

**A focus group of adolescents with ADHD:
Perceptions of their social, emotional and academic lives in
both public and independent schools**

Meaghan Howe Pugsley

Mount Saint Vincent University

A thesis submitted to the Faculty of Education in partial fulfillment of the requirements
for the degree of Master of Arts in School Psychology

January 2008, Halifax, Nova Scotia

Copyright (Meaghan Pugsley, 2008)

Abstract

A focus group with five adolescents from an independent school for students with learning disabilities and Attention Deficit/Hyperactivity Disorder (ADHD), Special Needs Private School, was conducted to gain a better understanding of the social, emotional and academic lives of adolescents with ADHD. All participants had been diagnosed with ADHD for at least four years and had been attending the Special Needs Private School on average for two years and seven months. Themes discussed were bullying, feeling different, making friends, school success and knowledge of ADHD. The participants experienced bullying at their past public schools and current school. They discussed how they were bullied physically, verbally and emotionally and how some of them retaliated against their bullies. The participants discussed how they felt different than their peers and how others perceived them as “weird” and this resulted in difficulties with making and keeping friends. Participants discussed having an easier time with the academic aspects of school now that they attend the Special Needs Private School. Furthermore, participants lacked knowledge of their diagnosis of ADHD. Transcripts were then interpreted using Strom’s (1980) basic human goals: rootedness, proactive and identity. In general, participants discussed having many of the same challenges that all adolescents encounter.

Acknowledgements

I would like to express my appreciation to my supervisor, Dr. Anne MacCleave, for her time, and guidance throughout this project. As well, I would like to thank Dr. Elizabeth Church for her advice, support and input as a committee member and as a professor. Thank you also to the Principal who graciously allowed me to run this study at the Special Needs Private School. Furthermore, this study would not have been possible without the students who gave their time and shared their experiences and viewpoints. Finally, I would also like to thank my husband Devin for his support throughout the duration of this thesis process.

Table of Contents

I	Introduction.....	7
	Literature Review.....	7
	Attention Deficit Hyper-Activity Disorder.....	7
	ADHD in Adolescents.....	9
	Inclusion vs. Independent Schools: The Debate.....	15
	Education in Nova Scotia.....	21
	Purpose of the Study.....	24
	Significance of the Problem	25
II	Methodology.....	27
	Research Design.....	27
	Participants.....	29
	Procedure.....	29
	Data Analysis.....	31
	Reliability and Validity.....	32
III	Results.....	35
	Participants.....	35
	The Focus Group Process.....	36
	Thematic Analysis.....	39
	Bullying.....	40
	Feeling “Different”.....	44
	School Difficulties or Successes.....	47
	Lack of Knowledge about ADHD.....	49

	Analysis with Strom’s Basic Human Goals.....	51
	Rootedness.....	52
	Proactive.....	53
	Identity.....	56
	Conclusion.....	57
IV	Discussion.....	59
	The Focus Group Process.....	59
	Bullying.....	60
	Feeling “Different”.....	61
	Friendships.....	62
	School Difficulties or Successes.....	63
	Knowledge about ADHD.....	64
	Basic Human Goals.....	65
	Development Theory.....	66
	Limitations.....	67
	Implications.....	68
	Recommendations for Future Study.....	69
	Conclusion.....	69
	References.....	71
	Appendices	
	Appendix A: Administrator’s Information Letter.....	79
	Appendix B: Information Read to the Students.....	81
	Appendix C: Information for Parents.....	82

Appendix D: Parent or Guardian Consent Form.....	84
Appendix E: Demographic Characteristics.....	86
Appendix F: Verbal Instructions.....	88
Appendix G: Student Consent Form.....	89
Appendix H: Focus Group Questions.....	91
Appendix I: Information Sheet.....	92

CHAPTER I

Introduction

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a complex condition typically diagnosed in the early years of schooling. ADHD causes problems with behaviour regulation and/or the ability to pay attention. Children with ADHD will often also be hyperactive. Prevalence rates of ADHD in a community population have ranged from 2% to 18% (Brook & Boaz, 2005). ADHD presents during childhood, with at least some symptoms causing impairment before the age of seven. It is distinguished by developmentally inappropriate levels of inattention and/or hyperactive-impulsive behaviour, with significant impairment occurring across at least two settings. Among characteristics describing students with ADHD are the following: “frequently ignores directions, talks continuously, impatient, gives up easily, often interrupts, touches everything, rarely finishes work, frequently fidgeting” (Mastropieri & Scruggs, 2007. p. 98). In order to diagnose ADHD, these characteristics must be observed across two settings.

ADHD is officially called Attention-Deficit/Hyperactivity Disorder (American Psychological Association, 2001). ADHD was previously called Attention Deficit Disorder (ADD). The disorder's name has changed as a result of scientific advances and of careful trials; researchers now have strong evidence to support the position that ADHD is now one specific disorder with different variations. The Diagnostic and Statistical Manual-IV-TR (DSM-IV-TR) (2000) divides ADHD into three subtypes: predominantly inattentive, predominantly hyperactive-impulsive, and combined

(inattentive and hyperactive-impulsive). “*Attention* disorders are characterized by limited attention and difficulty in concentrating” (Winzer, 1995, p 286). Students are unable to concentrate on a task and have difficulty screening out irrelevant stimuli. *Impulsivity* represents a youth’s difficulty in withholding active responses such as blurting out statements or grabbing materials (Winzer, 1995). *Hyperactive* youth “display rates of motor behaviour that are too high for their age groups; they indulge in excessive and non-purposeful movement” (Winzer, 1995, p 286).

George Frederic Still was likely the first to do comprehensive observations of children with ADHD in 1902 (Wade et al., 2007). He described the children he observed as aggressive, defiant, lawless, overactive, attention impaired, dishonest and accident-prone. He also described them as having a "defect in moral control". His observations also noted that the behaviour was biological rather than a result of poor parenting. He speculated that the behaviour was either inherited or the result of an injury at birth (Wade et al., 2007).

In 1937, doctors discovered that amphetamines were helpful in reducing hyperactive and impulsive behaviour (Wade et al., 2007). Even with this knowledge, stimulant medications were seldom used for treatment until the 1950s and 60s when there was an increase in psychiatric drug intervention. Since the mid 1960s, stimulants were and continue to be a common treatment. In the early 1960s, Stella Chase and other researchers described "Hyperactive Child Syndrome". Chase felt that the syndrome had a biological cause. Many times poor parenting, foods and environmental contaminants have been blamed for a child's ADHD. Until recent years

ADHD was classified as a behavioural disorder (Winzer, 1995). However, research identified that the cause is neuro-cognitive and/or genetic (Wade et al., 2007).

ADHD in Adolescence

ADHD is currently seen as a chronic disorder, which generally continues beyond childhood, into adolescence and adulthood (Willoughby, 2003).

Approximately 50-80% of children with a diagnosis of ADHD continue to have symptoms in adolescence and adulthood (Weiss & Hechtman, 1993). Longitudinal studies have found that most adolescents with ADHD do not “grow out of their symptoms” as originally thought but continue to have problems with inattention and impulsivity in addition to having difficulty controlling their behaviour (Litner, 2003). Youth diagnosed with ADHD have special academic, social and emotional needs that can make their school lives challenging.

Specific Academic Challenges

Adolescents with ADHD will frequently experience more difficulties in an academic setting when compared with their typically developing peers (LeFever, Villers, & Morrow, 2002; O’Callaghan et al., 2003). Many students with ADHD present with average or above average intelligence. However as early as preschool the disorder appears to hinder the acquisition of a variety of skills necessary to succeed in an academic setting (Barkley, Shelton, Crosswait, et al., 2002). On average, children with ADHD score between 10 to 30 percent lower on standardized academic assessments than their normally developing peers (DuPaul, 2007).

Children and adolescents with ADHD attend to stimuli that are more salient or novel and also have trouble sustaining their attention (Sherman et al., 2008). This makes it more challenging for students to pay attention to what a teacher is doing or saying if there is movement, noise or sound in another part of the classroom (Sherman et al., 2008). These difficulties attending could be a cause of the lower achievement scores.

Children and adolescents with ADHD also have a deficit in their executive functioning. Executive functioning is needed to plan, organize, work towards a goal and inhibit impulsive behaviours (Sherman et al., 2008). This can cause tremendous difficulties for students with ADHD in the classroom. These students have trouble staying in their seat, organizing their books, remembering instructions and many more required daily tasks in a classroom (Sherman et al., 2008).

A high student-teacher ratio can result in the teacher not knowing exactly where the student is excelling or failing with the material. Furthermore, adolescents with ADHD and other learning difficulties need constant reminders to stay focused on their work (Brook & Boaz, 2005). The time off task can be detrimental for learning effectively. Complicating academic achievement for students with ADHD is the high prevalence of comorbidity with learning disabilities (LD). As many as 53% of children with ADHD meet the criteria for a LD, when LD is defined as a significant discrepancy between intelligence and achievement (Lambert & Sandoval, 1980).

As students with ADHD and other learning difficulties get older, their instructional and educational challenges change as the need for students to work independently and without explicit instruction as they progress through the grades. Complicating matters, Barkley (2004) suggests that ADHD symptoms change from

childhood to adolescence, and the appearance of these symptoms also undergo change. He proposes that adolescents with ADHD experience many of the same symptoms as children; however, the severity and number of symptoms present may vary according to age. In a study by Nolan, Volpe, Sprafkin, et al. (1999) that investigated age, gender, and comorbidity differences in subtypes of ADHD, it was found that hyperactive/impulsive behaviours were more typical of younger children, whereas inattentive behaviours were more commonly seen in adolescents. Because of these new demands, a child with ADHD and/or learning disabilities would need more support and guidance at a time when students are required to spend a great deal more time working independently. This can create even bigger problems for achieving learning outcomes in the classroom when ADHD was compounded with a learning disability. It is apparent there are many challenges for the learning of a student with ADHD in the classroom.

Specific Behavioural Challenges in Academic Settings

The behaviour of students with ADHD can become an issue because it can interfere with learning in multiple ways. Children with ADHD are commonly found in most classrooms and their behaviours present a challenge for the school system (Schnoes, Reid, Wagner & Marder, 2006). Some of these behaviours include fidgeting with hands, squirming in seat, difficulty waiting for a turn, attraction to “novel” environmental conditions, and misplacing or losing belongings (O'Donnell, Reeve, & Smith, 2007). Problem behaviour is not situation specific nor does it reflect personality clashes but occurs in all situations and with every teacher (Woolfolk,

Winne & Perry, 2006). Many of these behaviours diminish as students' age but attention problems persist. The majority of adolescents with a childhood history of ADHD will encounter more problems than their typically developing peers, including: increased risk for failing to finish high school, higher incidence of automobile accidents, and elevated rates of criminal offending and psychoactive substance use (Weiss & Hechtman, 1993). Compared to their peers adolescents with ADHD are 4 to 6% more likely to have an automobile accident (The Hospital for Sick Children, 2004). In fact, it has been noted that these adolescents display moderate to severe impairments in every-day functioning even when ADHD symptoms do not reach clinical levels (Barkley, 1998).

Specific Social and Emotional Challenges

Not only do youth with ADHD face behavioural challenges as they progress through school but they also face social and emotional challenges. It is important to consider these social and emotional challenges within the context of an educational environment.

Numerous theories address adolescents' development emotionally and socially. Erikson (1968) developed a theory that people go through eight psychosocial stages of development. Almost all contemporary theories of development stem from Erikson's earlier work in development theory. His theories were particularly influential because they span the entire life cycle. In the fifth stage of development, adolescents are confronted with many new roles and adult statuses and if they do not explore their identities during this stage than they can emerge very

confused (Erikson, 1968). Erikson (1968) described adolescence as a psychological gap between the security of childhood and the autonomy of adulthood. Some of this exploration will inevitably happen at the educational setting because of the number of hours a child or adolescent will spend there.

Erikson also indicated that teachers and other adults play an important role in the development of adolescents' identities (Hamman, & Hendricks, 2008). Teachers can identify the things that the adolescent does well. When the teacher does this, the student knows that his or her skills or talents are noticed and valued. This type of acknowledgement is often missing for students with ADHD because they often lack the typically desired qualities in a classroom. Additionally, Erikson suggested that in order to create a safe environment for identity growth, teachers must create a supportive classroom environment by allowing students to explore their identities and providing autonomy (Hamman, & Hendricks, 2008). This can become a problem when peers are experiencing greater autonomy through working independently and adolescents with ADHD still require assistance with academic tasks and this can be embarrassing because it makes them stand out (Hamman, & Hendricks, 2008).

Another way to examine developmental challenges and goals is through the human development theory of Strom (1980) who described three basic human goals: rootedness, proactive, and identity. The first goal plays an important role in the education of an adolescent. Rootedness is defined as a sense of belonging, a sense of family or community (Strom, 1980). There are many environments in an adolescent's life that can influence an adolescent's sense of being rooted and the schooling environment is one of them. If an adolescent does not have a sense of belonging or

feels connected at school, then part of their life is not fulfilled and these feelings may spill over into other parts of the adolescent's well-being. Knestrict (2008), who struggled with a learning disability, noted that throughout his education, a personal connection was rarely made by a teacher. It was only when a teacher in college made the effort to get to know him that he became engaged in school and learning. Often teachers have little time to get to know their students and this can be detrimental to the adolescent's identity and self-worth. The problem is even more common in public schools with large classes.

The second goal, proactive, is described by Strom (1980), as the freedom to choose and control one's destiny. This goal has the potential to have an impact on adolescents' lives depending on how much control they feel about their lives. Strom posits that the more control an adolescent has over his or her life, the more content he or she will feel. This desire for control is particularly true for adolescents who are trying to separate from their parents and beginning to define themselves as adults.

Finally, the third goal, identity, is conceptualized as having a sense of self-concept as a person. Self-concept can be understood as the combination of beliefs and feelings that is held about oneself at a given time (Elbaum, 2002). This goal has considerable impact on the lives of adolescents. If an adolescent does not have a positive self-concept or identity, then he or she are more likely to have difficulties with many aspects of life including their friendships, academics and home life. The need for adolescents to create their own identity is extremely important.

The developmental challenges faced by youth with ADHD may be greater than their peers. There are considerable social ramifications for youth with ADHD.

Youth who have ADHD are more likely to experience social ostracism and isolation. The friendships of youth with ADHD are often characterized by tension, and frequent conflict and quarrels (Brook & Boaz, 2005). These social interactions can be very frustrating and can increase their depressive and anxiety symptoms, potentially propelling them toward substance abuse and delinquency (Semrud-Clikeman, & Schafer, 2000; Thompson, Riggs, Mikulich, & Crowley, 1996). Adolescents with ADHD are often thought of as different and even despite being part of the classroom, are often not included by their peers. Peers see them as different or weird due to lack of knowledge and understanding. Friendships for students with ADHD are often difficult and tumultuous.

Related to the social challenges faced by youth with ADHD are emotional challenges, as adolescents with ADHD often have a lowered self-esteem. Self-esteem is defined as a sense of self-worth; the valuing of oneself as a person (Elbaum, 2002). One third of adolescents with ADHD consider themselves to be out of place or different (Brook & Boaz, 2005). Additionally, 16% reported their self-esteem to be lower than the average student around them. This lowered self esteem can be detrimental to multiple areas of the adolescent's lives.

Inclusion vs. Independent Schools: The Debate

While, conceptually there has been a shift towards the idea that inclusion is the most ethical and best solution for the overall well-being of all children, research results are not so conclusive. Some studies have found that when the educational outcomes of students with developmental disabilities in inclusive were compared to

those in segregated classrooms, there were no differences (Hunt & Goetz, 1997; Palmer, Fuller, Arora, & Nelson, 2001).

Schools designed specifically for children with special needs do provide inclusion in a different sense. In each classroom, all children are treated the same, all children get to experience diversity, both academically and socially, and all children gain exposure to many social interactions and experiences. These experiences could mimic the inclusion principles that are beneficial in public schools. Unfortunately, students with special needs who are in general classrooms in public schools are sometimes not fully included with the rest of the class. They often have teacher's assistants, sit in special desks or spots in the class and do different work than their classmates. While the student is in the same room as their classmates, they are not fully included.

Relationships with Teachers across School Settings

Some schools can not always provide the support that is needed by children with ADHD. A different type of school environment with a lower teacher to student ratio is needed for the most effective learning for students with ADHD. Brook and Boaz (2005) found that 52% of students with ADHD feel that their teachers did not understand their difficulties and accused them of lack of motivation. If their teachers do not understand them and intervene effectively, the student's success is jeopardized. It is also important to gain a better understanding of the student's perception of school environment. Hofman, Hofman and Guldmond (2001) found that a focus on the

pupils' rather than the teachers' perceptions is likely to produce a more productive attempt to improve and understand classroom learning.

Because of the disruptiveness the behaviours displayed by students with ADHD, teachers often feel pessimistic about teaching youth with ADHD (Kos, Richdale, & Hay, 2006). However, Kos et. al. (2006) also found that the more competent a teacher felt, the more positive their attitudes were to teaching these students. Consequently, a school where the teachers have a full understanding of ADHD and its implications could also tremendously important to the success of students with ADHD. Other factors that hinder teachers' management of ADHD within the classroom include the severity of student behaviour problems, class size and a lack of training time (Reid, Maag, Vasa, & Wright, 1994).

Academic Outcomes and Interventions across Settings

In a review of the literature, Katz and Mirenda (2002) found that there were no significant differences in academic outcomes of students with moderate developmental disabilities in inclusive, community based, or traditional segregated classrooms. There are a number of modifications that a teacher could make for a child with ADHD. Hutchinson (2007) recommends that minimizing distractions, using clear language, posting lists of the day's activities, modeling and repeating instructions, teaching social skills and reducing the demands on working memory were all effective to help a child with ADHD learn effectively. She also recommended using carrels from the library or constructed carrels to help block out distractions for these students and that teachers also use a carrel from time to time to

connote its use as a high stakes opportunity rather than a punishment. Additionally, Kos et. al (2006) found that reducing distracting noise in the classroom was particularly important. However, these modifications take time and energy and may be more challenging to implement in the classroom with a larger student to teacher ratio or if the teacher is less knowledgeable about ADHD.

Behavioural Outcomes and Interventions across Settings

There also seems to be differences in the effectiveness of inclusion on the different types of learning disabilities. In an older study, Carlberg and Kavale, (1980) found that special classes were found to be significantly inferior to regular class placements for students with below average IQs, and significantly superior to regular classes for behaviourally disordered, emotionally disturbed, and learning disabled children. Most often students with ADHD would fit into the latter category. Recall that ADHD was categorized as a behavioural disorder until recently. Peetsma, Vergeer, Roeleveld and Karsten (2001) also point out that while students with behavioural problems did well generally in inclusive classrooms, the psychosocial development of these pupils needs to be paid particular attention when they are placed in inclusive environments.

Many interventions have been utilized in a school setting to target problem behaviours. Three of the most frequently used are academic interventions, contingency management and cognitive-behavioural. In a meta-analysis, DuPaul and Eckert (1997) found that academic interventions and contingency management were significantly more effective than cognitive behavioural techniques. Contingency

management could include teacher-mediated reinforcement or punishment, or home based contingencies (DuPaul & Eckert, 1997). These two types of interventions require a great deal of individualized planning, attention and guidance from the teacher and may be very difficult to administer in a class of 26 students with varying levels of needs and challenges.

Hutchinson (2007) described the goal of behavioural interventions as encouraging self-management for students with ADHD. This goal is especially important for adolescents who need to experience increasing autonomy as they proceed through school. In a similar vein, Woolfolk et al (2006) recognize that adolescents with ADHD need to see themselves as having control over their learning. To develop the students' personal agency, Woolfolk et al (2006) recommended that teachers enlist students' strengths to conquer their problems.

Self-esteem, Self-perceptions and Social Outcomes across Settings

There is a large body of literature on the topic of inclusion with regards to the self-esteem of students with special educational needs. This debate brings to the forefront the important competing idea that on one hand, exposure to and opportunities for comparisons with more competent peers in a mainstream class may undermine self-esteem but on the other hand students in a special independent school might not have a decreased self-esteem because of their exclusion from normally achieving peers (Butler & Marinov-Glassman, 1994). In other words, regularly exposing children with learning differences to normally achieving peers can enhance the former's self-esteem by reducing the extremity of the LD label and enabling them

to make use of multiple reference groups, or this situation might intensify their feelings of being different (Butler & Marinov-Glassman, 1994). The findings of these questions are inconclusive and many do not support inclusion over special schools.

Elbaum (2002) found that students with learning disabilities in special schools exhibited higher self-concepts than learning disabled students in self-contained classrooms in regular schools. In particular, their academic self-concept was significantly higher. Also contrary to predictions, students with LD placed in regular classrooms for all of their instruction did not exhibit higher self-concept than students placed in either part-time or full-time special education classrooms (Elbaum, 2002). At a summer camp for children with dyslexia, Westervelt, Johnson, Westervelt and Murrill (1998) found that homogeneous groups of dyslexic students was more helpful for self-esteem development than the prevailing practice of universal inclusion. This finding may reflect the fact that overall, students in specialized environments do not see themselves among the minority and consequently their positive perceptions of themselves are increased. Katz and Miranda (2002) found that integration was advantageous for social and behavioural outcomes. Conversely, Kelly and Norwich, (2004) found that pupils in special schools had more positive self-perceptions of their educational abilities than those in mainstream schools. Butler and Marinov-Glassman (1994) found that there were no differences in self-perceptions of children below grade five in either special or mainstreamed schools. However, once the children reached grade five their perceptions of competence were more favorable among children with learning difficulties in special schools. The authors speculate that the reason for this finding is because children have not learned systematic social

comparison until that age (Butler & Marinov-Glassman, 1994). Overall, older students in specialized environments did not see themselves among the minority. Consequently, their positive perceptions of themselves increased.

In a study comparing students' bullying experiences in mainstream and in special schools, the majority of students expressed a positive evaluation of their present special schools (Norwich, & Kelly, 2004). However, a significant minority expressed mixed evaluations. Students who feel more socially accepted do better in school than those who are bullied and ostracized (Norwich, & Kelly, 2004). The debate over what is better for students academically, socially and behaviourally is ongoing due to these mixed research findings. It is important to examine all aspects of an adolescent's well-being across settings in order to gain a greater understanding of how to best help youth with ADHD.

Education in Nova Scotia

The education of children with special needs in Nova Scotia has gained growing importance in recent years. Some parents have become frustrated with the lack of resources, time and understanding with regards to their youth with special needs. In a typical classroom in Nova Scotia the ratio of students to teacher is 24-26:1 (The EI Group, 2004). Additionally, there are approximately 1,400 Teaching Assistants in Nova Scotia making a ratio of 1:104 per total student population (Special Education Implementation Review Committee, 2001). For every resource teacher there are approximately 250 students. Additionally, every Speech Language Pathologist is responsible for 2968 students and one School Psychologist is

responsible for 3072 students (Special Education Implementation Review Committee, 2001). In 2002, the average funding per pupil was about \$5,170 per year per student and about an additional \$304 if the child had special needs (Special Education Implementation Review Committee, 2001). This means that for approximately \$5,500 per year, students with special needs are getting very little direct support and instruction from their general classroom teachers or from their resource teachers. Many of these reasons are why parents are turning to independent schools for their children. In 1999, over 2,500 students in Nova Scotia attended private schools (Statistics Canada, 2001). Independent schools sometimes offer teachers with special training, low student to teacher ratio and specialized resources (Coleman, 1990).

While in recent years the Department of Education in Nova Scotia has slowly been reducing the teacher to student ratio. However, the question needs to be raised whether the teacher to student ration is low enough to optimally service the population with ADHD and learning disabilities. The lower the ratio, the better it is for student learning (Essential Learning Institute, 2005). With a lower ratio the teacher would be able to provide many of the reminders and extra attention that are needed by children with ADHD and other learning disabilities.

School Choice and the Tuition Support Program

Independent schools give the parent more choice and say in their child's curriculum and many parents feel more connected to a school that they choose and are paying for. School Choice is a major concern for parents. In Nova Scotia, parents of special needs children have very little choice as to what school their child attends

unless the parent is willing and financially able to send their child to an independent school. The one exception to this is the Tuition Support Program for students with special needs where parents with children with special needs in Nova Scotia can apply for funding to pay for an independent school (Dept. of Education). To qualify for the Tuition Support program student must have an Individualized Program Plan. The funding has a limited term of three years (Dept. of Education). The rationale for having a limited term is that it provides time for the public schools to assess what the student needs academically. This system sometimes does not work and schools are not preparing for the youth's return.

In the public education system in Nova Scotia, if a child is not meeting the learning outcomes, he or she are placed on a system of adaptations. If these adaptations do not work to help the child successfully complete the curriculum, the child will receive an Individualized Program Plan (IPP), which is a formal, legal document that changes the outcomes for a child's curriculum (Nova Scotia Department of Education and Culture, 1997). This document is a detailed description of what changes need to be made for the child to be successful in school. An IPP is usually developed with information and input from the school planning team which can include: the general classroom teacher, the resource teacher, the principal and the school psychologist. An IPP *can* be developed without a full psycho-educational assessment, although this rarely happens. In Halifax in 2005, the waiting list for a child to receive a psycho-educational assessment from a school psychologist is typically at three months for urgent cases and longer for less urgent cases (Halifax Regional School Board, 2005). This may mean that from the time a child gets

referred for an assessment to the time that an IPP is developed is often at least six months. A child can experience many academic failures and setbacks in that period and, unless the parents can afford an independent assessment the child has to wait for the school to provide the assessment (Nova Scotia Department of Education and Culture, 1997). The elementary grades are extremely important in building a foundation for children's future academic success (Nova Scotia Department of Education and Culture, 1997). If a child has an extended wait before he or she can receive significant help it can have huge impacts on the child's emotional, social and academic well-being.

IPPs are typically not given to children with ADHD because they are often intellectually capable of completing the academic outcomes. At the same time, they are often not meeting the outcomes because their disorder prevents them from completing their work and therefore they are not being academically successful. Consequently, many students who do have ADHD are not eligible for tuition support because they do not have an IPP.

Purpose of the Study

Research comparing the academic, social and emotional outcomes and benefits of inclusive versus special needs schools is inconclusive. Further, there is limited research exploring the perspectives of youth with ADHD who have been schooled in both inclusive and independent school settings. Thus, the purpose of this study is to explore the perceptions and attitudes of adolescents with ADHD concerning their emotional, social and academic lives within different school environments. Five

adolescents with ADHD who attended both public and independent schools gathered together to form a focus group to discuss these issues. The discussions were transcribed and main themes were identified. These youth's perceptions of experiences in public and independent school were contrasted and compared to discern commonalities and differences. Bearne (2002) notes that it is especially important for youth with difficulties in learning to feel as though they have been heard because it assists in the development of their self-worth and provides critical information for teachers.

Significance of the Problem

This study may help to inform people how to better assist adolescents with ADHD. Firstly, this study may provide insight for teachers who are working with students with ADHD. They might gain a better understanding of how these students think, and feel. Additionally, administrators may reflect on their current discipline techniques when dealing with an adolescent with ADHD. Having the voice of the student with ADHD clearly in their minds, administrators might be more sympathetic to the student's needs.

This study may also provide information for school psychologists as they work with students with ADHD and also suggest interventions both academic and social for these students. Other students in the classroom could benefit from the results of the study by helping them to better understand their classmates with ADHD. This enhanced understanding might encourage education and students to examine bullying, ostracization, and labeling of peers with ADHD and work toward solutions,

Furthermore, parents trying to find the best school placement and program for their child could benefit from the insight that this study generates. This study may be beneficial to the school lives of students with ADHD because it will provide much needed information for their academic, behavioural, social and emotional well-being.

Chapter II

Methodology

Research Design

This study examined adolescents with ADHD's perspectives of their academic, social and emotional experiences in public and independent schools. This inquiry builds on the small body of research that addresses students' perceptions of themselves and their interactions with other adolescents within a school environment. A qualitative methodology allowed the researcher to hear, describe and interpret the students' perceptions of their academic, social and emotional lives in two different settings: independent and public schools.

The method used to generate this information and insight is through focus groups. In the past, focus groups had been used primarily for marketing research. However, in recent years this method is being used more often in the social sciences. Groups have been shown to be useful for exploring different perspectives on issues or topics of concern, identifying key issues, generating or screening new ideas (Nasser, 1988). Focus group research has been widely used in research with adolescents in areas such as medical research (Litt, 2003), school-based mental health (Nabors, Weist & Tashman, 1999) and girls' dating relationships (Banister & Begoray 2006), among others.

A focus group involves an open ended discussion with 5-12 participants who have the opportunity to discuss a specific topic. Focus groups vary in the formality of the question structure from very structured to very informal. Focus groups can be a part of a larger study or as a stand alone entity (Byers & Wilcox, 1991). Focus

groups can help the researcher see processes in action and allow participants to express their concerns in a different context. Focus groups may explore underlying attitudes, opinions and behaviour patterns of that group that might not have been uncovered in other types of data collection (i.e.: interviews, surveys, etc.).

A focus group rather than interviews was chosen for this study because adolescents often feel more comfortable amongst their peers than in a one-on-one situation with an adult. Focus groups allow people to examine their own views through the sharing and exposure to others' ideas. The moderator of the focus group plays an important role. The moderator must allow the group members to discuss freely but she must also assist them in staying on topic (Byers & Wilcox, 1991). The questions that a moderator posed should be open enough that a good discussion will follow but specific enough to reveal the area of concern that the group is designed to inform.

Byers and Wilcox (1991) outlined five fundamental assumptions about focus groups: one, people are a valuable source of information; two, people can report on and about themselves and are able to articulate their thoughts, feelings and behaviours; three, the moderator can help people retrieve forgotten information; four, the group dynamic can be used to generate information that is based on the true feelings and ideas of its members; and five, interviewing a group can provide information that may be better than individual interviews because of the communal nature of the group discussion in comparison to the highly structured aspect of some interviews.

This study's focus group encouraged the students to discuss their feelings. It is important to ask students directly about how they think and feel because their voices are often excluded. This information and insight will allow teachers a greater understanding into the lives of children with ADHD.

Participants

The participants were students with ADHD from Special Needs Private School in Dartmouth, Nova Scotia. Special Needs Private School is an independent school for students with learning disabilities and ADHD. There were five students from grade eight participating in the study. During the proposal stage of this project, it was hoped that there would be two groups, one with younger adolescents and one with older. However, no older students returned the consent forms and therefore a second group could not be run. The participants had previously attended public school for at least two years.

Procedure

After permission from the Mount Saint Vincent University Review Ethics Board (UREB) was granted, permission to undertake the study was sought from the administration at Special Needs Private School (Appendix C) and then a letter of information and a letter of consent were sent to the parents (Appendices A and B). The focus group was conducted in a class period in a private classroom at Special Needs Private School. Before the beginning the focus group, the researcher described the study (Appendix D), the students had an opportunity to ask questions about the

project, and then the researcher read the students the consent form (Appendix E) that was similar to the one that parents or guardians were asked to sign. At this point students decided if they wanted to participate in the focus group. Students' decision to participate or not in the study had no effect on their grades or school placement. All students choose to participate in the focus group.

This qualitative research consisted of twelve open-ended questions (Appendix F) that addressed how the adolescents perceive their teachers, how they feel about themselves, their friendships and their classroom environment in both their past and present schools.

While the study was minimal risk, there was a chance that some of the questions may have upset individuals by prompting unpleasant memories. Students were provided with contact information if they had any questions or concerns. All information collected during the study was confidential, and the background information was not used to identify individual participants. The group's discussion was audio taped for transcribing and analysis but the audiotape was not stored with the consent forms. All information gathered was used only by persons involved in this research and were kept confidential. Any computer disks, files and audio tapes holding data were erased, and surveys/consent forms were shredded immediately after completion of the study. A summary of the results will be distributed to the Special Needs Private School and any interested parents and students when it is available. This summary, the thesis and any resulting publications will use pseudonyms in the place of names when describing participants and no information that could identify the student will be disclosed. Furthermore, the name of the school that participants

attended is not disclosed due to small student population. “Special Needs Private School” will be used in place of the school’s name.

Data Analysis

A face-to-face focus group was audio taped and transcribed. Focus group transcripts were analyzed in two ways. The first way was through thematic analysis, where coding categories were generated from group material. These coding categories focused on the identifiable words, phrases and patterns present in the transcriptions, (Bogden & Biklen, 2007). The coding categories were then converted to themes to capture the “big ideas.” Bogden and Biklen (2007) described generic themes as structures or processes that are abstract enough to be applicable beyond particular situations. The researcher pulled all possible themes from the transcripts and created a large list. She subsequently grouped themes into large encompassing themes. Then sub themes were pulled from these overarching themes. Then the researcher went back and pulled all quotes relevant to the themes. The most commonly discussed and endorsed theme is presented first and then subsequent themes are presented in order of length of time discussed and number of participant endorsement. This method was one way to reveal the participants perceptions.

The data was also analyzed using Strom’s framework posed about the basic human goals: Rootedness, Proactive, and Identity. The quotes from the discussions were reanalyzed to see how they fit under the structure of each of the goals. This additional analysis allowed the transcripts to be viewed from a different perspective. This alternative perspective was important in further understanding the participants’

outlooks of their lives and goals as adolescents. Similar to Bogden and Biklen's (2007) generic themes Strom's human goals allowed the researcher to connect participants' experiences to more universal experiences of the human condition. Furthermore, the researcher compared what she found to the body of literature to ensure accuracy and to observe any new studies emerging in the literature. Verbatim quotes of participants (using pseudonyms in the place of names) were included in the interpretation to illustrate themes.

Reliability and Validity

Another important aspect to consider when choosing to run a focus group is the validity and reliability as these principles apply to qualitative inquiry. Eisner (1991) outlined some criteria for assessing validity of naturalistic research. One of these criteria, *referential adequacy*, indicates that the interpretation needs to go beyond surface appearances to integrate thoughts and feelings and to provide a richer account of the students' experiences. The reader should have a greater insight of the students' situation from reading the account. Eisner (1991) also explained that the researcher must provide detailed descriptions of what is being said by group members in relation to their context. In this study, context was not accessed directly by observing students in their classrooms but indirectly through participant's stories of their school experiences. This account should provide the reader with a greater understanding of the nature and quality of participants' lives across school settings.

Eisner (1991) also described how it is important to make sure that the account makes sense and that the interpretation is plausible. Langenbach, Vaughn, and

Aagaard (1994) named this criterion *credibility* and explained it as making sure the interpretation of the transcripts is reasonable and probable. This criterion is very important to ensure that the researcher has been careful and responsible in her interpretations.

Eisner (1991) also posits questions that researchers must ask themselves in order to make the interpretation as valid as possible. These questions include: Have the conclusions been supported? Do the ideas fit together logically and coherently? Does the researcher offer other credible or reasonable interpretations? The researcher addressed the first two questions when comparing her interpretations to the current literature on the topic and in the organization of the analysis. To address the third question, the researcher offered other possible explanations or interpretations whenever possible. Care was taken not to make unsubstantiated interpretations.

Finally, Eisner (1991) points out that generalizability with naturalistic studies is difficult. However, the author states that themes can be generalized to other situations through a process called *naturalistic generalization*. This process is when one theme can have relevance for the area (or broader class) to which it belongs. Themes can be contrasted and compared across studies for both commonalities and differences. Another researcher conducting a qualitative study could use this study as a point of comparison. Consequently, it is of the utmost importance to be vigilant while doing qualitative research. The researcher in this study attempted to be accountable for her biases by gaining a deep understanding of the focus group and all of the situations that were involved in the act of running the focus group and of the

interpretation of the findings. The freedom that participants exhibited when expressing themselves attests to the non-coercive nature of the focus groups.

CHAPTER III

Results

This chapter describes the participants in the study and how the group was run. Then the data was analyzed to examine participants' understanding of their lives in reference to their current and previous schools and their ADHD. Additionally, this section will provide a discussion of participants' perceptions of their social, emotional and academic lives including, bullying, making friends, and feeling different. Then, this section addresses the participants' discussions about school success and knowledge of ADHD. Finally, this section will describe the participants' experiences, feelings and ideas from Strom's (1980) framework of basic human goals including: rootedness, controlling their destiny and their self-concepts.

Participants

The participants were students with ADHD from Special Needs Private School in Dartmouth, Nova Scotia. Parents provided information about their children through a demographic questionnaire that was distributed with the consent forms. Parents who consented to have their children partake in the study answered ten questions about their child's diagnosis, academics and previous and current schools. There were 5 students from grade 8 participating in the study. All of the participants had previously attended public school for at least two years. All of these students had a diagnosis of ADHD. Parents were not asked how the diagnosis was made. On average a diagnosis of ADHD was given at 7 years old.

There were three females and two males in the group. The average age of participants was 13.5 years. Their average length of time at the Special Needs Private School was 2.7 years. All parents reported that their child received below average grades at their previous schools. However, all parents but one reported that their child had average or above average grades since attending the Special Needs Private School. The other parent reported “mediocre” grades for their child while at the Special Needs Private School. At their previous schools three children were on an IPP (although one was taken off the IPP one year prior to their move to the Special Needs Private School) and two were not on an IPP or Adaptations. Four out of the five children had had psycho-educational assessments. One child was assessed privately, one child was assessed through the school system and two were assessed both through the school system and privately.

The Focus Group Process

The group met one afternoon for one hour and fifteen minutes in a classroom at Special Needs Private School. All students seemed eager to be a part of the group. The mood of the group initially was nervous. They were unsure why they were there and what the group was going to be doing. The moderator explained that the group was going to be discussing their lives at their previous schools and their current schools. The moderator also explained confidentiality and informed consent. The participants were told that they were not obligated to participate and they could withdraw their consent at any time. Once the moderator explained what was going to

be happening during the group, the participants seemed to relax and became more talkative.

One participant did not want to answer a number of questions. The moderator would ask her the same questions as the other participants but she often said “Pass” or “I don’t know”. The moderator went around the table asking each participant the question. However, the sequence of participant responses sometimes got out of order, when a respondent would spontaneously comment on another’s response. This pattern did not seem to bother anyone or overly disrupt the flow of the conversation. The group took turns when the moderator enforced turn taking. The moderator would allow the student who was talking out of turn to finish talking and then she would ask the current question to the person who had missed his or her turn. Turn-taking was enforced because it was important for all participants to express their opinions. Because the focus group only contained five participants, having everyone answer allowed for the widest variety of responses. Many participants had trouble elaborating on their answers and would often give one word or one sentence responses. In order to obtain more detailed responses from participants, the moderator would mirror what the participant had said. For example if a participant said “I felt lonely.” The moderator would pause and say “You felt lonely...” This would typically elicit elaborations from the participants.

The participants often interrupted each other or talked over another participant. The moderator had to tell the group twice that it was necessary to listen to each person’s responses before talking. Participants were distracted by markers and paper that were on the table. Three of the participants took the markers and drew

pictures when the discussions were happening. While this was not a part of the focus group, drawing and participating simultaneously did not seem to distract the participants. This activity seemed to allow them to feel more comfortable. The moderator decided that responses to a question was saturated when everyone in the group had had a turn answering and after the moderator had asked “Does anyone want to add anything?” and no one responded.

Four of the participants sat close to each other at the table while one other student did not pull his chair up to the table and sat closer to the moderator. This participant did, however, answer questions when asked. Additionally, he appeared unaware of other participants although he did reciprocate in conversation from time to time.

The group at times struggled to keep exactly to the focus of the questions. They wanted to talk about other topics a few times but the moderator was able to bring them very easily back to the subject. An example of one off-topic conversation involved two participants discussing a couple who were dating. Another member was worried that he was going to miss art class and asked a couple of times what time it was and if it was time to go back to class, as art was important to him. He did not, however, seem anxious about being a part of the group.

While the group did take a little while to warm up they were able to stay on topic for approximately 50 minutes. The other 25 minutes was spent doing introductions and reading and signing consent forms. Considering the inattentiveness and distractibility often associated with a diagnosis of ADHD, staying on topic for 50 minutes could be viewed as remarkable. After this time they seemed fatigued and

ready to do something else. At the end of the session they asked the moderator “When are you coming back?” and “Are you going to come every week?” This could indicate that their participation in the focus group was satisfying. It might also indicate that they have not been given the opportunity to talk about themselves and were eager to do so again.

In general participants discussed their social lives in considerable more depth than their academic lives. This pattern of dialogue is in contrast to their parents’ area of focus. When parents were asked on a questionnaire why they had sent their child to the Special Needs Private School, they exclusively emphasized their child’s academic education. Only one parent commented on the social part of their child’s schooling. This student pattern is very interesting because it reflects on the salience of Strom’s (1980) basic human goals.

Thematic Analysis

Themes will be discussed from the most endorsed to the lesser endorsed in order to illustrate the importance of the themes that emerged from discussion. Additionally, the order of the themes reflects the amount of time spent talking about the subjects. One assumption is that the more time spent talking about a subject the more important the theme. However, it should be noted that fatigue may have played a role in the length of time discussing a certain topic. The questions asked initially may have generated more discussion because the participants were attentive and less tired as compared to questions asked later in the session. The first and most largely endorsed and discussed theme was bullying.

Bullying

Bullying in past schools

All participants acknowledged that there was bullying in their previous public schools. All five participants said that they were bullied. They explained that it was a big problem and it affected their school lives. Bullying took on many forms in these students lives. One student explained:

Ohhh the bullies would always be fighting, picking, touching us, following us everywhere. They don't even listen to the teachers!

All of the other participants agreed that these were some of the things bullies did to them and others in their previous schools. Four of the participants had stories of when they were bullied at their previous schools. These particular examples of bullying were predominately physical and verbal bullying. Physical bullying is the most frequent type in elementary school but decreases over time when verbal bullying increases (Olweus, 1993). One participant said:

Well from my previous school...I always got in a fight with this kid who would always take my turn on the computer when it was suppose to be my turn. And I used to always try and take something and smack him in the head and he would always get me in trouble. And I didn't do anything wrong.

A typical teacher reaction to this scenario could be mainly to serve consequences to the student who hit and not consider what precipitated the response or the role of ADHD in that response. Another student describes a bullying situation:

Yeah my old school was very rough. We were always fighting each other all the time because he would take my lunch and I was like don't.

When we were walking they were always pushing someone in lockers and stuff. “T” picks on primary’s and he is only in grade four. I got bullied a lot at my old school. I was always a shrimp so I got picked on all the time.

It is important to note that this bullying related to the participant’s size and not learning difficulties. Often there is a power differential in bullying situations and in this case it was a result of the participant’s small size.

Barbara Coloroso (2002) notes the difference between teasing and taunting. One main difference is that teasing is not intended to hurt the other person and taunting is intended to harm. All of the participants were describing a taunting situation. It seems that the students were well aware of the differences between the taunting and teasing. One participant said:

Tara: Sometimes I get mad and sometimes we get in a fight and we get mad at each other and we say stuff we don’t mean. We say things like “your momma’s so fat...”

Jessica: We were just playing around.

Tara: Yeah

Jessica: We were just doing little funny things like “Your momma’s so fat when she jumps rope she always gets stuck:”

Three of the participants would retaliate against a bully when they felt like they had no other choice.

At my old school one day I got into a fight with this kid that kept trying to get me in trouble, so I punched him in the face. And he went home crying to his little mommy!

The second participant explained why she felt the need to fight back:

I felt pretty scared in my old school. At my old school when some of my friends use to like pick on me and they would take my gameboy or my mp3 player and they would chuck it on the ground. And they would always say mean things about my Mom and like she should go to Hell and I was like “Why don’t you go to F _ _ _ ing H _ _ _ . I am

going to go tell the principal and get you guys in trouble or expelled and you deserve it after picking on me for all these years. Why do you always pick on my brother? Stop.” And they don’t even listen.

The student’s sense of frustration about the situation is apparent. While there are obviously better solutions for bullying than fighting back these students did not feel that they were effective or accessible or they did not have knowledge of what other solutions might be available. This impulsive retaliation is typical of youth with ADHD, who often act impulsively and do not take the time to deliberate over the rightness or wrongness of the response. Woolfolk et al (2006) reminded us that these students “may not be able to control their behaviour or comments, even for a brief period” (p 133). The student would just see the situation as unfair and want to “even the odds.” Furthermore, teacher may have limited knowledge about behavioural manifestations of ADHD and give consequences to the student who retaliated.

Bullying in current school

All participants were still experiencing bullying in their current school. Three participants noted that gym class is a time when they feel threatened. One participant talks about gym class, “Umm in gym I find in gym it is kind of rough. Like people get hurt more.” The students in the group all talked about how they were getting picked on mostly outside of the classroom, in the halls, or after school.

Three out of the four participants agreed that teachers did not do enough to stop bullies both at their previous schools and their current school. One participant describes what one teacher says when a bully hits someone in the stomach:

When (teacher's name) sees you get hit in the stomach he says "just suck it up and keep going"

Another participant agrees:

"Yeah, and he says "quit your crying". Nobody talks about it (bullying)."

The students perceived teachers as not helpful in bullying situations.

Boudreau (2007) found that girls rather than boys were more willing to seek help for when being bullied. Additionally, youth were more willing to seek help from peers or parents than they were from teachers or professionals (Boudreau, 2007). This finding is congruent with participant's descriptions of their help seeking behaviour.

Teachers might be the last choice for students to seek help because some adults believe bullying is just a part of growing up and that their students need to toughen up. Additionally, teachers might have difficulty sorting out the conflict if they do not witness it directly (Mishna, Scarcello, Pepler & Wiener, 2005). Mishna et al (2005) also found that teachers have difficulty defining bullying and consequently are not able to intervene properly.

The group talked for a substantial amount of time about bullying in their lives. The topic was brought up a number of times even when the questions were not specifically about bullying. The ideas of bullying in past and present schools, retaliating against bullies and the response of teachers to bullying were discussed extensively.

Feeling “Different”

The second most endorsed theme was the idea of feeling or being different. This theme was pervasive as all participants talked about how having ADHD or going to a special school made them feel different or feel that they were being treated differently. One participant eloquently described how being different made her feel.

Another participant confirmed the feeling:

Eric: They just think we are different or special somehow. Like those people who have those parking spots cause they are injured.

James: Yep.

Eric: Cause they have like special needs and stuff. They think we are weird people.

Moderator: How does that make you feel?

Eric: Not good. Makes us feel like mutants or something.

Participants talked about how they are picked on because they are different:

Jessica: some of my friends are being nicer to me and others are still picking on me or say like I'm fat. Sometimes they even say that my parents are f-ing idiots or like...

Tara: And they say that [name deleted] is like adopted and hasn't met her real mom or all that stuff. A whole bunch of them say that to her. It is pretty mean.

Another participant talked about feeling different because he attends the Special

Needs Private School and because of her speech problem:

They say that I am like mental that my school is a mental school for mental people and they go: “Hey” in my language. I can't speak properly. I am tongue-tied. I have speech and language problems. So people make fun of me.

When asked about him self now that he attends the Special Needs Private School one participant responded: “I feel a little different. Well I am not sure I can explain that.”

One participant talked about how he feels because he is different and sometimes does not understand things and consequently classmates tease him.

People laugh even when I am not trying to be funny. Sometimes. A few days ago I thought we were swimming but it was actually tomorrow and everybody laughed over it.

The participants were asked if they felt different because they had ADHD. This is the dialogue that resulted:

Tara: You are very different than everybody else. I find I am the only one up at my trailer park where I live that has that (ADHD). No, my best friend has it but she doesn't have it as bad as me. She can do public school fine. She doesn't need an EPA (Educational Assistant). I did. I had to be on an IPP. She doesn't have to be on that. Why am I different from my friend? She has the same thing as me. It feels like I am nobody.

Eric: Yeah that's how I feel.

Moderator: That's how you feel too?

Tara: I'm like I am a wall.

Moderator: What do you mean "Like a wall"?

Tara: People just ignore me.

Eric: Everyone thinks I am weird. Everyone thinks I am a weird person. They think it is a disease that they can catch from being around me.

Tara: Mmhmm

Eric: They walk back whenever I come near them.

While interventions (IPP's, Adaptions, Educational Assistants) are designed to help with academic success, Tara describes how these tools marked her as different. Many participants talked about how they feel different than other people. The participants all at some point talked about how they felt that other people thought that they were weird.

Another participant talked about how he felt taking Ritalin in his old school and now at the Special Needs Private School:

Well at my old school I felt dumb that I was the only one who took a pill out of five hundred people but now that every one at the school has one I feel even more normal.

These collective experiences of feeling different were manifested in being labeled as weird or mental, picked on, laughed at or taunted. All participants internalized these feelings of being different and seemed to lack validation by those around them.

Making and keeping friends

Friendships are difficult for all children but can be even more challenging for adolescents with ADHD. Participants had mixed feelings about their past and current friends. One participant describes his feelings about friends.

Umm sometimes some of my friends, they are my friends but they can still be kind of mean sometimes.

In contrast to friendships from her previous schools another participant felt that she had more successful friendships at the Special Needs Private School:

At this school I feel a lot better because all of my friends are being nicer to me and umm they care about me sometimes and they usually didn't at my old school.

One participant talked about how hard it was now that she attends the Special Needs Private School to maintain her friendships with her old friends:

I think that I'm special that people think that I am at the bottom. Most of my friends, I don't go to school with them anymore. They found all new friends so now I am at the bottom. I have a couple friends in there.

This participant's friendships were in limbo. She did not feel totally excluded but also did not feel completely included. These friends no longer shared the common experience of attending the same school. Almost all participants endorsed the idea of being different. They talked about how being different made them feel.

Additionally, some members of the group discussed how being different affected their ability to make and keep friends.

School Difficulties and Success

The third major theme was school difficulties and/or successes. The parents of the participants all indicated that their child experienced academic difficulties in their previous schools. Three participants commented on their difficulties at their previous schools. Another participant commented about her lack of success:

I went to ***** (names school) in ***** (names place) and I was falling behind in my work. When I came here I was working really fine. And I didn't have any problems in here.

Another participant equated her difficulties with lack of attention from teachers:

I didn't get much attention at my old school. This year and last year (at the Special Needs Private School) have been more attention from teachers.

When asked about their success at their previous school one student talked about how she felt about the staff at the school:

I hated all of the teachers. I hated the principal. I hate the principal the most. There is two teachers I hate big time. I hate the grade four teacher. I hate most of the teachers except for a couple of them that I love.

When asked why she hated the principal and some of the teachers, the participant said she didn't know.

All participants felt that they were more successful at the Special Needs Private School. When asked if they thought it was easier or harder to do well at the Special Needs Private School they all enthusiastically replied: "EASIER!!" There were a number of reasons that participants felt they were more academically

successful at the Special Needs Private School. One participant felt it was because she did not have to do certain aspects of the curriculum:

I have been doing really good. I have been going to class so it is easier for me and I am not doing any more spelling tests. I just help out with the grade sevens.

It would seem that the Special Needs Private School's educational philosophy stems from the idea that working from a student's strengths will be most helpful to the child's education as a whole. Being flexible or substituting curriculum outcomes seemed to decrease academic frustration in some participants.

Another reason one participant thought that he did better academically at the Special Needs Private School was because one of the teachers had told him that he has ADHD:

Some of the teachers are (ADD) at the Special Needs Private School. One of the teachers said that they teach people with ADD because she has ADD. I heard her say that she wants to teach others how she wanted to be taught.

Because the teacher understood what it is like to have ADHD, she was able to empathize with her students. This would be advantageous as she would have an insider's view of what strategies would be most effective in teaching students with ADHD.

A third participant argued that his success was due to more opportunity to physically move around between classes:

There are different classes and you switch classes every subject. At my old school we stayed in the class for the whole day.

This is an example of how a small change made a big difference. A child without ADHD might not be affected by moving between classes but a student with ADHD

could find it a great energy relief. Additionally, the smaller class sizes at the Special Needs Private School could make this accommodation easier.

A fourth participant felt that her success was due to the individualizing of academic programs at the Special Needs Private School.

We have different programs. Like each of us is on a different program. I am on a different program than he is. We are all on a different program. Like we are all on different ones. James is on the hardest package. Lynn is on the hardest Math. Eric I don't know...he is on the highest spelling right now. Jessica she is good in Science. Me – I'm on the highest social studies. Like we all have different things.

This example demonstrates how having individualized curriculums and working from the students' strengths can be beneficial for academic achievement. Working from strengths helps the student realize their own uniqueness. This prevents students from feeling like they can not be successful at anything academic.

While their reasons for why they are doing better at the Special Needs Private School vary, they all agree that academically they find it easier to learn. It is apparent that their parents are noticing improvements in their children's grades as well.

Lack of ADHD knowledge

One question was asked about how having ADHD might affect how one feels about him or herself. The participants' answers and confusion about this question revealed a lack of understanding of ADHD in general and uncertainty about their own diagnosis. This was the conversation:

Eric: What is ADHD?
 James: Yeah! What is ADHD?
 Moderator: ADHD is...
 Jessica: Something hyper

Moderator: yeah...

Tara: Yes that's me, that's me!

Moderator: They would have trouble concentrating...

James: That's me.

Eric: I don't have it?

Moderator: You don't have it?

James: I am not sure I even have it

Four of the participants knew that that took a pill but only one seemed to understand what it was for:

I don't actually have ADHD I have like ADD, I think. But that is actually really good cause it is better for me to actually have a pill than like before I used to have the pill I used to need to fight people at the school.

There was general confusion about what ADHD was and even if they had ADHD. This is interesting because generally participants have had the diagnosis for a mean of 6-7 years. However, some of this confusion is understandable as there has been considerable evolution of labels in the field. This theme of lack of knowledge was not brought up often during the focus group but was significant because many of the participants did not seem to have a clear idea about what ADHD was and because of the potential impact it could have on the student's lives. This lack of knowledge might suggest a need to educate students about ADHD. This might also suggest that students view themselves first and foremost as persons. Their self-image is only peripherally impacted by the diagnostic label of ADHD, if at all.

Gender Considerations

There appears to be a few considerations when looking specifically at gender differences in responses. Both sexes talked equally about being bullied both verbally

and physically. It is interesting that both participants who talked about retaliating against their bullies were females. This observation questions stereotypes because males are commonly thought of as the more aggressive sex. In terms of school, success all participants talked about how they found their current school easier academically. One male participant talked about how about being physically active between classes made school easier. The males seemed less aware of the definition of ADHD and their own diagnosis of ADHD. Overall the participants' responses were not vastly different but some interesting distinctions were noted. These distinctions cannot be generalized owing to the small number of participants.

Analysis with Strom's Basic Human Goals

The tapes were reanalyzed using Strom's basic human goals as a frame. Strom posits that the basic human goals of rootedness, proactive and identity apply to persons across the lifespan from infancy to old age, although they manifest in different ways at different stages of life. Using these goals as a frame for analysis may provide deeper insight into the impact of these students' perceptions of their social, emotional and academic lives in two different schools. Reanalysis with the goals as a lens also provides a way to examine discrepancies between what currently exists and what is optimal in the educational lives of these students. Quotations that were used in analyzing the first set of themes reappear in this second set of themes. However, these are reanalyzed from a slightly different perspective.

Rootedness

Strom (1980) described rootedness as the feeling of a sense of belonging; a sense of family or community. The first goal plays an important role in the education of an adolescent. There are many environments in an adolescent's life that can influence an adolescent's sense of being rooted and the schooling environment is one of them. If an adolescent does not have a sense of belonging or feels connected at school, then part of their life is not fulfilled and these feelings can spill over into other parts of the adolescent's well-being. The participants did not directly talk about rootedness but many of their responses indicated their feelings of belonging. One participant described her feelings about her old school:

I didn't get much attention at my old school. This year and last year have been more attention from teachers.

This kind of statement was not uncommon from the participants. Their responses often indicated their lack of connectedness to their schools. There were numerous reasons why the participants did not feel any connection or sense of belonging to their schools. One participant describes his school.

Yeah my old school was very rough. We were always fighting each other all the time.

It would be difficult at the best of times to feel that you belong to a school but even more difficult if you felt unsafe in your school environment. It is unlikely that a student would even want to connect to a school that was hostile.

Another aspect of rootedness that surfaced during the focus group was the participants feeling disconnected from their friends. Adolescents often place great

value on their friendships and their need to belong and the participants in the group all agreed that they felt very different than their friends and peers. One participant said:

I think that I'm special that people think that I am at the bottom. Most of my friends, I don't go to school with them anymore. They found all new friends so now I am at the bottom. I have a couple friends in there.

In order for them to feel connected adolescents have to feel like they are accepted and therefore belong to a group of friends. Because the participants in the group had ADHD many of them felt that they had a harder time being accepted because they were different. One participant articulated his feelings about how others perceive him:

Everyone thinks I am weird. Everyone thinks I am a weird person. They think it is a disease that they can catch from being around me. They walk back whenever I come near them.

It appears that participants seem to have felt a lack of rootedness in their school environments and with their friends. They felt ignored by the teachers and immersed in a hostile environment in their previous schools. Although they received more individual attention from teachers in their specialized schools and were relatively less threatened owing to the smaller size of the school population, these advantages were won at the cost of feeling disconnected from their previous friendships. Feeling marginalized "at the bottom" or "weird" did little to contribute to an overall sense of rootedness. These feelings were brought up several times throughout the session indicating the impact they have had and continue to have on the participants' lives.

Proactive

Proactive, is described by Strom (1980), as the freedom to choose and control ones' destiny. This goal has the potential to have an impact on adolescents' lives depending on how much control they feel about their lives. Strom theorizes the more control adolescents have over their lives the more content they will feel. This is particularly true for adolescents who are trying to separate from their parents and beginning to define themselves as adults. While it does seem to be a contradiction from being rooted, being independent and in control of ones' destiny are also goals of adolescents. Adolescents need simultaneously to feel a part of a group while developing a stable sense of self and autonomy. They want to be recognized as individuals and receive support from their school to achieve academic success. This success can provide opportunities for the future. One student describes the specialization of the learning programs at the Special Needs Private School:

No, we have different programs. Like each of us is on a different program. I am on a different program then he is. We are all on a different program. He is on the hardest package. She is on the hardest Math. He – I don't know. He is on the highest spelling right now. She is good in Science. Me – I'm on the highest social studies. Like we all have different things.

Developing their own unique talents also plays down comparison and competitiveness. These students often lose in a competitive situation and are typically not on an even playing field.

In addition to feeling like they have some autonomy to choose in reference to their academics, bullying also plays a role in the control that students feel about their lives. When people are bullied, they lose a certain aspect of control over their

environment. This situation can be harmful to the adolescent who is trying to be in control of their lives. Bullies take away the sense of independence and power over the bullied person's thoughts and actions. One participant described her feelings about a time when she was bullied.

Me? I felt pretty scared. At my old school when some of my friends use to like pick on me and they would take my gameboy or my mp3 player and they would chuck it on the ground. And they would always say mean things about my Mom and like she should go to Hell and I was "why don't you go to F _ _ _ ing H _ _ _ . I am going to go tell the principal and get you guys in trouble or expelled and you deserve it after picking on me for all these years. Why do you always pick on my brother? Stop." And they don't even listen.

It appears that the participant felt a lack of control over the situation even though she has confronted the bully. One participant talked about how she retaliated against bullies:

At my old school and one day I got into a fight with this kid that kept trying to get me in trouble, so I punched him in the face. And he went home crying to his little mommy!

Another participant describes a similar situation:

Me? Well before this was actually the Special Needs Private School it used to be [name deleted] and when in probably grade 4 or 5 there used to be two guys from upstairs who used to get in my classroom and would always take my stuff from me. I would be like "give it back" and I am like "I am going to go and tell the principal" and that used to be [name deleted] before he was principal and umm what happened was we used to fight with each other and he used to give me the middle finger just like "go away from me and stay away from me for the rest of the day. Or else I am going to get my mom to come here and like tell your mom to like go to _ _ _ _" you know.

The retaliation of both of these participants could be an attempt to regain control over her environment and life. While this is obviously not the best way for an adolescent

to deal with the situation it seems as it is the only way the participant knew how to obtain the goal of being proactive in her life.

Identity

Identity, is described as having a sense of self-concept as a person. This goal has considerable impact on the lives of adolescents. If an adolescent does not have a positive self-concept or identity then he or she are more likely to have difficulties with many aspects of life including his or her friendships, academics and home life. The need for adolescents to create their own identity is extremely important. The feeling of being different and the result on the self-concept of participants was apparent. One participant describes how she feels about herself:

You are very different than everybody else. I find I am the only one up at my trailer park where I live that has that. No my best friend has it but she doesn't have it as bad as me. She can do public school fine. She doesn't need an EPA. I did. I had to be on an IPP. She doesn't have to be on that. Why am I different from my friend. She has the same thing as me. It feels like I am nobody.

Another participant expressed his feelings about taking Ritalin:

Well at my old school I felt dumb that I was the only one who took a pill out of five hundred people but now that everyone at the school has one I feel even more normal.

A third participant reflects on her feelings about how having a speech impediment affects her self-concept.

They say that I am like mental that my school is a mental school for mental people and they go: "Hey" in my language. I can't speak

properly. I am tongue-tied. I have speech and language problems. So people make fun of me.

One participant does describe how she felt about herself now that she attends the Special Needs Private School. Again the idea that friends having an impact on how one perceives oneself is brought up again:

Um...at this school I feel a lot better because all of my friends are being nicer to me and umm they care about me sometimes and they usually didn't at my old school.

It appears that the identity and self-concept of many of the participants are influenced by feeling different as a result of their ADHD and/or their learning disability. It is not difficult to see how quickly a bully can make a dent in the self-concept of an adolescent.

Gender Considerations

Throughout the duration of the group the females' responses were often longer and more detailed than the males' responses. This gender difference is typical of all adolescents. One of the male participants was able to talk at length about his feelings and was able to articulate how feeling different affected his life. There did not seem to be a difference between male and female responses in terms of the rootedness and proactive goals. However, the females in general talked more about topics that dealt with feelings under the goal of identity and self-concept. This difference could be a result of females being more self-aware during adolescence, although these observations are not necessarily generalizable.

Conclusion

Analyzing the transcriptions in two ways provides a richer portrayal of the school lives of students diagnosed with ADHD. It allows the transcripts to be analysed from a different thematic framework, providing another perspective. It also gives readers the key issues from the student's perspective. These issues are common to all students. As Erikson (1968) described, adolescents experience a psychological gap between the security of childhood and the autonomy of adulthood. While all adolescents experience these issues adolescents with ADHD have even more challenges than their peers. The adolescents who were a part of this study sounded like every other person their age but the transitions and the challenges they faced are exacerbated by their ADHD. This analysis also suggests the important role of educators in helping these students shift from negative to more positive identities. Experiencing greater success and less negativity in their academic, social and emotional lives could contribute to more positive identity formation.

CHAPTER IV

Discussion

In this chapter, a summary of the study's analysis is situated within the context of the literature on ADHD in Adolescence and independent and public schools. Limitations of the study, implications for practice, and future research are also discussed.

The Focus Group Process

Overall, participants in this research were very engaged in the topics discussed and gave their opinions about how the topics affected their lives. One interesting part of this research involves the process that occurred while holding the discussion group. While the group did seem to take a while to warm up to the moderator and situation, once they began talking, they responded more frequently to each other in a group dialogue rather than a question and answer format. They responded to the other participant's answers and confirmed or disagreed in a conversational fashion. Moore and MacKinnon (2001) conducted research on girls in grade 4 and 5 about the presentation of self. They initially used interviews to obtain their data but found that it created a power imbalance between the interviewer and the participant. Participants' answers were extremely brief and participants felt that they should be giving the "right" answer. The researchers brought the girls together in a focus group format and the research process improved tremendously (Moore & MacKinnon, 2001). It is likely that the participants in this study would have felt less comfortable

if they were interviewed individually. Having peers around may have made them more comfortable and therefore made the research process more effective.

Bullying

All participants said that they have experienced bullying at some point in their lives. Participants described that they were bullied emotionally and physically. They all reported that bullying happened in their previous public school and now in their current independent school. This finding coincides with what Norwich and Kelly (2004) found comparing students' bullying experiences in mainstream and in special schools and it may be that no matter what school environment these students attend, they will be ostracized and singled out by bullies. While only two out of 12 questions raised were about bullying, the participants continued to bring up bullying experiences from their past and present, throughout the focus group process.

It was apparent that bullying had a large impact on their lives as they all were able to recount situations when they were being bullied. It is impossible to know whether these students would have been teased and bullied if they did not have ADHD. However, two of the students described instances when they were called names that were related to their disabilities. This might indicate that because of one or multiple aspects of their disability (ie: the label ADHD, differences and academic performance or behaviours) they are at higher risk of being targeted for bullying.

Norwich and Kelly (2004) also found that academic success was more difficult for students who are bullied and ostracized. This is a tremendous problem for children with ADHD because their disability alone presents them with more

challenges academically and when combined with the stress of being bullied leaves them at a further disadvantage.

Another interesting finding was the fact that three of the participants discussed retaliating against their bullies. They said that they often felt like the teachers failed to properly intervene. Their retaliation behaviour maybe a result of frustration, anger, and hopelessness. If a student does not feel that he or she are being supported by the authority figures around them then they may feel as they have no other choice but to retaliate.

Feeling Different

Adolescents with ADHD are often thought of as different and even with inclusion in the classroom, students are not included by their peers. Peers see them as different or weird owing to lack of knowledge and understanding. One third of adolescents with ADHD consider themselves to be out of place or different (Brook & Boaz, 2005). In support of this finding, the majority of the participants in this study described that they feel they are different from their peers. They described their differences as being like a “mutant”, “at the bottom”, “weird” and “like a wall”. These labels portray the feelings of the participants in reference to how they thought of themselves compared to others. It seems that “feeling different” was because participants did not feel validated in many parts of their lives.

Adolescents with ADHD often have a lowered self-esteem. Brook and Boaz (2005) found that 16% of their participants reported their self-esteem to be lower than the average student. While the students in this study did not directly say that they had

lowered self-esteem that would be the obvious conclusion as a result of feeling different.

Many studies have looked at the differences between how learning environments affect the self-concept and self-esteem of students (Butler & Marinov-Glassman, 1994; Elbaum, 2002; Westervelt, Johnson, Westervelt & Murrill, 1998). The students who were a part of this study did not seem to feel any less different or weird while attending their special school when compared to their public schools. This finding is important because research has been inconclusive as to which learning environment, special school or inclusion in public school, is more beneficial to student's self-concept. The students' feeling different could be due to the exposure that they had to youth who were not at their current school but were apart of the students' neighborhoods or extra-curricular activities. One participant in particular mentioned how adolescents in her neighborhood picked on and bullied her. It would be impossible and not positive to completely isolate adolescents with ADHD from other typically developing adolescents. This could be one of the reasons why there is not conclusive evidence supporting inclusion or specialized schools in terms of social and emotional development for adolescents with ADHD.

Friendships

This study confirmed previous findings that there are considerable social ramifications for children with ADHD. The participants were victims of social ostracism and isolation from their peers. The friendships of children with ADHD are often characterized by tension, conflict and fights (Brook & Boaz, 2005). This study

has established that these participants also had conflicting feelings about their friends. Two of the participants discussed how their friends were occasionally mean. There can be repercussions from negative experiences with friends. These social interactions can be very frustrating and can increase adolescents depressive and anxiety symptoms; potentially pushing them to substance abuse and delinquency (Semrud-Clikeman, & Schafer, 2000; Thompson, Riggs, Mikulich, & Crowley, 1996).

Two of the participants discussed having to make new friends since they had switched schools. This can be a tremendous challenge for adolescents who rely heavily on their friends as their social outlet. One intervention that might be recommended for youth with ADHD is social skills training. The training would allow them to obtain skills about building and maintaining appropriate friendships. It seems that it was not only difficult for the participants to keep friends but also to make new friends when their environment changed.

School Difficulties and Success

The participants discussed how different school environments impacted their academic success. Youth with ADHD typically score between 10 to 30 percent lower on standardized academic assessments than their normally developing peers (DuPaul, 2007). Lower academic grades are troublesome because the marks could mean that the adolescent is not learning as much as his or her peers and lower grades could impact their academic self-concepts. The adolescents in this focus group discussed how each of their individualized academic programs at the Special Needs Private

School provided them with success. The individualized programs also allowed participants to recognize their strengths. One participant said that being allowed to move between classes enabled him to concentrate better in class. While the participants did not discuss class size during the focus group, a smaller class size would reduce distractions in the classroom. Having distractions in the class is challenging for students because it makes it more difficult to pay attention to what a teacher is doing or saying (Sherman et al., 2008). While the students in the focus group discussed their academics only briefly, all of their parents noted an improvement in grades from their adolescent's previous school to their current school.

Knowledge of ADHD

One surprising finding from the focus group was the participants' lack of knowledge about their diagnosis of ADHD. This could be a result of the disorder itself. People with ADHD often have an element of being unaware about themselves. Trudel-Best (2006) found that adolescents had little information and held negative attitudes about ADHD. This could be a result of both parents and teachers lacking correct knowledge related to ADHD, particularly with regard to treatment (West, Taylor, Houghton, et al., 2005). This means that children may be misinformed from a young age if they go to parents or teachers with questions and/or concerns. This lack of knowledge can create problems for self-concept and negative life-outcomes which could persist into adulthood. Trudel-Best (2006) found that an education program provided adolescents with evidence-based information that participants had not

previously known. It may be important to provide evidence-based information to young adolescents in order to help prevent negative life outcomes.

Basic Human Goals

The responses from participants in this focus group indicate the soundness and applicability of Strom's basic human goals as they pertain to adolescents with ADHD. This raises the question of how we can design an environment to help or support these goals for adolescents with ADHD in their educational pursuits. In order for students to feel rooted in their school they must feel included by teachers and peers. This could be accomplished by not singling out students with ADHD in the classroom. Teachers need to make a particular effort to treat their students equally while still supporting their specific educational needs.

The second goal, proactive, should be supported by teachers and parents. It might be important for parents to recognize that their child is going through a transition from adolescent to adult and consequently need to be encouraged to develop. Allowing students to work on academic material that is at their level can provide success. This success can aid in building the student's independence. Allowing the adolescent to work independently will support the goal of being proactive.

The third goal of identity could potentially be the most important for adolescents with ADHD. Self-concept and identity becomes a filter, through which, an adolescent views the world and his or her self. An adolescent will only gain a positive self-concept if he or she is successful and if others view him or her as

successful. Friends and peers play a powerful role in the lives of adolescents and adolescents with ADHD are no exception. Having friends is an important part of adolescent life. Teachers and parents should encourage activities and friendships with positive friends. While there are many different ways for teachers and parents to support their students' or children keeping Storm's goals in mind could provide a starting point for enhancing the lives of adolescents with ADHD.

Development Theory

Erikson (1968) created a theory of how children and adolescents develop. He talked specifically about how teachers can make an impact on students. Teachers can help students identify their talents and skills. This would be considerably easier in an environment where teachers have more one-on-one time with students. The participants in this study discussed how their current academic programs at the Special Needs Private School were designed specifically for each student. This allowed the participants feel they had more success and showed them where their talents lie. It is important to note that all students at the Special Needs Private School have individualized programs and therefore this practice does not mark them as different from their peers. Not being marked as different may be critical in allowing them to fit in with their classmates.

Furthermore, there has been considerable work done in the field of ADHD around diagnosis and interventions but not nearly as much work on adolescent development in terms of ADHD. More work integrating the development theories with clinical and educational intervention studies would be beneficial. This

information would be advantageous as it could help to develop more ideal environments to improve educational settings.

Limitations

There were several limitations of the study. The first is that the participants were from one specific independent school in Nova Scotia. Therefore, the generalizability of the results to public schools and to other private schools is difficult. It would have been beneficial to have a number of groups of participants from varying schooling environments to get a more accurate representation of the opinions and feelings of adolescents with ADHD.

Another limitation is that the study only had 13 and 14 year old participants. The responses of an older adolescent population may have been considerably different. Their responses to the same questions may have been more developed and they may have had the ability to look at situations from different perspectives, when compared to the answers given by a younger focus group.

A third limitation was that because of the age of the participants in the study they may have been more influenced by each other during the focus group. They may have been more likely to conform and give similar answers to fit in with their peer group. However, it is hard to know what impact conformity had on the responses of the participants. Alternatively, participating in a focus group might have empowered participants to discuss their ideas more freely as in the Moore and MacKinnon study (2001). Furthermore, perhaps adolescents who did not volunteer for the focus group

would have given a different perspective but again there is no way to know what impact using a self-selecting group may have had on this study.

Finally, one unavoidable limitation was how having ADHD can affect the focusing abilities and the ability to sustain by the participants in this study. The nature of ADHD is such that it can make attending and focusing difficult. This could have resulted in participants that were not fully engaged in the discussions during the focus group, although non-engagement did not appear to be evident in this study.

Implications

The findings of this study could have implications for a number of groups of people. The first group that might be interested in these findings is the teachers of children with ADHD. Because bullying appeared to be a big issue for these adolescents it would be important for teachers to be aware of the frequency of bullying. It would also be helpful for teachers to understand how adolescents with ADHD feel they are different. Helping to normalize and educate the student and other students about ADHD would be beneficial to self-concept of these adolescents

Parents of children with ADHD could benefit from the findings for this study. Because the participants discussed their difficulties with friendships, it might be helpful for parents to place more emphasis on social skills for adolescents with ADHD. This could be as simple as discussing friendships and problem solving skills to enrolling their adolescents in extra-curricular activities that they enjoy.

Educating students who have ADHD could be another very important implication from these findings. It is essential that adolescents with ADHD become

more educated about ADHD for treatment compliance and to allow them to become advocates for themselves. Education could be a tool that would also help adolescents with ADHD feel more confident in their abilities and consequently improve their self-esteem.

Recommendations for Future Study

The first recommendation for future study would be to have another group of older participants to round out the topic of adolescents' with ADHD in terms of their academic, social and emotional lives. Having an older perspective would be beneficial to learn more about adolescents' with ADHD. The second recommendation would be to recruit from a more diversified cross-section of academic settings. The parents of the participants in this study obviously had concerns about their previous public schools and therefore might not have been a representative sample of adolescents with ADHD.

Another recommendation when studying adolescents with ADHD would be to have a few sessions instead of one long session. While it is difficult to assess whether or not the length of the session had any impact on the participants' responses, it might be beneficial in reducing participant fatigue to have more, shorter sessions.

Conclusion

The focus group discussed many interesting and important topics. It was evident that the participants opened up during the focus group and talked about many difficult topics. This study may have revealed a need for a greater emphasis on

preventing and stopping bullying. The analyses also showed the importance of educating adolescents about their disorder. Furthermore, the results illustrate how difficult it was for these adolescents to find and maintain friendships. In general, while being in a special school for students with learning disabilities and ADHD did not seem to alleviate all of the participants' social and emotional difficulties, their academic endeavors were more successful.

Although these issues do not have simple solutions it is important that they have surfaced during this study. As Woolfolk et al (2006) reminded us; "Adolescence – with the increased stresses of puberty, transition to middle or high school, more demanding academic work and more engrossing social relationships can be an especially difficult time for students with ADHD" (p 132). It is important to remember that adolescents with ADHD are adolescents first and adolescents with ADHD second. Their life challenges are the same as any other adolescent but have the additional difficulty of dealing with ADHD symptoms.

The more understanding adults have of ADHD and how these adolescents feel about their lives, the more assistance the adults can be to these students. Understanding is the first step to moving forward to finding solutions to the challenges that adolescents with ADHD face.

References

- American Psychological Association (APA) (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, D. C.: Author.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington: DC, American Psychiatric Association.
- Banister, E., & Begoray, D. (2002). Beyond talking groups: Strategies for improving adolescent health education. *Health Care for Women International*, 25, 481-488.
- Barkley, R. A. (2004). Adolescents with attention-deficit/hyperactivity disorder: An overview of empirically based treatments. *Journal of Psychiatric Practice*, 10, 39-56.
- Barkley, K. H., Shelton, T.L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., Jenkinds, L., & Metevia, L. (2002). Preschool children with high levels of disruptive behaviour: Three-year outcomes as a function of adaptive disability. *Development and Psychopathology*, 3, 213-244.
- Bearne, E. (2002). A good listening to: Year 3 pupils talk about learning. *Support for Learning*, 17(3), 122-127.
- Bogdan, R. C., & Biklin, S. K., (2007). *Qualitative research for education: An introduction to theories and methods* (5th ed). Boston: Pearson/Allyn and Bacon.
- Boudreau, A. M. (2007). *Adolescents' willingness to seek help for bullying problems*. Unpublished master's thesis. Mount Saint Vincent University, Halifax, NS.

- Brook, U., & Boaz, M. (2005). Attention deficit and hyperactivity disorder (ADHD) and learning disabilities (LD): Adolescents perspective. *Patient Education and Counseling, 58*, 187-191.
- Butler, R., & Marinov-Glassman, D. (1994). The effects of educational placement and grade level on the self-perceptions of low achievers and students with learning disabilities. *Journal of Learning Disabilities, 27*(5), 325-334.
- Byers, P. V., & Wilcox, J. R. (1991). Focus groups: A qualitative opportunity for researchers. *The Journal of Business Communication, 28*(1), 63-77.
- Carlberg, C., & Kavale, K. (1980). The efficacy of special versus regular class placement for exceptional children: A meta-analysis. *The Journal of Special Education, 14*(3), 295-309.
- Coleman, J. S. (1990). *Equality and Achievement in Education*. Boulder, CO.: Westview Press.
- Coloroso, B. (2002). *The bully, the bullied and the bystander: From pre-school to high school – How parents and teachers can help break the cycle of violence*. Toronto, Ont.: HarperCollins
- Department of Education. Tuition Support Program. Found at:
http://www.ednet.ns.ca/tuition_support/index.shtml
- DuPaul, G. J. (2007). School-based interventions for students with attention deficit hyperactivity disorder: Current status and future directions. *School Psychology Review, 36*(2), 183-194.

- DuPaul, G. J., & Eckert, T. L. (1997). The effects of school-based interventions for attention deficit hyperactivity disorder: A meta-analysis. *School Psychology Review, 26*(1), 59-82.
- Eisner, E. W. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New York: Macmillan Publishing Company.
- Elbaum, B. (2002). The self-concept of students with learning disabilities: A meta-analysis of comparisons across different placements. *Learning Disabilities Research & Practice, 17*(4), 216-226.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Essential Learning Institute. (2005). Attention Deficit Disorder Information. Found at <http://www.ldhope.com/adhdinfo.htm> on September 22, 2007.
- Halifax Regional School Board. (2005). Waiting Lists for Psychology Assessments and Speech Language Pathology Service. Found at <http://www.hrsb.ns.ca/files/Downloads/pdf/reports/2004-2005/April/Report05-04-847-WaitingLists-Psych&SLP.pdf> on April 16, 2007.
- Hamman, D., & Hendricks, C. B. (2008). The role of the generations in identity formation: Erikson speaks to teachers and adolescents. *Educational Psychology, 22*, 29-32.
- Hofman, R. H., Hofman, W. H., & Guldemon, H. (2001). Social context effects on pupils' perception of school. *Learning and Instruction 11*, 171-194.
- Hunt, P., & Goetz, L. (1997). Research on inclusive educational programs, practices, and outcomes for students with severe disabilities. *Journal of Special Education, 31*, 3-29.

- Hutchinson, N.L. (2007). *Inclusion of exceptional learners in Canadian schools: A practical handbook for teachers* (2nd ed.). Toronto, ON: Pearson Education Canada.
- Katz, J., & Miranda, P. (2002). Including students with developmental disabilities in general education classrooms: Educational benefits. *International Journal of Special Education*, 17(2), 14-24.
- Kelly, N., & Norwich, B. (2004). Pupils' perceptions of self and of labels: Moderate learning difficulties in mainstream and special schools. *British Journal of Educational Psychology*, 74, 441-435.
- Knestrict, T. D. (2008). Memories from the 'other': Lessons in connecting with students. *Educational Psychology*, 22, 9-13.
- Kos, J. M., Richdale, A. L., & Hay, D. A. (2006). Children with attention deficit hyperactivity disorder and their teachers: A review of the literature. *International Journal of Disability, Development and Education*, 53(2), 147-160.
- Langenbach, M., Vaughn, C. & Aagaard, L. (1994). *An introduction to educational research*. Boston, NY: Allyn and Bacon.
- Lambert, N. M., & Sandoval, J. (1980). The prevalence of learning disabilities in a sample of children considered hyperactive. *Journal of Abnormal Child Psychology*, 8, 33-50.
- LeFever, G., Villers, M. S., & Morrow, A. L. (2002). Parental perceptions of adverse educational outcomes among children diagnosed and treated for ADHD: A call for improved school/provider collaboration. *Psychology in the Schools*, 39, 63-71.

- Litner, B. (2003). Teens with ADHD: The challenge of high school. *Child & Youth Forum* 32(3), 137-158.
- Litt, I. F. (2003). Research with, not on, adolescents: Community-based participatory research. *Journal of Adolescent Health*, 33, 315-316.
- Mastropieri, M. A., & Scruggs, T.E. (2007). *The inclusive classroom: Strategies for effective instruction* (3rd ed.) Upper Saddle River: NJ: Pearson.
- Mishna, F., Scarcello, I., Pepler, D., & Wiener, J. (2005). Teachers' understanding of bullying. *Canadian Journal of Education*, 28(4), 718-731.
- Moore, L., & MacKinnon, D. (2001). Preadolescent girls and the presentation of self: A dramaturgical perspective. *The Alberta Journal of Educational Research*, 47 (4), 309-324.
- Nabors, L. A., Weist, M. D., & Tashman, N. A. (1999). Focus groups: A valuable tool for assessing male and female adolescent perceptions of school-based mental health services. *Journal of Gender, Culture, and Health*, 4(1), 39-48.
- Nasser, D. L. (1988). How to run a focus group. *Public Relations Journal*, 44 (3), 33-34.
- Nolan, E. E., Volpe, R. J., & Sprafkin, J. (1999). Developmental, gender, and comorbidity differences in clinically referred children with ADHD. *Journal of Emotional and Behavioural Disorders*, 7, 11-21.
- Norwich, B., & Kelly, N. (2004). Pupils' views on inclusion: moderate learning difficulties and bullying in mainstream and special schools. *British Educational Research Journal*, 30(1), 43-65.
- Nova Scotia Department of Education and Culture (1997). *Special Education Policy Manual*.

- O'Callaghan, P. M., Reitman, D., Northup, J., Hupp, S. D. A., & Murphy, M. A. (2003). Promoting social skills generalization with ADHD-diagnosed children in a sports setting. *Behaviour Therapy*, 34, 313-330.
- O'Donnell, A.M., Reeve, J., & Smith, J.K. (2007). *Educational psychology: Reflection for action*. Hoboken, NJ: John Wiley & Sons.
- Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Oxford: Blackwell.
- Palmer, D. S., Fuller, K., Arora, T., & Nelson, M., (2001). Taking sides: Parent views on inclusion for their children with severe disabilities. *Exceptional Children*, 67(4), 467-484.
- Peetsma, T., Vergeer, M, Roeleveld, J., & Karsten, S. (2001). Inclusion in education: Comparing pupils' development in special and regular education. *Educational Review*, 53, 125-135.
- Reid, R., Maag, J. W., Vasa, S. F., & Wright, G. (1994). Who are the children with ADHD? A school-based survey. *The Journal of Special Education*, 28, 117-137.
- Schnoes, C., Reid, R., Wagner, M., & Marder, C. (2006). ADHD among students receiving special education services: A national survey. *Exceptional Children*, 72(4), 483-496.
- Semrud-Clikeman, M., & Schafer, V. (2000). Social and emotional competence in children with ADHD and/or learning disabilities. *Journal of psychotherapy in independent practice*, 1(4), 3-19.

- Sherman, J., Rasmussen, C., & Baydala, L. (2008). Thinking positively: How some characteristics of ADHD can be adaptive and accepted in the classroom. *Educational Psychology, 22*, 50-54.
- Special Education Implementation Committee (2001). Retrieved September 10, 2006 from <ftp://ftp.ednet.ns.ca/pub/educ/studentsvcs/seirc/seircss.pdf>.
- Statistics Canada (2001). Trends in the use of private education. Found at <http://72.14.205.104/search?q=cache:jKFVpEzFsqUJ:www.statcan.ca/Daily/English/010704/d010704b.htm+number+of+students+in+private+schools+in+NS&hl=en&ct=clnk&cd=2> on May 16, 2007.
- Strom, S. M. (1980). Alternate conceptual frameworks for use in formulating problems for secondary home economics programs. (Minnesota Home Economics SELO and Strengthening Project).
- The EI Group (2004). Nova Scotia International Student Program. Retrieved September 14, 2006 from www.schoolsincanada.com/devnew/.
- The Hospital for Sick Children (2004). Teach ADHD. Retrieved November 30, 2007, from: <http://research.aboutkidshealth.ca/teachadhd>.
- Thompson, L. L., Riggs, P. D., Mikulich, S. K., & Crowley, T. J. (1996). Contribution of ADHD symptoms to substance problems and delinquency in conduct-disordered adolescents. *Journal of Abnormal Psychology, 24*(3), 325-347.
- Trudel-Best, E. (2006). *Evaluation of a demystification workshop for adolescents with ADHD*. Unpublished Master's thesis. Mount Saint Vincent University, Halifax, NS.

- Wade, C., Tavis, C., Saucier, D., & Elias, L. (2007). *Psychology*. Cdn. Ed.. Toronto: Pearson Education.
- Weiss, G., & Hechtman, L. (1993). *Hyperactive children grown up: ADHD in children adolescents, and adults* (2nd ed.). New York: Guilford Press.
- West, J., Taylor, M., Houghton, S., & Hudyma, S. (2005). A comparison of teachers' and parents' knowledge and beliefs about attention-deficit/hyperactivity disorder. *School Psychology International*, 26, 192-208.
- Westervelt, V. D., Johnson, D. C., Westervelt, M. D., & Murrill, S. (1998). Changes in self-concept and academic skills during a multimodal summer camp program. *Annals of Dyslexia*, 48, 191-212.
- Willoughby, M. T. (2003). Developmental course of ADHD symptomatology during the transition from childhood to adolescence: A review with recommendations. *Journal of Child Psychology and Psychiatry*, 44, 88-106.
- Woolfolk, A. E., Winne, P. H., & Perry, N. E. (2006). *Educational psychology: Third Canadian Edition*. Toronto: Pearson, Allyn and Bacon.

Appendix A

Administrator's Information Letter

Dear Administrator:

My name is Meaghan Pugsley and I am a graduate student in the Master of Arts in School Psychology program at Mount Saint Vincent University. I would like to have students from your school participate in a research study of students with ADHD perceptions of their social, emotional and academic lives both in both public and independent schools. This study requires approximately 10 students to participate in two group discussions (5 in each group). These groups will take place over two class periods. The group's discussion will be audio taped for transcribing and analysis. The information provided from the group discussion will be used to understand their perceptions of themselves across different educational settings. The project will be under the supervision of Dr. Anne MacCleave. This research project has been approved by the Mount Saint Vincent Research Ethics Board.

The group should consist of youth who have a formal diagnosis of ADHD and if possible be a range of middle, high school and male and female students. Additionally, the student must have previously attended public school. I would like to go into all of the grade 7-12 class and briefly explain the study. I will then pass out consent forms and demographic questionnaires (in separate envelopes) to any interested and eligible students and ask them to take these home to their parents and guardians. The students will be asked to return the envelopes to their homeroom teacher. If there are more participants with consent signed than are required, then a random process will be used to select the required number of subjects.

Once all of the consent forms have been returned, the researcher will hold the focus group. Prior to the commencement of the focus group, student consent will be obtained. Students will be read the consent form in order to ensure understanding. Only those students who consent themselves and for whom consent has been granted by their parents are permitted to participate in the study. Participation in the focus group is voluntary. The study involves minimal risk and the participants will be informed about how to contact me if they have any questions of concerns. The audiotape and transcriptions will not be stored with the consent forms. All information gathered will be stored in a locked filing cabinet or an access controlled computer file and used only by the researcher and her supervisor.

By the beginning of the 2007-2008 school year, a summary of the results of the study will be mailed to you. No individuals will be identified in the study.

I would like to take the opportunity to thank you for your consideration of this request. If you have any questions regarding this research or the survey itself, please contact me (██████████), or my thesis supervisor, Dr. Anne MacCleave, (902 - 457-

6182, anne.maccleave@msvu.ca). Additionally, if you have questions about how this study is being conducted, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, who is not directly involved in the study at 457-6350 or via e-mail at research@msvu.ca.

Sincerely,

Meaghan Pugsley BA
Graduate Student School Psychology Program
Mount Saint Vincent University

Dr. Anne MacCleave
Associate Professor in Education
Mount Saint Vincent University

Appendix B
Information read to the students

Hello, my name is Meaghan Pugsley. I am a student at Mount Saint Vincent University. I am doing my Master's in School Psychology and I am currently working on my thesis. I have to do a thesis for part of my program. A thesis involves research and collecting information and then putting it all together in a big report. For my thesis I am going to be running focus groups at this school and I am looking for participants to be apart of these groups. A focus group is when people who have something in common get together and discuss a topic. There will be two groups both discussing the same topics. Students participating in this group must be diagnosed with ADHD and have previously attended public school. The groups will take place during two class periods. During these group sessions, questions about your school experiences in both this school and your previous schools will be discussed, as well as how students get along at the Special Needs Private School and how having ADHD effects your school work. Everything that is said in the group will be kept confidential and no one will be identified in the study. If you have ADHD and are interested in being a part of this study please take this information sheet and consent form home to your parents or guardians and bring it back to your teacher as soon as possible. If more parents sign the consent form than required for the study, a random process will be used to select the required number of group participants. Thank you for your time and consideration.

Appendix C

Information Letter for Parents

Dear Parents:

My name is Meaghan Pugsley and I am a graduate student in the Master of Arts in School Psychology program at Mount Saint Vincent University. I would like to have your child participate in a research study of students' with ADHD perceptions of their social, emotional and academic lives in relation to their experiences at both public and independent school. This study requires your child to participate in a group discussion with several other students. The information provided from the group discussion will be used to understand the similarities and differences between the two educational settings. The project will be under the supervision of Dr. Anne MacCleave. This research project has been approved by the Mount Saint Vincent Research Ethics Board and your school principal.

The group will take place during instructional time; however, it will only take two class periods spaced approximately a week apart. Interested students who have a parent or guardian's consent will be invited to participate in a confidential group. This group will discuss questions about the students' experiences with ADHD in a public and now an independent school and also their friendships, bullying in general and their academics. Before beginning the group, the researcher will describe the study and the students will have an opportunity to ask questions about the project. Then, the consent form will be read to students and they will be asked to sign a consent form that is similar to the one that you are being asked to sign. Parents' or students' decision to participate or not in the study will have no effect on the students' grades or school placement. Students who participate in the study may refuse to answer any question during the group discussion and they may withdraw from the study at any time without penalty. If you or your child decides not to take part, it will not affect the quality of your child's education. If more parents sign the consent form than required for the study, a random process will be used to select the required number of group participants.

While the study is minimal risk to your child, there is a chance that some of the questions may upset some individuals; therefore, when the group is finished, the participants will be informed about how to contact me and my supervisor if they have any questions or concerns. In addition they will be given the Kids Help Phone number. All information collected during the study will be confidential, and the background information we ask for cannot be used to identify individual participants. The group's discussion will be audio taped for transcribing and analysis but the audiotape and transcriptions will not be stored with the consent forms. All information gathered will be used only by the researcher and her supervisor and will be kept confidential. Any computer files, disks or audio tapes holding data will be erased, and consent forms will be shredded immediately after completion of the study. A summary of the results will be distributed to the Special

Needs Private School and any interested parents and students when it is available. This summary and my thesis will use numbers in the place of names when describing participants and not contain information that could identify the student in anyway.

If you are interested in having your child participate in this study please sign the attached consent form and then return it to Special Needs Private School. Additionally, please complete the demographic questionnaire that is in the other envelope brought home by your child. If you have any questions before you make your decision, please contact me (████████████████████), or my thesis supervisor, Dr. Anne MacCleave, (902 - 457-6182; anne.maccleave@msvu.ca). Additionally, if you have questions about how this study is being conducted, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, who is not directly involved in the study at 457-6350 or via e-mail at research@msvu.ca. Finally, if you would like to receive a copy of the summary mentioned above, please make sure that you include your address on the consent form.

Thank you for considering this request. The goal of this project is to better understand how children with ADHD learn, develop and socialize in an educational setting from the students' own perspectives. It is hoped that this study will provide insights for teachers, parents, administrators, counselors and school psychologists about how to most effectively help these students.

Sincerely,

Meaghan Pugsley BA
Graduate Student School Psychology Program
Mount Saint Vincent University

Dr. Anne MacCleave
Associate Professor in Education
Mount Saint Vincent University

Appendix D

Parent's or Guardian's Consent Form

My name is Meaghan Pugsley and I am a graduate student in the Master of Arts in School Psychology program at Mount Saint Vincent University. I would like to have your child participate in a research study of students' with ADHDs' perceptions their social, emotional and academic lives in relation to the experiences at both public and independent school. This study requires your child to participate in a group discussion with several other students. The information provided from the group discussion will be used to understand the similarities and differences between public and independent school settings.

Interested students who have a parent or guardian's consent will be invited to participate in a confidential group during two class periods at school. This group will discuss questions about students' experiences with ADHD in a public and now in independent school. Before the beginning the group, the researcher will describe the study and students will have an opportunity to ask questions about the project. Then the consent forms will be read to students who will be asked to sign it if they are willing to participate in the study. The student consent form is similar to the one that parents or guardians are being asked to sign. Parents' and students' decision to participate or not in the study will have no effect on the students' grades or school placement.

While the study is minimal risk, there is a chance that some of the questions may upset individuals; students will be provided with my contact information (██████████), or my thesis supervisor, Dr. Anne MacCleave, (902 - 457-6182 ; anne.maccleave@msvu.ca). Additionally, if you have questions about how this study is being conducted, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, who is not directly involved in the study at 457-6350 or via e-mail at research@msvu.ca. As well the student will be given the Kids Help Phone number, if they have any questions or concerns. All information collected during the study will be confidential, and the background information we ask for cannot be used to identify individual participants. The group's discussion will be audio taped for transcribing and analysis but the audiotape will not be stored with the consent forms. All information gathered will be used only by the researcher and her supervisor and will be kept confidential and in a locked cabinet or an access controlled computer file. A summary of the results will be distributed to the Special Needs Private School and any interested parents and students when it is available. This summary and my thesis will use numbers in the place of names when describing participants and no information that could identify the student will be disclosed.

I have read the information letter for parents as well as the consent form above and give permission for my child to participate in this study.

Signature of Parent or Guardian: _____

Date: _____

Name of Adolescent: _____

Grade: _____

I have read the information letter for parents as well as the consent form above and give permission for my child to be audiotaped during this study.

Signature of Parent or Guardian: _____

Date: _____

_____ I wish to receive a copy of the summary of results when it becomes available.

Mailing or E-mail Address: _____

Appendix E
Demographic Characteristics

Please do not put your name or your child's name on this questionnaire.
Please place this sheet in the smaller enclosed envelope, seal it and place it in the larger envelope with the signed consent form.

1. How old is your child?

2. What grade is your child in?

3. How long has your child attended Special Needs Private School?

4. What schools did your child previously attend?

5. When was your child diagnosed with ADHD?

6. How did your child do academically in his/her previous school? What kinds of grades did he/she get?

7. How does your child do academically at the Special Needs Private School? What kinds of grades do he/she have?

8. Was your child on an Individualized Program Plan (IPP) in public school? Adaptations?

9. Was your child assessed while in the school system? _____
If yes, was the assessment done through the school or privately?

10. Why did you decide to have your child attend Special Needs Private School?

Appendix F

Verbal Instructions

Prior to the focus group:

My name is Meaghan Pugsley and I am a graduate student in the Master of Arts in School Psychology program at Mount Saint Vincent University. Right now, I am working on my thesis. I am interested in students' social, emotional and academic lives and their experiences in schools. This is a group discussion and not a test, and it will have no effect on your grades. The discussion will be audiotaped. Everything on the tape will be kept private and anything that is shared in this group will be kept confidential with three exceptions. The first exception is if you tell me that you have been hurt by an adult. The second exception is if you have seriously hurt or are planning to hurt another person. The third exception is that if you are planning on hurting yourself. If you tell me any of these things then I have to tell someone.

During the group I would like everyone to have their turn to answer questions. However, if you are uncomfortable with a question you are not required to answer. It is extremely important that what is said in this group stays in the group. Once the group is finished, I am going to ask that you do not talk about what anyone in the group says to another person not a part of the group. This confidentiality is important so that everyone feels like they can talk openly about anything. You are free to withdraw your participation at any point during the study. If you do withdraw, any thing that you have said will not be included when I put my thesis together. I am going to read you the consent form. If you are willing to participate I would like you to please sign this consent form. Does anyone have any questions before we begin?

After the focus group:

Thank you for your participation in the study. Just to remind you to keep what is said in today's group confidential. If you want to talk about anything that we discussed today feel free to e-mail me or my supervisor or the University Review Ethics Board. Here is a sheet with both my and my supervisor's e-mail addresses as well as the number for the Kids Help Phone and the NS Youth Help Line. A summary of the results will also be mailed to your school principal at the beginning of the next school year and additional copies will be made available if you wish to see the results.

Appendix G

Student Consent Form

I understand that Meaghan Pugsley, a graduate student of the Faculty of Education at Mount Saint Vincent University is conducting a focus group about my social, emotional and academic lives in relation to the experiences at both public and independent school. The purpose of this study is to better understand the experiences I have had in school. I understand that participation in this study involves participating in a focus group during two class period at school. The focus group will discuss questions about my schooling and my social, emotional and academic life.

I understand that my decision to participate or not in this study will have no effect on my grades or school placement. I also understand that I may refuse to answer any questions, and that I may withdraw from the study at any time without penalty. I understand the discussion during the focus group will be audio taped for later review and will be transcribed (typed out). I am aware that while the study is minimal risk, there is a chance that some of the questions may be upsetting; therefore, I am free to contact the researcher (Meaghan Pugsley, [REDACTED]), her supervisor (Anne MacCleave, 902 - 457-6182, anne.maccleave@msvu.ca), or to call the Kids Help Phone. Additionally, if I have questions about how this study is being conducted, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, who is not directly involved in the study at 457-6350 or via e-mail at research@msvu.ca.

I understand that all information collected during this study will be confidential, and that the background information cannot be used to identify individual participants. I also understand that the audiotape will be stored in a locked research drawer or an access controlled computer file. Signed consent forms will not be stored with the audio tape or transcriptions. The school will receive a summary of the results as soon as it is available. A copy of this summary is also available to you upon request. This summary and my thesis will report only numbers in the place of names (e.g., will not use your real name).

I have read and understood the consent form above and agree to participate in this survey study.

Date: _____

Youth's Name (please print): _____

Youth's Signature: _____

I have read the information letter for students as well as the consent form above and give my permission to be audiotaped during this study.

Signature of Youth: _____

Date: _____

I would like to receive a summary of the results.

Mailing or E-mail Address: _____

Appendix H Focus Group Questions

General Questions (Everyone will answer)

Social

1. Are there differences between how students get along socially at the Special Needs Private School compared to your previous school?
2. Were there bullies at your previous schools?
3. Are there bullies here at the Special Needs Private School?
4. Do people treat you differently now that you attend the Special Needs Private School?

Emotional

5. How did you feel about yourself when you were at your previous school? Now?
6. How do you think that having ADHD could affect someone's self esteem?
7. How do you feel about yourself now that everyone at your school also has special needs?

Academic

8. How are subjects at the Special Needs Private School taught?
9. Is it easier or harder to do well here ?
10. If you could change one thing about your previous school what would it be?
11. If you could change one thing about the Special Needs Private School what would it be?
12. Do you think it is it easier or harder to learn as a student with ADHD?

Appendix I

Information Sheet

We would like to thank you for participating in our study today and for contributing to our understanding of students with ADHD's feeling and ideas about different school settings. If you have any questions or concerns that have developed from being a part of this focus group don't hesitate to contact myself meaghan.pugsley@msvu.ca or my supervisor 902 - 457-6182, anne.maccleave@msvu.ca or the Mount Saint Vincent University Research Ethics Board (902- 457-6535; research@msvu.ca).

Some teenagers would like to talk to someone about a problem, but they may not know who to contact. The following is a list of services that are available to adolescents. If you, a friend, or a family member could use some assistance or would like someone to talk to, one of the resources below may be able to help.

Kids Help Phone	1-800-668-6868
NS Youth Help Line for Teens	1-800-420-8336