state of Texas (ESC-Region 19, 2011). The population that the school district serves consists of five small communities of approximately 15,000 residents (About Canutillo ISD, 2009), but Canutillo, Texas has a population of 5,100 people (United States Census Bureau, 2000) and just as in El Paso, Texas, its population is over 80% Hispanic. The District consists of five elementary schools, two middle schools and one high school serving a total of 5,600 students (About Canutillo ISD, 2009). The district employs

410 teachers, 85 educational assistants, and 275 people labeled under auxiliary personnel, within all of its campuses (About Canutillo ISD, 2009).

The city of Canutillo (which is very similar to the surrounding areas such as Vinton and West Way) has about 27% of the population speaking English at home, which means that 73% of the population speaks a language other than English at home (in most cases this language is Spanish) (United States Census Bureau, 2000). On average, the census reported in 2000, about 31% of population is under the age of 18 and only 16.6 % of the entire population has earned a college degree. At the same time, over 34% of residents in the city of Canutillo do not have a high school diploma or its equivalent (United States Census Bureau, 2000). CISD is located in a poor region of the United States, in Canutillo, 28% live below the poverty level and the median household income is around \$35,000, which is well below the Texas average of \$47,000 per household (United States Census Bureau, 2000). Additionally, it is reported that within the state of Texas, 7.7 percent of school aged children have been diagnosed with ADHD (CDC, 2011).

2.3 METHODS

2.3.1 PARTICIPANTS

For this study, all participants were recruited from a publicly available pool of all teachers at the Canutillo Independent School District. Only general education teachers participated in this study. This research was conducted between September 2010 and November 2010. A list containing the names of the “teachers” was compiled from this website, and teachers’ names together with their district email addresses were used to invite for participation. I personally sent emails to each of the “teachers”, which I later learned included teachers, paraprofessionals, substitutes, and teacher aids, one at a time. These emails consisted of a formal invitation (see appendix 1.4) requesting participation and explaining the nature of the study. A total of 251 emails were sent, and 37 “teachers” responded to the email. Of those

37, 22 declined participation and 15 agreed to participate. Out of the total number of teachers who agreed to participate, I was able to interview 11 teachers. 4 of the interested teachers were not interviewed due to time conflicts in our availability to meet. 1 teacher's data was excluded due to faulty recording equipment and my lack of proper notes. A total of 10 certified teachers (none of the paraprofessionals, substitutes or aides replied to be interviewed) completed and participated in the interviews used for this research.

2.3.2 MATERIALS

Participants were given a consent form (see appendix 1.5), which explained the nature of the research and their participation in detail. Additionally, teachers were given a demographic background questionnaire (see appendix 1.3). The interviews were recorded on a Memorex digital recorder and transcribed, two of the 11 interviewed participants declined to be recorded, and I completed their interviews by taking field notes as they answered the verbal questions.

2.3.3 DESIGN

The current study was aimed at assessing teacher's perspectives regarding ADHD, district procedures to diagnose ADHD, and ADHD management in the classroom. I used N*Vivo software to code data based on research 3 themes: problems, views, and solutions. After all interviews had been transcribed, I coded the interviews into these themes based on my research interests and what I saw as most common themes in the teachers' responses; the interviews were further coded into subtopics within each of those three themes using N*Vivo software.

2.3.4 PROCEDURE

All interviews were conducted at district campuses. Interviews took place in the teachers' classrooms and only the participant and I were present. Participants were greeted and given a consent

form. I answered questions regarding the nature of participation. After the consent form was signed I asked for verbal consent to turn on the digital recorder. After verbal consent was given, the participant was given a consent form to sign to permit the interview to be recorded. Interviews lasted for 45-90 minutes, averaging 1-hour. The study followed a scripted questionnaire deviating only to ask probing questions when relevant (see appendix 1.2). After the interview had concluded, participants were given a demographic background questionnaire. Finally, participants thanked for their participation in the study.

2.3.5 CHARACTERISTICS OF INTERVIEWED TEACHERS

The majority of teachers interviewed for this research were Hispanic females. Out of 10 teachers interviewed, 7 were female and 3 were male. These teachers ranged from 34 to 55 years of age, and had an average of 14.4 years of teaching experience, which ranged from 3 years teaching to 27. Only two of the ten teachers in the study were non-Hispanic white and the rest identified as Hispanic. Similarly, the majority of teachers, in this case 7 out of 10, were fully bilingual rating themselves as highly efficient while speaking, reading and writing in both English and Spanish. See Table 2.3.6 for information about each teacher and his/her characteristics.

2.3.6 TABLE OF CHARACTERISTICS

Pseudo- nym	Years Teaching	Level Taught	Level of Education	Ethnicity	Age	Degree From	Born	Raised	Language Spoken
Maria	13	Middle School	Bachelor's Degree	Hispanic	55	UTEP	El Paso, TX	El Paso, TX	English
Jazmin	27	Middle School	Bachelor's Degree	Hispanic	49	Texas Tech University	Midland, TX	Midland, TX	English/Spanish
James	24	High School	Master's Degree	Hispanic	47	University of Phoenix	Rapid City, SD	Milwaukee, WI	English
Peggie	6	Elementary	Bachelor's Degree	White	34	UTEP	Albuquerque, NM	Albuquerque, NM	English
Mark	18	High School	Bachelor's Degree	Hispanic	42	UTEP	Mexico	Mexico	English/Spanish
Martha	17	High School	Master's Degree	Hispanic	41	UTEP	El Paso, TX	El Paso, TX	English/Spanish
Lupe	16	High School	Bachelor's Degree	White	45	Illinois State	Evanston, IL	Evanston, IL	English/Spanish
Carla	13	Elementary	Master's Degree	Hispanic	55	Universidad de Juarez	Mexico	Mexico	English/Spanish
Michael	3	Elementary	Bachelor's Degree	Hispanic	49	Park University	Lincoln, Nebraska	Lincoln, Nebraska	English/Spanish
Fernanda	7	Elementary	Bachelor's Degree	Hispanic	50	UTEP	Canutillo, TX	Canutillo, TX	English/Spanish
Average	14.4			80% Hispanic	46.7				

Chapter 3: Results

This chapter focuses first on the problems encountered by teachers when dealing with ADHD in the classrooms. An overview covering teachers' views on district policies, district curriculum, bullying and parental support is offered. Second, we see what teachers' views and beliefs about ADHD are. This second section will cover what the teachers' beliefs about ADHD are, what they think causes ADHD, their views on medication, and their reasoning behind a lower prevalence of ADHD in Hispanics. Finally, this chapter will cover what teachers believe is needed in order to improve services to children with ADHD within the district, including training teachers and educating parents about ADHD.

3.1 PROBLEMS ENCOUNTERED BY TEACHERS RELATED TO CHILDREN WITH ADHD IN THE CLASSROOMS

In order to understand this question, it is important to note that most teachers interviewed have experiences and problems related to their teaching that are similar in nature. Specifically, these problems are heightened when they, as teachers, work with a child suffering with ADHD in the classroom. These problems and experiences range from these teachers' personal debates on how to deal with issues in the classroom to problems with stigmatized children. Although most of their problems relate to dealing with individual children, teachers note that some of the problems and symptoms of ADHD can be minimized with parental support and participation. In order to understand the teachers' struggles in the classroom, we will look at the most common themes found through the interview coding process. These themes include: first, an uncertainty with the

referral process; second, problems with the curriculum; third, problems encountered in the classroom including students with ADHD becoming stigmatized; and finally problems with parental involvement when it comes to children with ADHD.

3.1.1 UNCERTAINTIES WITH THE REFERRAL PROCESS

First, I will address the problems teachers encounter with the referral process, including the complexity of the process. Through an informal conversation with a school administrator, I found that based on district policy, the overall referral process begins by the teacher gathering a massive amount of documents. After this step is taken, teachers will contact an administrator of their choice, usually the one they perceive as the strongest instructional leader, whom will guide them to meet their needs. The school administrators then intervene by creating a special team of educators who analyze the child's situation and compare the teacher's findings to their own in order to reach a proper diagnosis of the child's behaviors.

To begin the process of documentation on the teacher's end, he/she needs to fill out what is known as an RTI (Referral to Intervene) package. This package includes between 10 to 15 pages of worksheets for the teacher to check or mark off in order to better assess the child. This package typically can take anywhere from six to eight weeks to complete as the teacher needs to document his/her observations of the child. In addition to the observation, the documentation usually consists of the student's sample work and copies of chapter tests he/she has taken in class during a period of a few weeks. At the same time, the teacher is required to produce an additional "needs list" that

provides possible strategies to help the child without needing to escalate to a different level of research or referral.

During my interviews, only one teacher was able to describe the referral process in a very detailed manner: Fernanda, a 14-year district employee who has been teaching for 7 years. She drew my attention to the important observation that teachers, overall, are unaware of the exact steps to be taken in order to obtain a referral or begin a diagnostic process. Before becoming a teacher, Fernanda had been a paraprofessional working for the district. She has taught all grades from kindergarten to sixth grade and is currently a fifth grade teacher in the Canutillo Independent School District. Fernanda described the RTI process as being a collaborative process between parents, the administration and teachers. She said:

...we need to prepare a package with the kid's information, which includes all grades, it includes the student's behavior, tendencies, etcetera [and] we submit this to the campus. So I give it to the principal who will review it to see if other steps are needed. We also need to get parental permission to fill this RTI.

Once parent's permission to complete an RTI is given, the teacher collects the information about the child's grades, behavior patterns, and tendencies and proceeds with the process. Fernanda added:

First I have to take them through Tier 1. Here the student [is given] opportunities to complete the work from the teacher. [During Tier 1, the student] could be... pull[ed] from P.E. or keep them in for lunch to complete the work. Then if that doesn't work then we take them to Tier 2, where he will be getting the same help, but from somebody other than the teacher. And then if the student still does not progress, then they go to Tier 3, which is special ED or 504. There I will talk to the paraprofessional or our special Ed specialist and will ask them to please hold a meeting to discuss the child's progress. So we will invite the parent, we will also have our special education director, the teacher, the principal and paraprofessional. And they will ask me what the problem is. I will take work in to show grades. Especially if the child is failing. And at that moment that [group of

involved people] becomes a committee, and that committee will decide if the child gets screened [for ADHD]... and the committee comes in and will observe the child in the classroom, and we just fill out paperwork. But we don't decide what it is, we just observe and report. Then it is given to the parent and we tell them the results of the screening and then they [school committee] decide if the student qualifies for certain services or not. But it is not up to me. I will just bring it up to the[ir] attention.

The description provided leads to the conclusion that the process of diagnosis takes place within the constraints of a committee formed by teachers, parents and administrators working under and around district policies. While Fernanda is aware of the process, her description makes it clear that the process is very complicated. It is likely that less dedicated teachers (e.g., those that would have been less likely to participate in interviews) are less likely to follow through with it in the same, thorough manner as Fernanda. And, Fernanda reported that teachers are not always aware of whom to contact for help in moving the child through the other Tiers. For example, if a child is in Tier 1, and is held back from lunch in order for them to finish their work, the process might end at this point, even if the child needed additional assistance simply because the teacher does not know what the appropriate next step is.

Carla, a 13-year veteran with the district who has been an elementary teacher for her entire career, gave a less detailed account of the RTI process needed to start the referral for ADHD. She also mentioned that part of the process to identify a child with ADHD is to rule out all other possibilities that may be contributing to the child's outbursts or behaviors:

...if we have tried all approaches and everything is failing, before the end of the first semester we will have solid basis and documentation and proof that something is not working right with that child. What the district has set up as a process is that once we notice all those things and we do all those interventions,

we call a meeting with parents and specialists and we ask for diagnosis and evaluation.

These two views about the referral process are in agreement on a number of issues: data on the child must be collected, parents need to be informed, and a committee must be formed.

A problem with the referral process, according to Carla, is that it takes a lot of effort and success is, in part, dependent on the motivation of the teacher. However, Carla added, “it’s a lengthy process and sometimes if the teacher doesn’t give up and they stay with the child by the beginning of the second semester that child will have been diagnosed. If that was the case then we will start interventions with the specialist but it takes a lot of effort”. The effort to complete the referral process is just one more thing that teachers are being asked to do. Jazmin, who has been a teacher for 27 years, mentioned that, “as teachers, we see more paperwork piled on every year, more of the responsibility of other aspects of education gets piled upon us, we are getting to do a little bit more of, counseling, a little bit more of the secretarial part of jobs and of course more educating.” This includes teachers having to fill out RTI packages that fit district requirements for those students with possible ADHD while staying on track with their teaching. The importance of teacher involvement is crucial as time progresses. Teachers who are not proactive about their students’ struggles could potentially hinder the progress of a child that has learning disabilities such as ADHD.

3.1.2 Problems with Curriculum

Unfortunately, teachers not only face a complex process when it comes with referring a child for ADHD screening. Teachers are also in charge of 20 to 25 other students in the classroom and have a curriculum to follow. Having a student with ADHD in the classroom, as described by Carla, “can become a burden for the other students as well as for the teacher”. However, teachers still have a job to perform, state curricular standards to follow, and his/her own teaching style, which make the issue of creating a curriculum tailored to the child with ADHD particularly difficult.

Additionally, under the direction of a new school superintendent, the school district is undergoing a change in curriculum. This change requires all of the teachers to move through subjects and lessons at the same time. That is, all teachers of fourth grade math, for example, have to teach the same content using the same lessons on the same day. Michael, a teacher for 4 years, mentioned that working under this new curriculum is very stressful and fast paced. Michael said:

...in the past, before we had all of these curriculum changes, I used to make fun of them [the children], I mean not this specific group, but you know, we used to have fun. Now we are moving so fast that we don't have time to joke around. And they shouldn't see me... and I don't think they do, but they shouldn't see me as a grouchy old Mr. Michael.

Under such fast-paced, structured, and high stress conditions, it is difficult for a teacher to tailor instruction to a child with ADHD. Mark, a 17 year veteran of the teaching profession, has been working at the district for a total of 5 years. He mentioned that a critical challenge is staying focused on the material that needs to be covered while trying to manage a child with hyperactivity:

... [something that] is bad about me is that I would focus on the hyperactivity, so I would focus on the hyperactivity but this wouldn't give me much time to focus on other students. [A child] displaying hyperactivity [takes time away from instruction], you know because I have to go stand next to that person... I would just have to remind them that they had to work on behavior etc...

Mark then sees it as negative that his focus on the child with hyperactivity takes time away from the instruction of the other students, and these pressures are heightened with the new curriculum.

Some teachers find opportunities to work within the revised curriculum while making sure all students (including those with ADHD) get their education. Jazmin mentioned that in order to complete the new curriculum she has had to adapt and keep students with ADHD busy, however it is not always easy. Jazmin said the most difficult part of the new curriculum was:

...finding a way that I can work with them [ADHD students] to make sure they are getting their education - making sure that they are learning and following the rules. You know, are they staying in their seats? Are they focusing? Do I need to cut down their work to just ten minute increments and then let them go to the bathroom? And then work for another ten minutes and have them run an errand for me? You know it's just finding the way to help the children while adhering to the curriculum.

In this way, Jazmin works within the curriculum to address the needs of the students in her class.

3.1.3 BULLYING AND ADHD

In addition to the paperwork required to begin the diagnostic process and curricular challenges, teachers often find themselves mediating between students. An important concern among teachers is the issue of child bullying. Children with ADHD are sometimes the focus of humiliation, mockery and/or stigmatization. The teachers have to

intervene to prevent these problems from arising in the classroom, which is difficult because children with ADHD are often singled out in the classroom due to their special needs. For example, teachers reported giving children with ADHD preferential seating, additional time to finish school work, and even personal tutors. Fernanda mentioned that a child with ADHD “will draw attention of other children simply because of the additional support they are receiving” from the teacher and administrators, which can make them a target of bullying.

Disruptive behaviors by children with ADHD often hinder other students’ performance and can become strains on other students. Carla said:

...to a certain degree [when it] gets out of control, it will prevent other kids from moving on in their knowledge, in their development. It will prevent the teacher from moving on with the new materials or new concepts day-by-day and it can disrupt the learning process of other students, if we’re talking about a very serious case, you know, the example of kids that are crawling underneath the desk or making a lot of noises or sometimes screaming things right of the blue or being aggressive, being impulsive. If that behavior is not corrected in time and there is no intervention in time, it can become a burden for the other students as well as for the teacher and then I would say instead of advancing at certain speed you have to slow down the instruction, and yes of course, the kids will lose, you know, so that’s why we have to act right away.

Having these types of disruptions in the classroom can lead to children with ADHD being bullied. Carla continued:

[Children with ADHD,] sometimes they’re outcast from their peers [because] they don’t want to be around them too much... some [of these] kids are cruel sometimes they will pick on them, pressure their points to see if they will explode... [But] if the teacher stops that behavior right away and models the right behavior then they tend to be friendlier and more tolerant and more helping of the children but it depends on the environment that you set up.

As a teacher, she actively engages all students and has to make sure that positive non-cruel behavior is enforced and modeled. Carla mentioned that she has to “work as a

mediator” to the child with ADHD and the other children, and at many times that means “taking the side” of the child that is annoying the rest.

Students who are outcasts or objects of constant attention tend to act out because the attention becomes a positive reinforcement for bad behavior of the child with ADHD. Maria, a 13-year teacher at the district mentioned that some of her students with ADHD will simply act out in order to get the attention and deviate from learning. This, according to her, is done when the student with ADHD does not understand the material and simply wants attention, but it can also lead to frustration from other students or even bullying.

Maria said:

...the student always wants to answer every single question, doesn't care about others wanting to participate. The kids will “blurt out the answers” they get up off their seats with their hands up yelling the answer. There is also an inability to focus and they are distracting to other students. Many ADHD kids are tattle tales. So they are too busy with themselves so they are always telling on others. And many times they will counter other people's opinions just to have the attention. So they will go against the student just to inspire debate.

Maria also mentioned that children with ADHD are often the “tattle tales” of the class.

This behavior further places them at risk for isolation since children cannot understand these behaviors and do not want to befriend a “tattle tale.” The disruptive behavior engaged in by children with ADHD can inspire conflict among peers. There are rules in place for answering questions and turn-taking, often the student with ADHD does not follow those rules. This in turn makes the ADHD student a target for mockery and isolation, which is a problem the teacher must address.

3.1.4 PROBLEMS WITH PARENTS AND PARENTAL INVOLVEMENT

According to the majority of participating teachers, most of the problems they faced with a child with ADHD could be minimized with more parental involvement. Therefore, many felt that the lack of involvement by parents was a problem, both at home and at school. Teachers see unstructured home environments as contributing to the problems they have with the children with ADHD at school. Carla mentioned that most of the problems seen with hyperactive/talkative kids have to do with the dynamics children have in their own homes. In addition, some of these problems at home are seen because the child is raised by someone other than the parent; many times just an older brother or an elderly grandmother. Carla said:

...because they [children with ADHD] lack that time of having conversations at home, they want to have those conversations here with the teacher or with the kids, they want to be listened to. You know, there is no adult at home. So a junior high kid takes care of them or grandma looks after the kids because parents are in Juarez. So grandma is sick or isn't at home or has no energy to discipline the kids. So that's the sad part - that many of these students, or at least mine, are being taken care of by a grandma or an aunt. And a lot of the parents are in Juarez, and for me, it's like, these kids are your responsibility, not grandma's.

From Carla's perspective, the lack of attention that some children with ADHD receive at home leads them to be more demanding for the teacher's attention at school.

Unfortunately not every parent is actively involved in their child's education, and this is a more serious problem when the child had ADHD. Several teachers reported having problems with parental support. Some of the problems reported included: parents threatening the teachers; parental non-compliance to teacher's recommendations; and parents believing that the teacher was incompetent. Carla gave an example of one parent

blaming the teacher for the problems with his child and not the likelihood of the child having ADHD:

...I've had in the past some parents being aggressive, but that has been a long time, and I guess I was less experienced, but yeah, once a parent was accusing me of annoying his child or being too strict with his child... [in] rare cases they [parents] come to their senses and after a while they give in and start giving information that makes us understand [the child's behavior] and, once they agree on having an evaluation, once they agree [that] there's something going on with [their] child's learning he or she [gets] help.

Related to the importance of parental support, teachers generally agree that a proper home environment is needed in order for the child to succeed. However, this home environment is never perfect. Carla mentioned that when a child is having problems in the classroom, the teacher must investigate whether problems that exist at home could be triggering the child's behavior:

...you need to talk to parents, you need to find what is going on in their environment to what stresses have they been submitted, if there has been any traumatic experiences, if there has been a loss in the family, if there's violence or neglect or too much television going on or noises, or all those things sometimes we sit and talk to the parents, and we recommend some things to be taken away from the child's diet or some things to be set up in their daily routines..

Peggie, a 5th year teacher at an elementary school, stated something similar, "I think that looking for cues that would help you connect with that student at a personal level [is beneficial]. So finding out a little bit more about the student will help them want to come to school and compose themselves." To do this, teachers converse with parents in order to get a better picture of the behaviors being displayed at school.

In addition to concerns about parents and parenting, teachers also reported concerns about the sort of community Canutillo is building around the children. Carla mentioned:

...the community has a lot of drug abuse, a lot of alcohol abuse, a lot of family violence, and they're living in that environment and that's what they're seeing and although we try to make the schools a safe haven for them, you know, sometimes the teacher will be the only smiley face they will see the whole week. I think we need to spread that safety environment to the community so in a way impact the whole environment, so we can have better kids and better students so they can have better opportunities.

In summary, teachers perceive the referral process to be lengthy and to require a lot of involvement. Teachers perceive that the curricular changes do not allow them to tailor instruction the way they once used to, as Michael stated, "we used to have fun." They also find themselves mediating student's relationships with each other. Child bullying is a serious concern because children with ADHD often have certain services in place that make them a target for other children and their behaviors draw negative attention to themselves. In addition, teachers emphasize the child's home environment as a source of the child's problems and as a source of their problems with the child. They argue that many problems can be prevented and ameliorated at home.

3.2 TEACHERS VIEWS AND BELIEFS REGARDING ADHD

My second research aim focused on the views and beliefs regarding ADHD among teachers in a Hispanic school district. Because teachers are the first to begin the diagnosis or referral process, it is important to understand what teachers' believe ADHD is, how it is displayed, and what the solutions are. This is because their beliefs likely influence their actions, which would impact which children are diagnosed. This is especially relevant because Hispanic children tend to be under diagnosed with ADHD (Vereb, 2004). For this reason, this following section will examine four themes related to teachers' views and beliefs. First it is important to analyze what general beliefs about

ADHD as well as what teachers believe the signs of ADHD to be. Secondly, teachers gave their insights into what the main causes of ADHD are. We will see that teachers believe ADHD is created by society and not a disease within the students' brain. Third, this section will look at the teachers' views on medicating students that may or may not have ADHD. Finally, we will look at the reasons teachers feel ADHD prevalence is lower in Hispanic populations.

3.2.1 BELIEFS ABOUT ADHD

Before beginning a discussion of teacher beliefs, it is important to note that teachers may use their past experiences to inform understandings of ADHD. As Carla says “we as teachers use our past experiences [in the classroom] and [our own experiences at] school to dictate how we treat every child, every situation, every time”. In terms of beliefs, all teachers interviewed agreed that ADHD is a lack of focus. However, some elaborations are made referring to other symptoms or illnesses including confusing ADHD with a serious psychiatric illness. For example, Carla began by stating:

ADHD is the lack of self-control in a child, self-control in their bodies that reflects on the ability in their minds to concentrate and focus on one subject and their lack of ability of paying attention to what's going on around them maybe the I don't know if it is the voices or the thoughts or that things are going on in their heads are taking them from or preventing them from listening

Stating that ADHD is characterized by a lack of self-control something that is shared among all interviewed teachers.

Several teachers made a link between ADHD and other, more serious psychiatric illnesses. Carla explained that along with the self-control issues, she wondered if the problem with ADHD in a child includes a psychiatric illness and her quote (see previous paragraph) referenced hearing voices. This was also found to be true with Lupe, a 16-year

veteran teacher at the district. Lupe mentioned that children with ADHD show autistic characteristics at times:

Just like autistic children, I think they [children with ADHD] are more global, you know right brain, left-brain, I think they are more global. I think an ADHD kid will walk into the cafeteria and see the big picture where someone else who is more, left brain and not ADHD is going to walk in to the cafeteria and look for just their friends...

In addition, Lupe mentioned that children with ADHD have extraordinary artistic talents, among other abilities, she said: “the kids that tend to be more hyper tend to be more global, sometimes, they can be really good writers, and they can really get into writing the story, but sometimes they don’t like to read. So, they can be verbal.”

Here, both teachers believe ADHD is a mental disability that can be confused with a different, more serious psychiatric illness. However, it is possible that all teachers’ perceptions and beliefs about ADHD influence what they know about the disease, which could explain the difference in the rates of diagnosis among Hispanic children.

3.2.2 CAUSES OF ADHD

In this section we will look into what teachers believe causes ADHD. All participating teachers agreed on ADHD being a disease; however, no agreement was observed regarding the causes of the disease. Teachers reported a combination of the following as their most frequent answers. According to the majority of teachers interviewed, ADHD is the product of a “bad environment” (e.g., home, school, and community) intertwined with a low socioeconomic status, and exacerbated by poor diet.

The teachers viewed the environment that surrounds children as a key cause of ADHD. For example, James stated, “ADHD is something that happens in society where you know, we watch TV and our attention span is about 7 or 8 minutes. James explained

that with a world full of distractions, we develop the inability to focus on everyday situations. James blames the environment as a cause of ADHD, explaining one is not born with it. As opposed to focusing on society and the media, Carla laid blame to the more immediate social environmental surrounding the child. She stated that ADHD “is a cause of the environment they live in.” She added:

...The community has a lot of drug abuse, a lot of alcohol abuse, a lot of family violence and they're living in that environment and that's what they're seeing and although we try to make the schools a safe haven for them, you know, sometimes the teacher will be the only smiley face they will see the whole week. I think we need to spread that safe environment to the community so in a way impact the whole environment so we can have better kids and better students and better-informed parents so they [the students] can have better opportunities.

On the other hand, Jazmin reported ADHD is caused by developmental delays. Jazmin stated:

...In the development of a child there are many movements with all the synapses in their brains [that] are working and when they learn something new their cells grow and all that kind of stuff. I know, that if you don't let a child do the, well the crawling on the floor, will have more incidences of ADHD... you know because they need to have that coordination.

Here we clearly see that, according to Jazmin, ADHD is developed because synapses in the brain are not fully connected to the movement the child is learning as they grow. She seems to implicate inadequate parenting, by suggesting that if the child is not allowed to crawl, he/she will be more likely to develop ADHD. Her model contrasts with James', who mentioned that this inability to focus comes from modern distractions such as television, video games and radio.

In addition to social environmental causes, Lupe acknowledges that ADHD is also the result of a bad diet and cultural influences. Lupe mentioned, “I think that diets are a

HUGE deal with this and I have already seen it. We switch a kid's diet and their ADHD is gone." Lupe added:

Sometimes it is just a matter of eating habits...also, it might be, [that] it depends on the community that they are in, for example, what is the ratio of white teachers. Because there is a HUGE cultural influence difference between white teachers, black teachers and Hispanic teachers, because they will all perceive the child differently depending on their cultural background and I think we need more longitudinal studies that look into families, environment, schools, and even the diets.

In this way, Lupe is recognizing the socially constructed nature of an ADHD diagnosis. She recognizes that teachers from varying cultural backgrounds will interpret ADHD symptoms differently, which will influence which children are diagnosed.

3.2.3 VIEWS ON MEDICATION

Teachers not only disagreed on what the causes ADHD were; their views on the medications also varied as each teacher had dealt with different students and different medications in the past. One thing they agreed on was that many times medication, along with some sort of counseling or coping class, helped children with ADHD succeed at a higher rate than their counterparts without medication and counseling. Carla reported:

...Their behavior will be totally different if one is medicated and one is not medicated. The one that is medicated, he or she will be getting the information and they will be following the instructions and they probably will understand more so than the one that is not medicated.

Mark, a 20-year veteran who has been working for the district for 3 years agreed that having a child with ADHD on medication is a great way to help them succeed. He said, "Medication helps them focus and helps me continue teaching without unnecessary interruptions". However, Mark, like other teachers, was concerned about the effects of the medication on the children. He mentioned that too much medication could have

horrible unexpected side effects that make him doubt the efficacy of the medications. He explained:

...You know what? Seeing the medicated children is one of the saddest things because you see them completely out of it. They are just... I remember one child that started using the medication they just... .. took his medication and it took his personality away. He was overmedicated and he just looked like he was a zombie. I mean the hyperactivity was gone but... the personality vanishes

He continued to say that this instance deterred him from actively looking for ADHD symptoms in children. Instead, he sought to fix the problem behavior himself in the classroom setting because he is afraid of the consequences of the medications.

Similarly, Martha an 18-year veteran who has worked for Canutillo ISD her entire career mentioned that she has noticed children's personalities changing when put on the medicine. She has brought this to the parent's attention; found that they had also noticed this too. She said:

Well, initially, I have noticed that some of them will get sleepy, or they will act like they are drowsy. They are not as talkative sometimes, you know they ones that tend to be very talkative. And the parent, I will find out later that the kid is on medication. Sometimes they are very sad even, and I have heard that many parents take their kids off the medications because they change, because they are not their children anymore. They start responding to the medicine and not to the environment.

In sum, medications assist the teachers; they help the teacher continue their work while having students learning and succeeding in class. Unfortunately, medication many times has side effects that affect the child more than it helps the teacher. Having a lethargic student is not what teachers want in their classroom. Instead of medicating children, Lupe believed that, "we should find a way to help students pay attention while we are giving instructions and be talkative and active while they are doing the work".

This is something that is very difficult to do, especially given the constraints of the new curriculum, previously discussed.

3.2.4 LOWER PREVALENCE OF ADHD IN HISPANICS

Previous mentioned research shows that there is a lower prevalence of Hispanic children with ADHD in the United States (Cuffe et al., 2005). I mentioned this to the teachers and then I asked them about their opinion on why this may be the case. Teachers reported two common themes regarding the reasons why Hispanics are diagnosed less often: cultural reasons and socioeconomic reasons.

In terms of cultural reasons, teachers believed that ADHD was not seen as prevalent in Hispanics because “the Hispanic community is proud and private”, making Hispanics deal with this disease privately at home and away from judgment. Some teachers also believe Hispanic families are more reserved and private than their white counterparts. Additionally Martha who is Hispanic and was born and raised in El Paso, TX, added that, “Hispanics frown upon having any sort of psychological evaluation.” She mentioned that they don’t like that and will not go to the doctor because of that. Moreover, Mark, also being Hispanic, agreed that having ADHD is a stigma that will follow the child home and through the rest of their lives, and because of it, Hispanics prefer to “take care of it at home”. He said:

I have always thought that if you have a problem you take care of it, that is the way I was raised. At home, you know the stigma of not being normal, and you know it is changing quite a bit but its still around. Things like depression, you know we don’t go to doctors. Is it maybe a social economic thing, or is it ethnicity? But you know, we wouldn’t have to be taken to the doctor for something like that we would be taken home and dealt with. You know you behave because you have to behave.

Maria, a Hispanic teacher, also focused on the stigma when she said:

The Hispanic culture is very proud, so they see it's a behavior problem and not a mental problem. They don't like to be mentally ill. As Hispanics we think of gay people as being mentally ill, and that creates stigmas. So we do the same to any other mental disease such as ADHD. Last year I know of one kid whose parents refused the label simply because the stigma. "MI HIJO NO TIENE ESO!, ESO ES DE TONTOS Y DE LOCOS!. (That is for crazies and dumb people)

Peggie, a white teacher born and raised in Albuquerque, NM who is married to a Mexican man, suggested that cultural factors interact with socioeconomic factors. Peggie mentioned:

...They don't go to the doctor. I mean if things are wrong they try to take care of it at the family. I don't know if it is education. Lack of finances, lack of insurance or maybe even lack of knowledge... maybe they don't even know where they can get informed. Where as whites may have a little bit more of a formal education, or maybe are used to using a doctor as a resource or maybe just seek out help from others. Whereas Hispanics are very private, they are a very private family, and they don't speak about their problems to anyone outside their family.

She seems to see that cultural and economic factors are related in shaping lower rates of ADHD amongst Hispanics.

Related to socioeconomic status, some teachers believe that Hispanic families avoid going to the doctor to spend unnecessary money for something that can be fixed at home. James was also aware that Hispanic families tend to use social services at a lower rate than white families. He said:

Maybe families, I don't know if Hispanic families, well we do it on our own, we really don't go for social services. I know when I was a member of United Mexican American Students, [an association from the University of Colorado at Boulder] is that Hispanics tend to underuse government based aid. If I remember right you are looking at welfare and other things, they tend to use it less than other groups.

Finally, Fernanda reported that the reason ADHD numbers are lower within Hispanic populations is related to the fact that poverty makes it difficult to afford medications.

Fernanda stated:

...It could be that Hispanics don't report it or don't put the kids on medication. Because whites maybe do fill the needs of the child so if the child does need medication they will do it. So maybe it has to do with money, so Hispanics, well, at least in this community, well, it is a very low-income community. So maybe it has to do with money. You know many of them may be under assistance and if that assistance does not cover it then they just won't get it.

The majority of the teachers interviewed reported the belief that Hispanics' socioeconomic status impairs them from seeking medical assistance. Teachers report on that the parents many times will fail to seek assistance simply because of the price of medication or the doctor's visit. At the same time, they also blame the community "poor" standing to be a contributing factor. These beliefs could very well also contribute to the teachers' lower referral rate of ADHD in the classrooms.

3.3 TEACHERS' VIEWS ON HOW THE DISTRICT CAN IMPROVE SERVICES

In this section, we will see how teachers believe that the improvement of services for children with ADHD can be achieved. The first theme that emerged during my coding was teachers' conclusion that more funding was needed to deal with ADHD. Second, teachers believed that trainings could be improved without costing much money. Finally, teachers also believed that parents needed to be better equipped to deal with ADHD, and that the schools could help with that.

3.3.1 IMPROVING TRAININGS WITHOUT SPENDING MUCH MONEY

Because of budget cuts district-wide, many schools have been forced to allocate funding to other departments. This creates problems towards helping those children with the “less” serious illnesses like ADHD. Due to this, many teachers feel that in order to help students with ADHD they have to take matters into their own hands. Fernanda mentioned that “teachers and schools have to make a personal effort to help ALL of the students even when the funds are short”, and because of this “schools turn to charity for additional funds”. Fernanda stated:

It’s all done through donations. Usually the teachers at the beginning of the year will donate some money and then the school just gets what they need. Sometimes the campus puts aside money for that. Depending if they didn’t get enough donations from teachers or businesses then the campus will allocate some money for this.

At the end of the day, schools without proper funding will turn into the community and even their own teachers to raise enough funds to help children with ADHD.

One aspect of the lack of funds is that it translates into a lack of information for teachers about where to refer students to the community-based services they need. Fernanda continued on stating “teachers in this school district have to be informed about the different clinics and health services offered by the community in order to relieve some of the costs associated with diagnosing a student with ADHD”. Along these same lines, Maria stated:

If I know about them [different programs and clinics] then I can better help the parents and the students understand the disease or even the problem being faced with their children. If I knew about programs I can help parents that maybe don’t want the diagnosis because they don’t have money to pay for the medication or the doctor expenses that THEY know [parents] the district will not cover.

A second aspect related to the lack of funds, according to the teachers, is the lack of proper funding to educate teachers about ADHD. As Martha stated, it is a problem of “Me not being well informed about ADHD.” She continued:

...You know what I am thinking, is that maybe more could be done to educate me about ADHD and what it is so that I could be more tolerant and accepting of the disease. Because many times I just think kids are rude and non-compliant instead of having a disease. So I need to be educated to avoid thinking that a couple of *cintarazos* [belt whippings] would fix the problem from home. But that is probably just ignorance on my part acting up.

Carla mentioned that most of the districts trainings are done through Region 19 because CISD has not offered any trainings regarding ADHD in-house due to lack of funding.

Carla said:

Region 19 has them, but in the later years, the district has been a little short in funds, so we - in the last two or three years - have only received the training on campus the days we have teacher training, and maybe 5 years ago, we had something on dyslexia and hyperactivity but I don't recall having had any formal training on that [ADHD].

Surprisingly, this 13-year veteran with the district has never had any ADHD training.

Carla's perspective highlights the importance of educating teachers using district funding instead of making teachers pay money out of their own pocket to be able to receive Region 19 training.

In order to better help the student being referred with ADHD, teachers offered a solution that could prove to be both effective and cost efficient and it involves taking advantages of resources already in the district or school. For example, services to teachers and parents can be offered through the district without the need to hire outside consultants and without using extra funds to create programs and seminars. Maria mentioned:

Maybe students could be counseled and informed. This way we use our already available resources. Maybe teachers could get handouts with the different symptoms, and rules to assist these kids. And not only for ADHD, I mean handouts for all the different diseases and behavior problems, and these handouts could be printed in-house and it will save money and resources.

Here, Maria offers a solution to the uncertainty of not knowing about ADHD by using what is already available to the district. If the district is forced to spend money on buying office supplies and uses money to pay for internet services district wide, then maybe they can use what they already have and simply print out a few handouts for teachers to be educated on ADHD. At the same time, Maria mentioned that the district could use their counselors to educate their children about the different diseases that they display. These same resources could be used to educate parents and inform teachers about their uncertainties regarding ADHD. This way they can find and utilize one centralized source of information, which will prove to be effective and cost efficient.

Similarly Fernanda mentions that trainings regarding ADHD do not have to include a hired specialist from outside the district. In her view, Fernanda believed that having teacher-to-teacher training during their prep-hour could prove effective. Fernanda stated:

Maybe we could have teacher-to-teacher trainings that will help us share, discuss, and inform other teachers about different strategies that will help the teacher help the student. So support by offering ... maybe just a support group, a talk. Something that will let us just talk to someone else and tell them, this is what happened this is what I need and others listen and give you their opinion or something.

James mentioned something similar:

You could also have a program available in the library for the teachers, or something that we could maybe coordinate with the special Ed department to where we could meet in the regular basis to make it more concise and up to date.

You know teachers could tell what their problems are and maybe they offer solutions.

In this way, the district could organize groups that would utilize the expertise that teachers already have from teaching children with ADHD and create a forum for them to share knowledge with each other.

Other ideas for utilizing teachers' knowledge were suggested by others. Peggy, for example, offered to assist to district-sponsored workshops without needing to be paid for the services: "maybe just a coffee card and we are there!" James mentioned that at the beginning of the school year they have a lot of time to assist to these trainings as they do not work with children during the first couple of weeks. "We can even do webinars about ADHD at the beginning of the year," James stated.

Finally, another solution to train teachers, staff and even parents about ADHD within the district suggested by teachers is by having one specialist who supports the entire district instead of having one specialist per campus who may not be an expert on the subject as they do now. While this would cost more than the solutions posed previously, this one specialist would be well prepared and readily available to assist teachers at all campuses at any time of the day. Jazmin stated:

Maybe we could have a district specialist as oppose to a campus specialist. This way they could come out and do some observations, and look at the history and look at what medications are available and maybe what else we could do to help this child succeed in school. Someone that could maybe come in to help the teacher.

Although teachers are aware of problems with the budget and problems with the trainings being offered; here we see that they are willing to work around these issues. All

testimonies presented seem to have been a window towards some good ideas for educating teachers about ADHD without running out of funds.

3.3.2 HELPING PARENTS UNDERSTAND ADHD

The teachers interviewed in this research believed that many times parents are afraid of having their children screened for ADHD. This fear is coupled with the belief that their children may be taken from the regular education setting if they are diagnosed with ADHD. At the same time, parents may be reluctant to accept a referral for ADHD simply because they themselves do not understand the disease. However, teachers believe that educating parents about ADHD while using already available district resources could help serve children with ADHD. Peggie provided one idea for how to reach out to parents:

We are always sending out flyers inviting parents to get their high school diploma to helping their kids, you know, [with] behavior modification needs, and I know that our parent liaison puts out information boards offering parenting classes, or homework assistance classes to teach parents how to help their children with their homework. So using these same services, we can incorporate an information session regarding ADHD and other diseases.

Additionally, Carla also believed that more classes for parents through the district could indirectly help the children with ADHD by creating a better-educated community. Carla stated that “the more educated our community gets, the more involved they will be in their children’s education”. Carla said:

I think if we had more parenting classes, it will help the students in the long run. If we had more parents involved in the school, it would help the students in the long run; If we bring more parents to study to our campus, to get their GEDs, to get their parenting classes, or sometimes to learn how to read and write. This way, it will have more impact in the campus and kids will see more of their parents

coming to be students and as they are students they might change a little bit. It may change the community and with involved parents we may even reduce those ADHD numbers we were talking about earlier.

While classes for parents seem like a good idea, others were skeptical that parents would attend these workshops. Peggie stated:

The thing is that our school, we don't have any parent teacher organization or anything. So we don't get to see the parents, we don't talk to the parents, I will only get the parents come in, only when I tell them that they are required to attend at least twice a year to our Parent Teacher Conferences by law. And we are here until 7 at night, but we don't get parents to be involved at the school.

To conclude, I found that teachers believe that many of the problems related to their abilities to deal with ADHD in the classroom are caused by a lack of proper funding. The teachers, although struggling, are working to find a way to create a better learning environment and provide support for children with ADHD. In order to continue assisting these children being referred with ADHD, the teachers believe that we must become creative with the funding, and that the school district may also need to find a way to educate parents and involve the parents in their children's education regarding ADHD.

Chapter 4: Discussion

In this discussion, an overview of the problems encountered by teachers with children with ADHD, their views on medication and causes of ADHD is seen as it ties to previous research. Similarly, a focus on the teachers' views on possible ways to improve services provided to children with ADHD is given.

4.1 PROBLEMS ENCOUNTERED BY TEACHERS: CHILDREN WITH ADHD IN THE CLASSROOMS

This research study found a great deal of ambiguity within the referral process. While some teachers are fully aware of the steps to be taken, and the personnel to contact when a child is suspected of having a learning disability; others are clearly unaware of the policies, referral processes, and chain of command regarding these diagnoses. Central to the issue of classroom management is the knowledge regarding policies and procedures to be taken if a child is suspected of having ADHD. Additionally, teachers reported that the amount of work involved in referring a child to be identified with ADHD is sometimes an issue they and their peers wish to avoid. The uncertainty is further driven by the fact that this particular school district has undergone some major changes in the last years, including but not limited to changes in personnel and curriculum.

At the same time the majority of teachers were Hispanic and all teachers live and work in a predominantly Hispanic community, so they may take a different approach towards ADHD and the treatment options available than non-Hispanics and teachers who do not live in Hispanic communities. Other research has asserted that when teachers are

not fully aware of the process of diagnosis, it makes them less likely to refer a child with ADHD (Bauermeister, et. al. 2005).

Moreover, teachers' understanding, knowledge and attitudes towards ADHD are scarcely understood (Sherman et al. 2008), which makes this study important. Sherman et al. (2008) mentioned that many teachers are not aware of what ADHD is and how it is treated or even diagnosed. The current study exemplified this fact further in that teachers reported uncertainty regarding the diagnostic process and the forms needed to properly referring a child for ADHD screening. This problem is enhanced by the lack of teacher training within CISD. Burcham & Carlson (1995) argued that all the ADHD-related training the teachers get in the United States is compiled in a six-hour presentation given right before they start working as teachers. The findings in this study show that some teachers never receive training regarding ADHD diagnoses. Further, due to decreased district funding, teachers face a predicament in which either they pay for their trainings or do not receive them.

4.1.1 PROBLEMS WITH THE CURRICULUM

Teachers reported that having to work under a fast paced, new curriculum is very stressful. Being worried about their jobs, their students, and the state mandated test scores increased teacher stress regarding their professional development. Students with special needs are protected under the law to have extra time, less homework, individualized attention, and a personal aid to help them in their school work (CHADD, 2007). However, under the new curriculum, teachers reported that students experienced decreased individualized attention in addition to decreased one-on-one time. Teachers reported that instead of having the child with ADHD being pulled out of the classroom to

get one-on-one tutoring the child is kept in the distraction-filled classroom, making it harder for the teacher to complete their lessons and for other students to grasp to new concepts. Research has shown that keeping clear, concise, and understandable policies will aid the teacher's understanding regarding their students' needs, the district policies, and the identification of ADHD (Burcham & Carlson, 1995). This suggests that having uncertainty among teachers because of a change of curriculum might create misdiagnosis and ill understanding of ADHD, the referral process and policies.

The new curriculum has created an environment in which the teachers feel that is it more difficult to perform. According to the findings, teachers perceive a lack of time and control over their classroom strategies. Children that have ADHD, or are suspected of having ADHD, could end up not having their needs met or even set aside in order to follow the district's new program. This finding further exacerbates the need for providing information and resources to the teachers so that they may be able to provide adequate alternatives and instruction to children suspected of having ADHD.

4.1.2 BULLYING AND ADHD

In addition to adapting to a new curriculum, the current study found that an added difficulty for teachers is mediating conflict between students. Children diagnosed with ADHD are often times ridiculed and mocked by their peers. Teachers throughout the interviews stated that they must often serve as peacekeepers in the classrooms, this, according to the teachers, occurs because parents lack discipline at home. Due to this, teachers often feel obligated to intervene on behalf of the child in order to continue having order in the classroom. According to Sherman et. al.(2008), both the teacher's and other students' tolerance of ADHD has a great impact on the child's progress and

behavior. This research however, found that problems not only come from mediating among students. Instead, teachers have problems with students diagnosed with ADHD bullying others, interrupting classes and even pointing out other students' flaws. The current study found that children diagnosed with ADHD interrupt instruction, making them the target of mockery and bullying. Although teachers have classroom management strategies in place, constant interruptions and in-class bullying create an environment that does not foster learning for children with ADHD.

4.1.3 PROBLEMS WITH PARENTS AND PARENTAL INVOLVEMENT

Research indicates that parents' support and involvement on their children's education will alleviate much of the stress and difficulties related to ADHD (Golding & Wells, 1990). Unfortunately, teachers tended to feel that parents within the district are often not involved in their child's education and even life outside of the school environment. Teachers reported that students are without parents at home for extended periods of time, making it difficult for the child to be involved in his/her schoolwork after hours. At the same time, previous research shows that parents are often reluctant when it comes to diagnosing their child with ADHD (Kendall, 1998). This was also found in the current study, based on teacher perceptions of parents. According to the teachers, parents avoid looking for an actual diagnosis of ADHD simply because they believe to be able to handle this issue from home.

With Hispanic populations, it is often the case that parents prefer to deal with ADHD at home, which causes problems for teachers. Previous research shows that Hispanics overall have stronger family ties and support systems than their white counterparts (Golding & Wells, 1990): the participating teachers in the district, however,

did not report this. According to the teachers, it is typical to have very little parental involvement and parental support of their children's education within the district.

As stated above, teachers believe that problems with ADHD are deepened by the fact that parents are dissociated from their children's life in and/or after school. The finding that parents are under-involved in their child's academic development poses a problem for children in this district. Indeed, Golding and Wells (1990) suggest that increased parental involvement leads to greater outcomes for students diagnosed with ADHD. A possible reason for lack of involvement in this particular district, considered a low-income community, could be that parents need to work long hours due to economic need.

4.2 TEACHERS VIEWS AND BELIEFS REGARDING ADHD

4.2.1 BELIEFS ABOUT ADHD

Throughout the interviews conducted, I found that teachers' beliefs about ADHD are very different and many times do not coincide with each other's regarding overarching themes. However, many teachers reported a consensus that either backed information presented by other teachers or offered information that further strengthens current and previous research conducted. Some teachers reported that ADHD is often confused or understood to be a very serious psychiatric illness. Vereb (2004) found that although teachers are in the frontline of identification and the referral process of ADHD in the schools, a child is often not referred to be screened for ADHD because the teacher may not believe in the disease. However, in this study, all teachers believed in the disease.

Additionally, these primarily Hispanic teachers live in a predominantly Hispanic community and may take a different approach towards ADHD and the treatment options available. Certainly the teachers reported both cultural and economic reasons to explain the lower rates of ADHD in Hispanic populations. In addition, some teachers mentioned that ADHD was related to schizophrenia and autism spectrum disorder. Terling & Martinez-Ramos (2009) reported a similar finding; their research found that often Hispanics shy away from a proper ADHD diagnosis because they (Hispanics) believe ADHD to be in the realm of serious psychiatric illnesses. Additionally, all of the teachers perceived ADHD as a lack of focus in the classroom and other aspects of the student's lives. This definition is concurrent with at least two of the proper DSM-IV characteristics. The DSM-IV characterizes ADHD as an illness that interferes with "normal" functioning (APA, 2000) that is often diagnosed when a child does not respond when spoken to directly (Purdie, et al., 2002).

4.2.2 CAUSES OF ADHD

Due to these previously mentioned beliefs about ADHD, teachers have their own hypotheses regarding what triggers or causes ADHD in the classrooms. The most often reported answer the teachers gave when asked what they thought caused ADHD was "environment". According to the teachers in the study, the environment that surrounds the students at school, home, and the community is the number one cause to blame for the child's inattention and lack of control. Teachers reported that a lack of structure at home combined with over-stimulating television is what lowers the student's attention span to around four seconds. Similarly, Acevedo-Polakovich, Lorch, and Milic (2007) reported that television viewing is contributing to the academic and social difficulties reported by

these teachers. This finding supports teachers' belief in the idea that television viewing causes a shorter attention span.

Moreover, at least one teacher mentioned that ADHD is caused by developmental delays in the womb or in the first years of life of the child. These developmental delays were reported to be caused by the overprotection from the parents' part in not letting a child crawl, play, and explore their world, on the first initial years of their lives. Voigt et. al. (2006) found in their research that ADHD is more likely to be found in children with normal intelligence but with serious developmental delays. However, teachers were very specific in their idea of developmental capabilities and only focused on physical development (e.g., walking, crawling, and exploring) and not due to brain development as the Voigt et. al. (2006) suggested.

Finally, teachers reported their main cause of ADHD in children is a bad diet. Diet problems are exacerbated by the lack of nutritious choices on the types of foods the children eat at home. Similarly, Bussing et. al., (1997) mentioned that minorities, in specifically African-Americans think ADHD is caused by a high glucose diet. These problems with ADHD and bad diets were reported to be resolved by simply changing the students' diet within the schools. Teachers reported that a simple diet change, for example removing all candy from food machines helped reduce ADHD symptoms at school.

4.2.3 VIEWS ON MEDICATION

Atypical behavior in the classroom is not the only problem associated with ADHD. Throughout the interviews teachers reported having problems with the inappropriate dosage on ADHD medications. According to the teachers, having a child

that is either under-medicated or overmedicated can pose even a greater challenge. It was found that although teachers would prefer to see those children with ADHD under medication, many times they feel that the child's personality and enthusiasm disappears. However, Sighn (2003) reported that many ADHD-like behaviors could be fixed by a multimodal approach without medication. This way, children will continue to have enthusiastic personalities without being drowsy, or hyperactive. Teachers, counselors and even parents have to find a way to level the child's attention with their activities or routines.

On the other hand, Vereb (2004) found that if a teacher believes in the medication, they, as teachers, would most likely look for a solution that involves medication. This proves to be important, as all teachers interviewed believe that medication was in fact productive and efficient. This latter finding indicated that because teachers believe in the medication, they are more likely to referring a child with ADHD; however, this poses a bigger question for future, larger scale studies: if the teachers in a Hispanic community are open to the idea of ADHD and to the medications, why do we observe smaller numbers of ADHD diagnosed children in Hispanic communities?

4.2.4 LOWER PREVALENCE OF ADHD IN HISPANICS

This research focused on exploring, through a focus on teachers, why there might be lower numbers of ADHD within Hispanic children. We have found that when teachers agree on medication treatments they will be more likely to refer a child for ADHD screening (Vereb, 2004) and according to the current study, these 10 teachers within a predominantly Hispanic community agree that medication is beneficial. However, we still find that, nationwide, Hispanic children do not getting diagnosed, medicated or even

treated as often as their white counterparts for ADHD (Cuffe, et al. 2005). Teachers within the district reported that the reason there is lower ADHD numbers with Hispanics is because there is a stigma associated with mental illness within the Hispanic community. Further, it was reported that Hispanics are proud and private individuals who would rather fix their illnesses or problems at home rather than making it public and having a doctor diagnose mental illnesses or diseases. Mental illness, the stigma associated with it, and the lower rate of seeking medical services are found to be higher with Hispanics than both their white or black counterparts (Goldwing and Wells, 1990; Leal, 2005; Perry et al., 2005). Additionally, teachers reported that this pride and stigma related to having a lower socioeconomic status.

4.3 TEACHERS' VIEWS ON HOW THE DISTRICT CAN IMPROVE SERVICES

4.3.1 IMPROVING TRAININGS WITHOUT SPENDING MUCH MONEY

Through the research conducted at CISD, I found that all teachers that participated in the interviews claimed that their lack of knowledge regarding ADHD was due to a lack of proper training, which was caused by a lack of proper funding. Sherman et al. (2008) reported that some states have teachers' training on ADHD that involves a mandatory 6-hour presentation usually given to first-year teachers before they start their work as teachers. Unfortunately, the 2010-2011 school year began at CISD with a little over 6 million dollars in budget cuts (LeClaire, 2010), which led to even fewer trainings available for teachers.

Due to these budget cuts, many teachers look for alternative explanations regarding ADHD and conduct informal research in order to inform themselves of the problems associated with ADHD in the classroom. Teachers explained that in order for

them to get information regarding certain diseases or disorders, they conduct online investigations that many times could end up being tedious and misguided. Additionally, teachers claimed that the district does not offer trainings regarding ADHD for teachers who wish to learn the latest findings or refresh their knowledge on ADHD, even though they feel ADHD is one of the most common problems faced in the classrooms. However, teachers offered many solutions that could in fact help train teachers and parents educate themselves about ADHD.

Even with the drastic budget cuts and the numerous positions being threatened by further budget cut-downs, teachers kept an optimistic view on what could be done to fix the uncertainty about ADHD. This has caused schools and teachers in the district to communally raise money from the parents, teachers and even staff. Teachers reported sometimes taking money out of their own pockets to buy materials for those students in need. Similarly, teachers work as “community advisors” that inform parents of the children with ADHD about the problems associated with ADHD helping the parent understand and work with ADHD.

4.3.2 HELPING PARENTS UNDERSTAND ADHD

Parents, however, are many times the source of the problem when it comes to properly diagnosing a child with ADHD, according to teachers. Teachers reported that parents are many times hesitant to follow through with the diagnosis as they feel that their child’s education may be jeopardized if the child is considered to be in “special education”. In addition, teachers mentioned that parents are many times unaware of the symptoms and complications associated with ADHD. Due to this, parents are reluctant to accept a referral for ADHD screening because they simply do not understand the disease.

Singh (2003) reported that parents are often misinformed about ADHD and rate this disease as a behavioral problem that can be fixed at home. Teachers similarly reported that parents of children with ADHD often would say that they can fix these problems at home. Additionally, teachers in this study reported that when a child's diet is what causes ADHD and a change in their diets will cause for them to see improvements on the child's behavior: this misconception is also shared by parents studied in Bussing et al.'s (1997) examination of ADHD in minority populations. Schnoes et al. (2006) also found that Hispanics are often misinformed about ADHD because of the lack of proper information and proper health care. This causes the "more educated" teachers to feel obligated to inform parents of the problems associated with ADHD which in turn makes them many times look for information which may be incorrect or erroneous.

Chapter 5: Conclusion

When dealing with ADHD in a predominantly Hispanic school district it was found that teachers experience many problems in the classroom. First we understand that there are many uncertainties with the referral process. These uncertainties come to be due to the number of forms a teacher is required to fill out in order to refer a student for any sort of diagnostic tests. Having to fill out forms is, to the teachers, many times time consuming and confusing as they are also required to speak to their immediate supervisors, whom at times are not clearly identified. Teachers reported having uncertainties in knowing who it is that they should ask for these forms from or even who to give the forms to. It is a very complicated process which is likely to fall through the cracks unless the teacher in charge is a highly dedicated individual.

These problems with the referral process are exacerbated and ten-folded when having to deal with problems with the curriculum at schools. Although teachers find the change in the district's curriculum to be difficult, they reported to be able to work with it. However, teachers reported to have trouble adapting these changes to the curriculum while trying to teach a child with ADHD about the subject matter; reporting that it was difficult to tailor this new curriculum and fast paced environment to a child with special needs. When dealing with ADHD and bullying in the classrooms, it was found that teachers find difficulty in mediating among students. It was especially difficult to mediate for stigmatized children with ADHD, who reportedly were often the focus of mockery and humiliation.

The teachers' problems with the district curriculum, how they cope with ADHD in the classroom and, their views on parental support are influenced by the teachers' own

views and beliefs about ADHD. Although they all agree that ADHD is seen in the classroom as a lack of focus, some reported ADHD is a mental disability confused with a more serious psychiatric illness such as schizophrenia or even autism. Reporting on the causes of ADHD, I found that teachers' are often confused and offer opposing views on the disease. Teachers reported ADHD as being both a product of the environment, meaning ADHD is caused by a child's surroundings, including cultural influences and diets, and being something the child was born with, which seem contradictory. On the other hand, all teachers did report on medications for ADHD as something that is effective as long as the right diagnosis and dosage is administered. A few teachers reported on having seen the ugly side of ADHD medications, but overall they agree it helps the child, the classroom, and the teachers' instruction.

In trying to determine the reason why there are lower prevalence rates of Hispanics diagnosed with ADHD, teachers were asked their opinion on the matter. Teachers' believe and reported that Hispanics are proud and private individuals who would rather fix what seems to be a behavior problem at home instead of with medication. Teachers reported that as Hispanics the culture places a stigma to being mentally ill or even labeled, thus they forgo the proper diagnosis. Similarly, teachers believe that because parents in this community are not as affluent as in other parts of the county, they lack the funds to provide continuous medication or even lack the money to go to the doctor.

5.1 PRACTICAL IMPLICATIONS

In order to assist the district in a way, I asked the teachers what they saw as possible solutions to improve the needs with ADHD. Teachers reported many solutions which many times were consistent with other teachers' solutions. First of all teachers believe that they can be trained and educated about ADHD without the need for the district to spend a vast amount of money. Teachers believe that using already available resources such as internet and copy paper can help inform teachers in the form of a pamphlet about the signs, trainings and even district support on ADHD. This means that by simply printing out a flyer with the basic information about ADHD, it can inform the teacher and it will not cost thousands of dollars which could be spent if the teacher is sent to a training outside the district. Similarly, these flyers can be used to inform parents about ADHD which will in turn help the child as everybody will be informed on how to help them better. Moreover, teachers reported that if Hispanic parents are aware of and informed about ADHD, they will be more likely to follow through with a diagnosis. In order to help the parents, teachers offered the suggestion of having after school classes funded by the district, or an open training night in which teachers and parents alike are allowed to come in to get information on different topics.

Teachers in this study suggested that a lack of information was to blame in the inconsistencies found in research dealing with behavioral learning disabilities observed in hispanic populations. ADHD carries a certain degree of uncertainty regarding diagnosis and treatment. By educating teachers, not necessarily at the district level, but during formal education, I agree with the teachers that we will have a more prepared workforce that is better able to deal with students that exhibit traits associated with learning disabilities. Nonetheless, by providing educational opportunities for both

teachers and parents, and teachers expressed a desire to learn about these issues, I feel that we can ensure that children with special needs get the attention and care they need.

5.2 LIMITATIONS

This investigation does contain a number of limitations. First of all and most prevalently, the number of participating interviewees (teachers) is low. Having only 10 teachers is a limitation. Having a greater number of teachers' information would have provided more view points and could have led to a more crisp description of the process. Additionally, a balanced distribution of teacher ethnicities would provide future studies with a broader understanding of teachers' perceptions of ADHD.

Secondly, having only general education teachers interviewed was another key limitation to understanding ADHD in the schools. Adding the voices of counselors, special education directors, principals and vice-principals at all schools would have been helpful and should be included in future studies. Having only the information from those who start the referral process was limiting, as it is still not clear of what happens once it is out of the teachers' hands.

Third, it is possible that a self-selection bias provided a sample of teachers that believe in ADHD as a disease, instead of a broader spectrum of perspectives. Fourth, the findings within the Canutillo Independent School District, although the majority of its population is Hispanic, are not a representative sample of the demography of El Paso Texas; it is neither descriptive, nor perfectly representative of the socio-economic status of the city and the population. It is one of the poorest districts in the city and it may not be comparable to the rest of the city's districts or other districts in the region. Because of

this, I do not feel the sample is not representative enough to be able to generalize to the entire city. However, the findings work as a framework that could be applicable to CISD.

5.3 FUTURE DIRECTIONS

This research should be used as a beginning point for a more complete citywide project. I was able to find very interesting information about 10 teachers in one small school district in the El Paso area. Future studies should be conducted in a city wide large representative sample that could at least describe how teachers view ADHD, as well as school administrators in various school districts in El Paso Texas. Additionally, a broader spectrum of teacher ethnicities and backgrounds should be considered in order to get a better understanding of teachers' views.

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Appendix

Appendix 1- APA Criteria for ADHD Diagnosis

Appendix 1.2- Preliminary Interview Questions

Appendix 1.3- General Questions/ Background

Appendix 1

Inattentive Type	Hyperactive/Impulsive Type
<ul style="list-style-type: none"> • Often fails to give close attention to details. • Often makes careless mistakes in schoolwork, work, or other activities. • Often has difficulty sustaining attention in tasks or play activities. • Often becomes easily distracted by irrelevant sights, sounds and extraneous stimuli. • Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace. • Often has difficulty organizing tasks and activities. • Often avoids tasks, such as schoolwork or homework that requires sustained mental effort. • Often loses things necessary for tasks or activities, like school assignments, pencils, books, or tools. • Often is forgetful in daily activities. • Rarely follows instructions carefully and completely. • Often does not seem to listen when spoken to directly 	<ul style="list-style-type: none"> • Often fidgets with hands or feet or squirms in seat. • Often runs, climbs or leaves seat in settings where remaining seated is expected. • Often runs about excessively in situations in where it is inappropriate. • Often has difficulty playing quietly in leisure activities. • Is often “on the go” or often acts as if “driven by a motor.” • Often talks excessively. • Often blurts out answers before hearing the entire question. • Often has difficulty awaiting turn or for a turn. • Often interrupts or intrudes on others at school or work and at home. • Often feels and acts restless.

(APA, 2000)

Appendix 1.2

General Questions

- How long have you been a teacher?
- Are you satisfied with your job?
- What grade do you teach?
- What grades have you taught in the past?
- What is the most rewarding part of your job?
- What is the least rewarding part of your job?

Views and Beliefs

- Do you feel you are solely responsible for the students' education? Why or why not?
- What kind of support does the District offer if you have questions and uncertainties regarding a child's education?
- In your words, describe what ADHD is.
- Do you think there is a black and white line that separates children with normal learning abilities from those with ADHD?
 - IF YES,
 - Do you think these children would benefit from education outside the regular classroom?
 - How? Why or why not?
 - If NO,
 - How do you decide what the cut-off is between a child that has a learning disorder and a child that needs individualized attention?

- Does it ever happen whereby the success of the entire classroom is jeopardized by a child with ADHD? How do you deal with these situations?
- Research shows that there are higher rates of white children diagnosed with ADHD than there are Hispanic children (6% to 3%). Why do you think that is? Is there something different about the Hispanic population?

Teacher's Past Experience with ADHD

- How many children have you referred for ADHD screening in your career?
- How many children with ADHD (formally diagnosed) do you usually teach in a year?
- How many children with ADHD-like symptoms (not formally diagnosed) do you usually teach in a year?

Problems teachers encounter in the classroom

- What challenges do you face when you have a student with ADHD in the classroom?
- How do you deal with children with ADHD in the classroom? What strategies do you use?
 - Can you share a particular story?
- How do you deal with medicated versus non-medicated children?
- Do you notice a change in children once they go on ADHD medications? Do you keep track of student performance to compare pre- and post- medication test scores? Why or why not?
- Are you able to access records regarding ADHD referrals before a new school year begins? I.e. The student is changing from 3rd to 4th grade.

- In your opinion, what challenges arise for a child with ADHD?

District support available for students diagnosed with ADHD

- What are the services if any available to the students with ADHD in this school district?
- Are there any services specifically for low-income or uninsured children?
- If children are found to need medication, who pays for it? Are there assistance programs available through the district to assist families with medication expenses?
- If psychological treatment is needed, who provides it? Does the school offer this?

Knowledge of district's policies and procedures to identifying ADHD

- What is the process to diagnose the student with ADHD in this district?
 - What about in this school?
- Who is responsible for diagnosing a child with ADHD?
- Are there any specific laws that deal with this issue?
- Do students get referred to specialists, for example a psychologist or counselor?
Who refers the student to a specialist?
- Are you aware of any training offered by the District aimed at educating teachers on how to deal with a child diagnosed with ADHD?
- Do you keep up to date in all the different trainings offered by the district to better teach the students?
- How often does the District hold ADHD –related trainings?
- Do you think more could be done to better help students with ADHD?

- What do you think could be done to better assist these students?

Appendix 1.3

Teacher's Background

1- I am a (n) _____ teacher

- Elementary
- Middle School
- High School

2- I have been a teacher for ____ years

3- My level of Education is

- Bachelor's Degree without teacher certification
- Bachelor's Degree and Certified Teacher
- Master's Degree
- Doctorate or Higher

4- Would you describe yourself as (fill all that apply)

- Hispanic, Latino/a, Mexican or Mexican-American
- White or Anglo
- Black or African-American
- Asian or Pacific Islander
- Native American or American Indian
- Other Please list: _____

5- What is your Age _____?

6- Where did you get your College/University degree?

7- Where were you born? Please provide City and State (include country if other than United States).

8- Where did you grow up as a child? Please provide City and State (include country if other than United States).

9- How well do you speak English?

- Very well
- Well
- Not well
- Not at all

10- How well do you speak Spanish?

- Very well
- Well
- Not well
- Not at all

11- Do you speak another language?

- Yes, please list: _____
- No

12- If you do speak a language other than English or Spanish, how well do you speak it?

- Very well
- Well
- Not well
- Not at all

Vita

Heriberto Oronoz obtained his Bachelors degree in Psychology from the University of Texas at El Paso in 2008. In 2009 began his Masters degree in Sociology after being interested in studying ADHD in a Hispanic setting. During this time, he worked two part time jobs while attending school full-time. Heriberto worked as a tutor for children at Canutillo Independent School District for the entire duration of his degree. Additionally, Heriberto Oronoz worked as a teaching assistant at the University of Texas at El Paso during his graduate career. Heriberto attained his Masters degree in Sociology in May of 2011 and hopes to have an opportunity to continue researching ADHD in a Hispanic community.

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